



AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS

FELLOWSHIP GUIDELINES

Feline Medicine

ELIGIBILITY

1. The candidate must meet the eligibility prerequisites for Fellowship outlined in the *Fellowship Candidates Handbook*.
2. Membership of the College, in either Small Animal Medicine or Medicine of Cats, must be achieved prior to the Fellowship examination.

OBJECTIVES

To demonstrate that the candidate has attained sufficient knowledge, training, experience and accomplishment to meet the criteria for registration as a specialist in Feline Medicine.

RESPONSIBILITY

It is the candidate's responsibility to ensure they have fulfilled all the requirements of the training program guidelines prior to submitting their credentials for eligibility for examination.

LEARNING OUTCOMES

1. The candidate will have a **detailed¹ knowledge** of:

¹ **Knowledge levels:**

Detailed knowledge — candidates must be able to demonstrate an in-depth knowledge of the topic including differing points of view and published literature. The highest level of knowledge.

Sound knowledge — candidate must know all of the principles of the topic including some of the finer detail, and be able to identify areas where opinions may diverge. A middle level of knowledge.

Basic knowledge — candidate must know the main points of the topic and the core literature.

- 1.1. the aetiology, pathogenesis, pathophysiology, epidemiology, investigation, diagnosis, differential diagnosis and treatment/management/prevention of feline diseases of all body systems other than those specifically listed in Points 2 and 3
 - 1.2. current literature and concepts in the field of feline medicine
 - 1.3. measures to reduce public health risks of zoonotic diseases transmitted by cats
 - 1.4. diagnostic procedures in feline medicine.
2. The candidate will have a **sound knowledge** of:
- 2.1. feline anatomy, physiology, immunology, and nutrition
 - 2.2. pharmacology, chemotherapy, sedation, anaesthesia, analgesia and critical care in cats
 - 2.3. diseases of the skin and eyes in cats
 - 2.4. feline diseases exotic to Australia and New Zealand especially those that could be of potential significance to feline health in Australasia, e.g. rabies, Mycobacterium tuberculosis, poxvirus, ehrlichiosis, anaplasmosis, tularaemia, histoplasmosis, blastomycosis, feline hepadnavirus and any other significant exotic or emerging disease.
 - 2.5. behavioural disorders as they pertain to the systemic health of the feline patient (e.g. interaction of behavioural disorders and feline idiopathic cystitis/feline lower urinary tract disease).
3. The candidate will have a **basic knowledge** of:
- 3.1. feline reproduction
 - 3.2. radiation therapy.
4. The candidate will be able to do the following with **detailed² expertise**:
- 4.1. collect, record, and analyse clinical data in complex feline cases and make sound clinical judgements based on that data
 - 4.2. provide high quality care for cats with the most efficient use of resources in a manner that is responsive to the owner's needs and wishes

² **Skill levels:**

Detailed expertise — the candidate must be able to perform the technique with a high degree of skill, and have extensive experience in its application. The highest level of proficiency.

Sound expertise — the candidate must be able to perform the technique with a moderate degree of skill, and have moderate experience in its application. A middle level of proficiency.

Basic expertise — the candidate must be able to perform the technique competently in uncomplicated circumstances.

- 4.3. communicate with clients, referring veterinarians and peers
 - 4.4. evaluate and incorporate new scientific information relevant to the practice of feline medicine
 - 4.5. advance knowledge in feline medicine through clinical innovation, research and publication.
5. The candidate will be able to interpret the following:
- 5.1. with **detailed expertise**:
 - 5.1.1. clinical pathology data
 - 5.1.2. the images obtained through radiography and ultrasonography
 - 5.1.3. the results of routine ECG.
 - 5.1.4 the written radiological report of images obtained by computed tomography and magnetic resonance imaging.
 - 5.2. with **sound expertise**:
 - 5.2.1.the results of fluoroscopy, electromyography, and nerve conduction studies.
 - 5.2.2. the images obtained by computed tomography and magnetic resonance imaging.

