



# General Practitioner Certificate in Neurology GPCert(Neuro) 6<sup>th</sup> Itinerary

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## **CONTACT DETAILS**

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Dear Delegate

The European School of Veterinary Postgraduate Studies (ESVPS) is a not-for-profit organisation responsible for the examination and accreditation standards of the General Practitioner Certificates. ESVPS was established with the principle objective of providing an attainable, balanced qualification for veterinary practitioners working within practice throughout Europe.

Since the launch of the first General Practitioner Certificates in 2003, over 2000 candidates across Europe have gained one of the twenty-two ESVPS Certificates offered.

The General Practitioner Certificate courses has been accredited by ESVPS as being a suitable educational programme based on the course content and the caliber of the tutors teaching on the taught course.

To be eligible for the GPCert(Neuro) examination candidates will need to complete the following:

- Attend the taught modular courses.
- Submit one x 2,500 word case report.
- Complete the online pre and post sessions.
- Sit a 50 multiple choice questions examination.

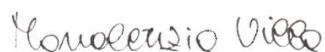
Candidates will be required to undertake further study on both the taught and the non-taught syllabus of the course. This should equate to approximately 10-12 hours further study a month, however this may vary from candidate to candidate depending on an individual approach to studying.

Enrolment for the GPCert(Neuro) examination is optional and carries an addition payment of 595 euro. Payment should be sent, along with the completed registration form, to ESVPS. **Please ensure you read the Enrolment Notes for Candidates on pages 4-5 before registering for the examination.**

We appreciate that the examination is still some time in the future, however, the ESVPS Academic Board feel that candidates intending to sit the examination should make the commitment at this stage, thus ensuring that the additional components of the course are completed on a month-by-month basis rather than trying to catch up on these later in the course.

Over the next few weeks please take the time to read the enclosed examination information and if you should have any questions or queries please do not hesitate to contact the ESVPS office. Further information can also be found on the ESVPS website [www.esvps.org](http://www.esvps.org).

Marialetizia Villa  
Italian ESVPS Representative



## Submission Dates

<u>Submissions/Exam</u>	<u>Important Diary Dates</u>	<u>Marking</u>
<b>Enrolment Due:</b>	<b>31th August 2018</b>	
<b>2,500 Word Case Report Due: (50% weighting of overall exam)</b>	<b>31th January 2019</b>	<b>Marked and Returned with Examination Results</b>
<b>Final Examination Date: (50% weighting of overall exam)</b>	<b>02nd April 2019</b>	<b>50 MCQ's Results Issued within 6 weeks of final examination</b>

## Notes for Candidates

### ESVPS will:

- Provide a written Final Examination for the GPCert(Neuro) This will be held on a single day, at a single venue in Cremona. Details of the date and venue will be available to candidates 3 months before the date of the Examination. ESVPS reserve the right to change these details under exceptional circumstances, but if this is necessary will provide maximum possible notice to delegates
- Scrutinise the completed Case Report in accordance with the timings and procedures laid out in those documents
- Notify candidates in writing of their result in the Examination and Case Report, within 6 weeks of the final examination. These results will be sent to the email given on the Enrolment Form, unless candidates notify ESVPS in writing of any change

### To be eligible to sit the Examination candidates must:

- Attend at least 80% of the taught modules of the course and sign the Attendance Register on those days. Candidates who miss more than the permitted number of modules may attend those modules in the following year, and then sit the Examination, provided that appropriate Enrolment Form and fees have been received by ESVPS
- Enroll and pay in full for the Examination by the date given by ESVPS.
- Submit their completed Case Report to ESVPS in accordance with the timings and procedures laid out in those documents
- Attend the appropriate venue for the Final Examination on the stated date
- **The fee is non-refundable**, but candidates may defer their entry into the examination, providing they provide written notice to ESVPS at least 30 days before the date of the Final Examination
- Notify ESVPS in writing of any change in their contact details for correspondence

Other Notes:

- Candidates who sit the Final Examination but are unsuccessful may re-sit the Examination in the following year. A fee will be payable, and details of re-registration procedures will be available to unsuccessful candidates on request
- By enrolling for the Examination, candidates agree to accept the decision of the examiners. Unsuccessful candidates may appeal against the conduct of the examination, but not against the decision of the examiners.
- Any appeal must be made in writing to the Chair of the Academic Board of ESVPS within 30 days of the Examination results being issued. ESVPS will provide a written response to any such appeal within 30 days of receipt.
- The Examination and all allied activities are the responsibility of ESVPS, rather than SCIVAC, and any correspondence or appeals related to the Examination must therefore be directed to ESVPS as described above
- Under no circumstances may candidates remove any examination question papers from the examination room
- Successful candidates will have their name placed in the ESVPS register, which will be available to other ESVPS members. If you do not wish for your name to appear in the ESVPS register please inform ESVPS in writing.