The candidate will be able to perform the following technical procedures:

- 5.3. with **detailed** expertise:
 - 5.3.1. physical and neurological examinations
 - 5.3.2. blood pressure measurement
 - 5.3.3. fluid therapy
 - 5.3.4. blood transfusion
 - 5.3.5. routine electrocardiography
 - 5.3.6. routine radiography
 - 5.3.7. joint fluid aspiration
 - 5.3.8. bronchoalveolar lavage
 - 5.3.9. routine body cavity centesis (thoracic, abdominal, pericardial)
 - 5.3.10. bone marrow biopsy and aspiration
 - 5.3.11. routine biopsy procedures (fine needle aspiration and cutting needle core samples, with and without imaging guidance)

- 5.3.12. cerebrospinal fluid collection
- 5.3.13. endoscopy of the respiratory and alimentary tracts (interventional/therapeutic endoscopy)
- 5.3.14. administration of cytotoxic chemotherapy
- 5.3.15. enteral nutrition tube placement.
- 5.3.16. placement of feline urinary catheters
- 5.4. with **sound expertise**:
 - 5.4.1. thoracostomy tube placement.
 - 5.4.2. flushing of Subcutaneous Ureteral Bypass systems
 - 5.4.3. ultrasonography
- 5.5. with **basic expertise**:
 - 5.5.1. arterial blood gas collection
 - 5.5.2. central line placement and central venous pressure measurement
 - 5.5.3. basic echocardiography
 - 5.5.4. electrocardiography (ambulatory event-based and continuous recorders)
 - 5.5.5. electromyography, nerve conduction studies, brainstem auditory evoked response evaluation
 - 5.5.6. partial and total parenteral nutrition
 - 5.5.7. peritoneal dialysis
 - 5.5.8. gastric lavage
 - 5.5.9. transtracheal aspiration

EXAMINATIONS

Refer to the *Fellowship Candidates Handbook*, Section 5.

The Fellowship examination has four separate, autonomous components:

1. **Written Paper 1** (Component 1)
Principles of the Subject (four hours)
2. **Written Paper 2** (Component 2)
Applied Aspects of the Subject (four hours)
3. **Practical Examination** (Component 3)
Practical (three hours)
4. **Oral Examination** (Component 4)
Oral (1.5 to two hours)

The written examination will comprise of two separate four-hour written papers taken on two consecutive days. There will be an additional 20 minutes perusal time for each paper, during which no typing is permitted. The exam may include a series of short and long answer questions, multiple-choice questions or may require an essay-type response. The exam is worth a total of 240 marks and all questions must be answered. Allocated marks to each question/subquestion will be clearly indicated.

Written Paper 1:

This paper is designed to test the candidate's knowledge of the principles of Feline Medicine as described in the Learning Outcomes. Answers may cite specific examples where general principles apply, but should primarily address the theoretical basis underlying each example.

Written Paper 2:

This paper is designed to (a) test the Candidate's ability to apply the principles of Feline Medicine to particular cases/problems or tasks, and to (b) test the Candidate's familiarity with the current practices and issues that arise from activities within the discipline of Feline Medicine.

Practical Examination:

The practical examination is designed to test practical aspects of the learning objectives and will focus predominantly on complex case presentations as would be appropriate for specialist referral level practice. To pass this examination, candidates must be able to compose short written answers pertaining to case-based material presented. Candidates must demonstrate deep understanding and practical application of equipment used in Feline Medicine. No perusal time will be given for the practical exam. The practical will consist of a series of questions with sub-questions, equating to a total of 180 marks. Marks allocated to each question and to each sub-section will be clearly indicated on the written paper. Patient images or videos, radiographs, ultrasound images, CT studies, MR images, ECG recordings, cytology images as well as copies of pathology, radiography or other ancillary test reports are likely to be used during this examination.

Oral Examination:

The oral examination may cover case-based material or more general discussion, including areas of recent interest or controversy in Feline Medicine. The oral examination is designed to test practical aspects of the learning objectives. To pass this examination, the candidate must demonstrate the required level of knowledge in the learning objectives and to support their opinions with citations of the veterinary literature. A series of cases or topics are presented with supporting questions asked verbally in a face-to-face setting. The oral examination has a total of 100 marks with each case/topic allocated 20 marks. Images, pathology reports and other clinical data may be used during this examination.

TRAINING PROGRAMS

Refer to the *Fellowship Candidates Handbook*, Section 4.3.

1. Fellowship training in Feline Medicine requires a minimum of three years (144 weeks) of directly supervised training (DST) (at least 35 hours each week) at an approved facility. At least 94 weeks is to be spent in clinical practice including a four-week externship. Eight weeks is to be spent in training in related disciplines, and the remaining period is to be spent on other requirements including clinical research, conference attendance and participation and the preparation of presentations and publications and 4 weeks annual leave / year.
2. Fellowship Candidates must have a minimum of two (2) supervisors during their Fellowship training program. The Primary Supervisor must have a feline-specific recognised specialist qualification. The Secondary Supervisor must have a specialist qualification in a core medicine discipline such as small animal medicine, canine medicine, medical oncology, cardiology or neurology.

The candidate must be working full-time in the discipline and be under direct supervision by one or both supervisors at all times when undertaking clinical duties. Direct supervision is defined as in-person, on-site consultation between the candidate and supervisor throughout the day to provide opportunity for co-operative or interactive case management. The secondary supervisor must play an active role in the candidate's training (including co-signing the annual supervisors report to document their involvement in the candidate's training and feedback).

Secondary supervision can be achieved in one of the following ways:

- a) On-site training: Both supervisors on-site at the principal place of employment, with the secondary supervisor directly supervising the candidate for at least one day per week (regardless of whether the candidate works a 4 or 5 day full-time week).
- b) Off-site training: In the event that the secondary supervisor works at a secondary location, the candidate will undertake directly supervised training with the secondary supervisor onsite at the secondary location (providing that the secondary site has been approved by the TCC as a training facility). This training can occur at any time throughout the fellowship training program as either single days or blocks of time. During these directly supervised periods at the secondary site, the resident must have primary responsibility for their cases and the secondary supervisor must be on-site at all times when the resident is performing clinical duties.

Please note that neither supervisor needs to work full-time (as per Fellowship Candidate Handbook, Section 2.7.1.2) but between the two (or more) supervisors full-time, on-site supervision (equivalent to 38 hrs per week) needs to be provided when clinical duties are being undertaken.

3. If one supervisor is unable to cover for predicted absences of the other supervisor then the candidate should consider other activities over that period (eg. research/study leave, conference leave, TRD, externships) so that the training program can continue. As per section 2.7.2 of the Fellowship Candidate Handbook, if neither supervisor is available for

directly supervised training for more than one week over a three-month period, then DST cannot be logged in the ALS unless an alternative supervisor is appointed. Remote supervision (eg. via phone, email, video conferencing) is only acceptable in the context of after-hour clinical supervision and during brief periods (<1 week per 3 months) of absence.

TRAINING IN RELATED DISCIPLINES

Refer to the *Fellowship Candidates Handbook*, Section 2.4.2.

The appropriate related disciplines for feline medicine include canine medicine, anatomic pathology, clinical pathology, diagnostic imaging, feline behaviour, small animal anaesthesia, cardiology, dermatology, emergency care, critical care, ophthalmology, neurology, and oncology.

It is a requirement of Fellowship training in feline medicine that the candidate spend time in each of the following training in related disciplines areas:

- Diagnostic imaging
Learning outcomes could include:
 - Acquisition of radiographic, CT and MRI studies
 - Techniques for review of above studies and development of a written radiographic interpretation/report
- Neurology
 - Performance of neurological examination
 - Additional neurological testing such as principles of EEG and nerve conduction studies, BAER
 -
- Oncology
 - Administration of cytotoxic chemotherapy
 - Management of adverse effects of chemotherapy
 - Diagnosis and review of oncology cases
- Cardiology
 - Performance of echocardiography with basic expertise
 - Interpretation of thoracic radiographs
 - Interpretation and performance of ECG
 - Management of cardiac disease in the cat

EXTERNSHIPS

Refer to the *Fellowship Candidates Handbook*, Section 2.4.1.

All candidates must complete at least one externship in Feline Medicine. An externship may be carried out as two by two-week blocks, or a one by four-week block.

Approval may be sought for an externship in Small Animal Medicine at a facility that has a high feline caseload. The externship supervisor may have small animal or internal medicine qualifications.

ACTIVITY LOG SUMMARY (Appendix 1)

The Activity Log Summary (ALS) must be recorded throughout the supervised training program in the primary discipline. An example of the Activity Log Summary template is included in Appendix 1. It is recommended that the candidate logs at least 500 cases during the training program. For at least 50% of these cases the candidate should be the primary clinician.

The Feline Chapter requires the Candidate to document, within the Activity Log Summary, a minimum of 500 (five hundred) cases over the training period. Cases suitable for inclusion are those where the Candidate is the primary clinician performing the majority of the clinical procedures and client communication on the case. Revisit appointments on the same case for the same presenting problem are NOT to be entered separately in the Activity Log Summary. In an attempt to ensure adequate exposure to the variety of medical cases seen in specialist practice, the Chapter suggests the following minimum of cases per organ system (as set out in the Activity Log Summary):

Neurological 30
Haematopoietic 30
Endocrine 30
Respiratory 30
Cardiovascular 30
Alimentary 30
Genito-Urinary 30
Musculoskeletal 15
Infectious 30

Any single case can be allocated to a single organ system that most appropriately describes the major clinical problem. Note that oncology is not a separate category, but cases are included in the organ system affected.