## **GUIDELINES FOR PRESENTATION OF CASE REPORTS**

### **Introduction**

All Candidates for the General Practitioner Certificate (GPCert) must submit a case report at a designated time. The Case Report must be passed before the GPCert can be awarded. The Case Report is independent of any other assessment for the GPCert, so a good mark will not influence other parts of the Certificate. Equally, a fail of the Case Report cannot be compensated for by a good pass in another part of the examination. Candidates are required to pass the Case Report section of the General Practitioner Certificate within four years of entering the examination, and are limited to three attempts.

### **Aim of the Case Report**

The aim of the Case Report is to test the ability of the Candidate to diagnose, treat and follow up a case, and to record the various stages of diagnosis and management in a clear, concise and logical manner, which a professional colleague can easily understand. The Case Report should include a discussion and review of the relevant literature. It should be noted that the Examiners will pay particular attention to the use of English, grammar and spelling.

### **Choice of Case**

The case chosen should have been managed predominately by the Candidate. Additional input by colleagues in the home practice or from a referral centre must be noted. Case Reports may comprise a single case, or a group of related cases. It is not necessary for the condition/s reported to be uncommon or complicated. For example, a report of a simple condition that requires sustained monitoring and treatment may give a better representation of a Candidate's skills than a rare or complex one that ends with immediate euthanasia.

**Please ensure that guidelines are followed closely to avoid deduction of marks. Failure to provide a word count (or if it is exceeded) or failure to adhere to the case report writing guidelines may result in your report being returned unmarked.**

### **Case Report Format**

All reports should be double spaced in Times New Roman font 12 and with a **maximum of 2,500 words of main text. A word count MUST be supplied.** Only one side of the paper should be used. All indications as to the identity of the owner of the patient, Candidate, practice, or participating colleagues must be omitted from the report.

#### **Title** (fewer than 20 words)

The title should accurately describe the case.

All acronyms must, on the first occasion, be given in brackets following definition of the term in full.

The International System of Units (SI) should be used throughout.

## Headings

It is always helpful to the reader to have the Case Report divided into sections. The headings should reflect the content of the section. The Case Report should follow a progression and should contain a short Summary or Abstract. There should be a Conclusion which may be sub-headed or contained in the Discussion

## Suggested Headings

### **Summary (Abstract)**

As the heading implies, the abstract should contain a brief account of the information presented in the body of the report and an indication of its relevance. This should be about 150 to 200 words. It should convey the content to the reader who does not go further.

### **Introduction**

The introduction should set the case in context and will usually contain references to previous reports of the condition/s being presented.

### **History**

This should include patient signalment (species, breed, age, sex) date of presentation, information provided by the owner/keeper at the time of initial consultation, and any available details of relevant previous problems, including the results of I tests undertaken. It is very important to stress the onset (acute/insidious) and the course (progressive/non progressive) of the signs at the basis of the consultation, as well as any effect of previous treatments.

### **Clinical Findings**

A detailed description of your clinical findings should be provided, including the results of any specialised procedures, e.g. an ocular, neurological, orthopaedic examination, etc. . The description of the clinical findings should include a final problem list and, most important, a list of clinical differential diagnoses. The discussion of the clinical differential diagnoses and the subsequent choice of the different diagnostic techniques to reach the final diagnosis has to be comprehensive and sequential, since it has great relevance in the Case Report

### **Diagnostic Techniques**

All laboratory tests carried out should be presented in chronological order and the results summarised (reference ranges must be included). Copies of laboratory reports may be included in the Appendices and must be referred to in the text. Additional diagnostic tests undertaken, such as radiography, must be described in detail and the views taken listed. It is important to give details of any sedation or anaesthetics used for the procedure. The equipment used should be recorded, together with the practical aspects of the techniques employed. Interpretation of results of these tests should be reported in depth. The results of specialised tests not performed directly by the Candidate, e.g. CT scan, may be recorded in less detail.