PUBLICATIONS and PRESENTATION REQUIEMENTS

Refer to the *Fellowship Candidates Handbook*, Section 2.10

Publications in Small Animal Medicine in which both feline and canine species are represented would be considered relevant to the discipline of feline medicine.

Pre-approval of publications prior to submission of the Fellowship Credentials Document is strongly recommended.

PRESENTATIONS:

In accordance with the Fellowship Candidate's Handbook, candidates in Feline Medicine are expected to present at a national or international conference in the subject of Feline Medicine **such as College Science Week, ACVIM, ECVIM or ISFM Feline Congress**. Prior approval of the presentation is recommended.

RECOMMENDED READING LIST

The candidate is expected to research the depth and breadth of the knowledge of the discipline. This list is intended to guide the candidate to some core references and source material. *The list is not comprehensive and is not intended as an indicator of the content of the examination.*

Core textbooks³:

Ettinger SJ & Feldman EC, editors. *Textbook of Veterinary Internal Medicine. Vols 1–2*. 8th edn. Saunders, Philadelphia, 2017 and later editions if available.

Feldman EC, Fracassi F & Petersen ME. *Feline Endocrinology*. 1st Edition. Edra Publishing, 2019.

Holland M and Hudson J, Editors. *Feline Diagnostic Imaging*. 1st Ed. Wiley Blackwell. 2020.

Little S. *The Cat: Clinical Medicine and Management*. 1st Ed, Elsevier Saunders, 2011 and later editions if available.

Sykes, J, editor. *Greene’s Infectious Diseases of the Dog and Cat*. 5th edn. Elsevier Science Health Division , 2022 and later editions if available .

Bonagura JD, editor. *Kirk’s Current Veterinary Therapy*. Saunders, Philadelphia. Recent issues: XIV (2008), XV (2014) and later editions if available.

August JR, editor. *Consultations in feline internal medicine*. All editions to date. Elsevier Saunders, St Louis. Editions 5, 6, 7 and later should be considered “Core” Textbooks, earlier editions can be considered “Recommended”.

Norsworthy, editor. *The Feline Patient*. 5th Edn. Wiley-Blackwell. 2018 (later editions if available).

Harvey, A and Tasker S. *BSAVA Manual of Feline Practice*. Wiley-Blackwell. 2013.

Additional References:

Feline Medicine:

Sherding RG, editor. *The cat — diseases and clinical management. Vols 1–2*. 2nd edn. Churchill Livingstone, New York, 1994.

Candidates must be aware that some of this material is now outdated and use of up-to-date texts and current peer reviewed literature is necessary in order to differentiate outdated from unchanged data.

Internal medicine:

³ **Definitions of Textbooks:**

Core textbook: candidates are expected to own a copy of the textbook and have a detailed knowledge of the contents.

Recommended textbook: candidates should own or have ready access to a copy of the book and have a sound knowledge of the contents.

Additional references: candidates should have access to the book and have a basic knowledge of the contents.

Nelson RW & Couto CG, editors. *Small Animal Internal Medicine*. 6th edn. Mosby, St Louis, 2019.

Dermatology

Guaguère E & Prelaud P, editors. *A Practical Guide to Feline Dermatology*. Merial, 2000.

Scott DW, Miller WH & Griffin CE, editors. *Muller & Kirk's Small Animal Dermatology*. 7th edn. Saunders, Philadelphia, 2013.

Endocrinology

Feldman EC & Nelson RW et al. *Canine and Feline Endocrinology*, 4th edn. Elsevier Saunders, 2015.

Gastroenterology

Procoli F, Allenspach K, and Salavati S, editors. *Feline Gastroenterology*. Edra Spa publishing 2021

Steiner J. *Small Animal Gastroenterology*. Schlutersche, Hannover, 2008.

Washabau RJ and Day M, editors. *Canine and Feline Gastroenterology*. Saunders, 2013

Immunology

Day MJ. *Clinical Immunology of the Dog and Cat*. 2nd edn. Manson Publishing, London, 2012.