### **Diagnosis**

The results of the diagnostic work-up should be thoroughly discussed in order to exclude some should be combined to give a list of differential diagnoses and confirm, from which a the final diagnosis is made.

### **Treatment**



The choice of clinical management must be justified and a prognosis given. If the choice of therapy is dependent on cost, this should be addressed. Details of all therapeutic procedures must be given.

Where drugs are used, the generic name should be given, and the first time it is mentioned, the trade name and manufacturer as specified in the NOAH Compendium should be placed in brackets. For example, oxytetracycline 100 mg/ml (Terramycin Q-100 Injectable Solution; Pfizer Limited). The concentration and the dose of the drug should be recorded and it should be related to the animal's size e.g. dose 10 mg/kg bodyweight (1 ml for 10 kg). Where sutures are used, suture material, size in metric, and suture pattern should be recorded.

If treatment is to be sustained and monitored, the plan for future management, together with the anticipated time scale should be recorded.

### ***Progress and Outcome***

This section is self-explanatory. If further investigations were carried out, these should be reported here.

### ***Discussion***

The discussion should indicate both the Candidate's knowledge of the relevant literature and their ability to compare this information with the findings in the current case. Where differences are observed, an explanation should be offered. The discussion should not simply be a review of the literature.

The Candidate should discuss in this section which other conditions were considered as differential diagnosis in the selected case. A clear explanation of why the final diagnosis was reached must be given. It may be necessary to record problems encountered during the management of this case, or why this is different from or similar to related cases. Any lessons learned while dealing with the case should be mentioned.

The discussion may be completed with a brief conclusion, or, if more detail is appropriate, the information can be given under a separate heading.

### **References (not included in the word count)**

References should be confined to publications directly relevant to the case reported and only those quoted in the text should be listed. If possible, reference should be made to original journal articles. In the absence of relevant journal publications, reference may be made to textbooks and review articles. Unpublished data (such as course notes) or personal communications should be used only as a last resort.

### ***Text***

The names of authors must appear in the text. Unless being used in the context of the sentence they should be bracketed. If there are two or fewer authors, both names should be written and followed by the year of publication e.g. Smith and Jones 2005. If there are more than two authors use "and others", e.g. Smith and others 2005.

### ***Reference List***

All references quoted in the text should be listed immediately after the Discussion or Conclusion. References must be listed in alphabetical order in the format shown below. If more than one of the references is to the same author or authors they should be placed in chronological order. If the same authors and the same date occur "a" and "b" should be used.

The reference should be written in full in the reference list, i.e. Name, Initials of All Authors (not just first two), Year, Title of Paper, Name of journal in full (*in italics*) and Volume in **bold**. If the part of the journal is given place it in brackets (the part is not usually recorded) and then give all page numbers e.g.:-

Smith, A., Jones, B. and Evans, C. (2005a) The importance of veterinary clinical evidence based medicine to the results of various treatments for diabetes mellitus. *Veterinary Record* **178** (5) 221 - 225

With books quote the Author(s) of the section or chapter from which referenced, date of publication, Title of section or chapter, Name of book (*in italics*), Edition, Editors or authors, Place where published, Publisher, Pages e.g :-

Smith, A., Jones, G. and Evans, C. (2005a) The importance of veterinary clinical evidence based medicine to the results of various treatments for diabetes mellitus. Chapter 22 in *Evidence Based Medicine* 2nd. Edition (Clark, C., Blair, A. and Brown, G.: Editors) Oxford, Blackwell Scientific Limited. pp. 350 - 380

If a **website** is quoted include the title of the page, website address and date accessed e.g. DEFRA (2005) The Animal Health Regulations. Movement Records. [www.defra.gov.uk/animalhealth/movementrecords/explanation/asp](http://www.defra.gov.uk/animalhealth/movementrecords/explanation/asp). Accessed December 1, 2009

NB: These reference instructions are based on Harvard System of Referencing.

### **Additional Information (not included in the word count)**

#### ***Appendices***

Appendices can be used to include some of the results, specific protocols for diagnostic procedures, routine preventive measures, etc.

#### ***Tables and Figures***

A table consists of numbers and/or words. A figure has something pictorial in it such as a graph, histogram, diagram or photographs. In each case the table or figure should have an explanatory title. Any abbreviations must be explained in each table and not be assumed to be common knowledge.