Neurology

Thomson and Hahn. *Veterinary Neuroanatomy, A Clinical Approach*. Saunders Elsevier, 2012.

DeLahunta A & Glass E. *Veterinary Neuroanatomy and Clinical Neurology*. 5th edn. Saunders Elsevier, St Louis, 2020.

Oliver JE, Lorenz MD & Kornegay JN, editors. *Handbook of Veterinary Neurology*. 4th edn. Saunders, Philadelphia, 2004.

Nutrition

Case LP, Carey DP, Hiraikawa DA & Daristotle L. *Canine and feline nutrition*. 3rd edn. Mosby, St Louis, 2011 .

Oncology

Ogilvie GK & Moore AS, editors. *Feline Oncology: A Comprehensive Guide to Compassionate Care*. Veterinary Learning Systems, Trenton, 2001.

Withrow and MacEwen's *Small Animal Clinical Oncology*. 6th edn. Elsevier Saunders, Philadelphia, 2019.

Ophthalmology

Barnett K & Crispin SM. *Feline Ophthalmology. An atlas & text*. Saunders, London 1998

Mitchell N and Oliver J. *Feline Ophthalmology The Manual*. Editorial Servet, 2015.

Pathology (Clinical)

Latimer KS, Mahaffey EA & Prasse KW. *Duncan & Prasse's Veterinary Laboratory Medicine*. 5th edn. Wiley-Blackwell, 2011.

Pharmacology

Maddison JE, Page SW & Church D. *Small Animal Clinical Pharmacology*. 2nd edn. Saunders, Edinburgh, 2008.

Plumb DC. *Veterinary Drug Handbook*. 9th edn. Wiley-Blackwell, 2018 (later editions if they are available).

Physiology

Guyton AC & Hall JE, editors. *Textbook of Medical Physiology*. 14th edn. Elsevier Saunders, 2020.

Cardiology

Fox PR & Sisson D. *Textbook of Canine and Feline Cardiology: Principles and Clinical Practice*. 2nd edn. Saunders, Philadelphia, 1999.

Kittleson MD & Kienle RD. *Small Animal Cardiovascular Medicine*. Mosby, St Louis, 1998.

Smith KW, Smith Jr, Tilley LP, Oyama M, and Sleeper M. *Manual of Canine and Feline Cardiology 5th Edn*. Elsevier, 2015.

Ware W.A. *Cardiovascular Disease in Small Animal Medicine*. Manson Publishing Ltd, 2011

Core Journals⁴:

Journal of Feline Medicine and Surgery

Journal of Veterinary Internal Medicine

Journal of Small Animal Practice

Journal of the American Animal Hospital Association

Journal of the American Veterinary Medical Association

Veterinary Clinics North America-Small Animal Practice

Australian Veterinary Journal

Australian Veterinary Practitioner

Recommended Journals:

The Veterinary Record

The Veterinary Journal

American Journal of Veterinary Research

Additional Reading Materials:

The candidate should read widely, especially in relation to information presented at seminal conferences such as ACVIM, College Science Week, and ECVIM.

⁴ **Definitions for Journals:**

Core Journal: candidates are expected to have ready access to either print or electronic versions of the journal and have a detailed knowledge of the published articles in the subject area.

Recommended Journal: candidates should have ready access to either print or electronic versions of the journal and have a sound knowledge of the published articles in the subject area.

Additional Journal: candidates should be able to access either printed or electronic versions of the journal and have a basic knowledge of the published articles in the subject area.

Additional Reading Materials:

Conference proceedings (e.g. ACVIM, ECVIM and College Science Week), other non-refereed publications and other journals that would offer some information in the subject area including differing points of view, but are not required reading

FURTHER INFORMATION

For further information contact the College Office

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Appendix 1 – Activity Log Summary

Case Numbers	Primary		Assistant		Total
	Referral	Other	Referral	Other	
Gastroenterology/Hepatology					
Behaviour					
Cardiovascular					
Dermatology					
Endocrinology					
Haemolymphatic					
Hernia/Body Cavities					
Musculoskeletal					
Neurology					
Oncology					
Ophthalmology					
Reproductive					
Respiratory					
Nephrology/Urology					
TOTALS					

Procedures	Total
Arterial Catheter Placement	
Central Catheter Placement	
Rhinocopy	
Bronchoscopy	
Upper GI endoscopy	
Lower GI endoscopy	
Placement of feeding tube	
CSF tap	
Bone marrow biopsy/aspirate	

Other (specify)