Usually it is best to place all tables and figures at the end of the main body of the text in Appendices. Each table or figure should be numbered and must be referred to in the text of the report.

#### ***Illustrations***

Radiographs and ultrasonographs, or any other images related to the case should be included. Radiographs should be originals or high quality copies on film; digital images should be provided as dry laser copies, or on high quality photographic paper.

Ultrasonographs may be presented as high quality laser prints. Photographs, ECGs, MRI scans, CT scans, etc, must be reproduced to diagnostic quality. In all cases, the owner's identity must not be revealed. Owner/pet identification may be obscured by using a strip of white insulation tape, which can be safely removed when the Case Report is returned to the Candidate. Slivers of the same material can be used for indicating features on the image. All images should be clearly titled and, where necessary, any abnormality arrowed or indicated. A full description of the illustrations should be given in a legend or caption below or alongside. Reference to the illustration should be made at the appropriate point in the body of the text. Illustrations can be headed as "Figures", or by the type of illustration, e.g. Radiograph 1, Photograph 1.

## **Conclusion**

The Case Report is an important developmental exercise in gaining the General Practitioner Certificate. A Case Report should be able to be read and understood by others; it is suggested that once it is at a final draft stage you have it read by professional colleagues. Ask them to see if they can understand it without having to ask you questions. The Case Report should, if properly written, have dealt with all potential questions. An intelligent layperson should also be able to understand the report.

A Case Report takes significant time to write. It is recommended that thought should be given to the subject during the first third of the CPD course. If there are problems in deciding the topic or the presentation then this is the time to have them resolved. Discuss this with the lecturers and tutors or contact ESVPS. The writing should be undertaken as soon as possible after the halfway point of the course is reached.

## **Presentation and Submission of the Case Report**

The Case Report must be typeset, using size 12 Times New Roman font with double line spacing on one side of A4 paper and presented with a single hole punched in the top left hand corner and secured with a treasury tag. The word count should appear at the foot of the first page of the main text. Candidates are advised to retain a copy of the report, together with copies of figures or illustrations.

An electronic copy should be uploaded on the Candidates Area of the ESVPS website, or alternatively a copy of the report may be sent on CD-ROM or memory stick, along with the hard copy of the report.

**ESVPS may use software to detect plagiarism.**

## **Marking**

The following is given as a guide; Examiners are free to interpret the guidance based on the type of report. Overall, to obtain a pass a Candidate must secure 50% or more of the available marks. Candidates with 49% or less will be deemed to have failed and will need to re-submit a case report.

### ***Marking Schedule***

Summary and Introduction	10%
History and Clinical Findings	15%
Selection and Interpretation of Diagnostic tests	20%
Management	20%
Discussion and use of Literature	15%
Style and Overall Impression of Report	20%

All case reports in the same discipline will be marked according to a standardised scheme.

## **Case Report Pass**

When a Candidate receives a pass mark for their report, this will be retained regardless of the results in the other parts of the examination. The validity of the Case Report pass continues for three years so that, if failed, the examination can be re-taken without submitting a further Case Report.

## **Case Report Failure**

A failure will mean that the Candidate cannot gain the Certificate until such time as the case report has been successfully completed, regardless of their results in the other parts of the General Practitioner Certificate examination. Candidates are always encouraged to re-submit their case reports as soon as is possible. Usually, if a Case Report submission fails, the Examiner will provide a summary of the strengths and weaknesses in order to help the candidate re-submit their report successfully.

### Checklist for all cases:

- Word count provided?
- Formal/scientific language?
- SI units used?
- Introduction briefly sets the scene?
- Clinical examination detailed and complete?
- Problem lists constructed based on history and clinical findings?
- Reasons for performing diagnostic tests explained?
- All abnormal results adequately explained?
- Do all tables, etc, include reference ranges and units?
- Logical approach followed?
- Drugs listed as outlined in ESVPS guidelines?
- Discussion compares and contrasts the case in question with the available literature?
- References listed as shown in 'The Veterinary Record'?
- References used in the report match those listed in the reference list?
- Images of sufficient quality to add to the report?
- Images and figures adequately explained?
- Hard copy and electronic copy submitted/uploaded?
- **Double check spelling and grammar**

\*\*\*On registration for the examination you will be provided with a user name and password for the Candidates area of the ESVPS website. A video on how to write your case report can be downloaded from SCIVAC website, [www.scivac.it](http://www.scivac.it), along with sample cases and the case report writing guidelines.