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 any discipline, 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.

LEARNING OUTCOMES
1. The candidate will have a detailed\(^1\) knowledge of:

   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

\(^1\) 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.
1.2. current literature and concepts in the field of feline medicine

1.3. measures to reduce public health risks of zoonotic diseases transmitted by cats.

2. The candidate will have a sound knowledge of:

2.1. feline anatomy, physiology, immunology, reproduction and nutrition

2.2. pharmacology, chemotherapy, radiotherapy, sedation, anaesthesia, analgesia and critical care in cats

2.3. diagnostic procedures in feline medicine

2.4. diseases of the skin, eyes and reproductive system in cats

2.5. feline diseases exotic to Australia and New Zealand especially those that could be of potential significance to feline health in Australasia, eg rabies.

3. The candidate will have a basic knowledge of feline behavioural disorders.

4. The candidate will be able to do the following with detailed 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

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

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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.
5.1.2. the results of radiography and ultrasonography
5.1.3. the results of routine ECG.

5.2. with sound expertise:

5.2.1. the results of fluoroscopy, computed tomography and magnetic resonance imaging, electromyography, nerve conduction studies, and brainstem auditory evoked response evaluation.

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

5.3. with detailed expertise:

5.3.1. physical and neurologic 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. transtracheal aspiration and bronchoalveolar lavage
5.3.9. routine body cavity centesis: thoracic, abdominal, pericardial
5.3.10. bone marrow biopsy & 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 interventional/therapeutic endoscopy
5.3.14. administration of cytotoxic chemotherapy.

5.4. with sound expertise:

5.4.1. enteral nutrition tube placement
5.4.2. thoracostomy tube placement.
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. ultrasonography

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.

EXAMINATIONS

Refer to the Fellowship Candidates Handbook, Section 7.

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 writing on the examination paper is permitted. Each paper will contain five (5) questions to answer, each worth 48 marks, giving a total of 240 marks per paper. Questions may be long answer, or a mix of short and long answer. There is no choice of questions. Marks allocated to each question and to each subsection of questions will be clearly indicated on the written paper.
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 using essay-style, short answer and note-point formats. 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 in Australia and New Zealand using essay-style, short answer and note-point formats.

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 (each requiring 5–15 minutes) 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 fifteen (15) questions with sub-questions, equating to a total of 150 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, EMG recordings, nerve conduction velocity 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. Five (5) 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 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.

It is expected that the primary supervisor holds feline-specific specialist qualifications.

TRAINING IN RELATED DISCIPLINES
Refer to the Fellowship Candidates Handbook, Section 3.4.2.

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

EXTERNSHIPS
Refer to the Fellowship Candidates Handbook, Section 3.4.1.

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

Complex cases may be logged in up to two categories; eg a cat with chronic kidney disease and diabetes mellitus can be logged in 'endocrine' and 'renal'.

In addition to completing an Activity Log Summary candidates must also complete a Case Log during their first year of training for a period of three months. This is to be submitted with the first annual supervisor report along with the Activity Log Summary. An example of the Case Log is included in Appendix 2.
PUBLICATIONS
Refer to the Fellowship Candidates Handbook, Section 3.11.

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

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 Texts
August JR, editor. Consultations in feline internal medicine. 5th and 6th edns. Elsevier Saunders, St Louis 2006 and 2010 respectively.


The cat — diseases and clinical management. Vols 1–2, 2nd edition, is a core text despite its age, because no other comprehensive feline medicine text has been published since. 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.

ADDITIONAL REFERENCES

TEXTBOOKS

General Medicine


Cardiology


Dermatology


Endocrinology

Gastroenterology


Immunology

Infectious Diseases

Neurology

Nutrition

Oncology


Ophthalmology

Pathology (Clinical)

Pharmacology


Physiology

JOURNALS
*Australian Veterinary Journal*
*Australian Veterinary Practitioner*
*Compendium of Continuing Education for the Practising Veterinarian*
*Journal of Feline Medicine and Surgery*
*Journal of Small Animal Practice*
*Journal of the American Animal Hospital Association*
*Journal of the American Veterinary Medical Association*
*Journal of Veterinary Internal Medicine*
*Veterinary Clinics North America-Small Animal Practice*
*Veterinary Record*
APPENDIX 1: FELINE MEDICINE ACTIVITY LOG SUMMARY (NUMBER OF CASES)

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Feline Medicine Fellowship Guidelines July 2010
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*Cumulative TOTAL*
### APPENDIX 2  FELINE MEDICINE  CASE LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>CATEGORY</th>
<th>PATIENT DETAILS</th>
<th>PRESENTATION</th>
<th>DIAGNOSTIC TESTS</th>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
<th>OUTCOME</th>
<th>INITIALS</th>
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</thead>
<tbody>
<tr>
<td>26/10/10</td>
<td>Dermatology</td>
<td>66809  'Sam' Smith 6 y MN Persian</td>
<td>8-week history of pruritic, crusting dermatosis, non-responsive to cephalaxin or amoxycillin-clavulanate.</td>
<td>Trichogram, multiple skin scrapings. FNA/cytology of intact pustule, Woods lamp, hair cytology (10% KOH). skin biopsies (8 mm punch biopsies), histopathology, serial WBC counts.</td>
<td>Pemphigus foliaceous</td>
<td>Prednisolone 20 mg sid PO for 8 wks. Chlorambucil 1mg PO sid.</td>
<td>Excellent response to therapy until developed generalised dermatophytosis, then itraconazole 50 mg sid PO.</td>
<td>LL*</td>
</tr>
<tr>
<td>27/10/10</td>
<td>Respiratory</td>
<td>66817  'Henry' Yeo 3 y MN DLH</td>
<td>3 months stertor, Recent anorexia. Signs worse after prednisolone administration.</td>
<td>FIV serology, nasopharyngeal endoscopy, nasal cytology &amp; culture, serial LCAT titres, serum biochemistry.</td>
<td>Nasopharyngeal cryptococcosis: <em>C. neoformans var gattii</em> FIV infection</td>
<td>Forceps removal of cryptococcal granuloma. Itraconazole 100 mg sid PO.</td>
<td>LCAT titre declining with therapy. Resolution of clinical signs.</td>
<td>LL*</td>
</tr>
<tr>
<td></td>
<td>Neurology</td>
<td>65261  'Miss Kitty' Bashir 12 y FN DSH</td>
<td>4 weeks history of progressive hind-limb ataxia.</td>
<td>Neurologic &amp; ophthalmic exams. Haematology, serum biochemistry, LCAT, FCoV serology, toxoplasmosis IgG/IgM titres, FIV/FeLV serology, thoracic &amp; spinal radiographs, lumbar myelogram, CSF analysis.</td>
<td>Thoracolumbar spinal lymphosarcoma (intramedullary)</td>
<td>No treatment</td>
<td>Euthanasia. Necropsy. Histopathology.</td>
<td>LL*</td>
</tr>
<tr>
<td>29/10/10</td>
<td>Endocrine</td>
<td>28705  'Meg' Ryan 14 y MN DSH</td>
<td>Progressive weight loss, polyphagia, unkempt hair coat, aggression.</td>
<td>Haematology, serum biochemistry &amp; T4, urinalysis &amp; USG</td>
<td>Thyrotoxicosis</td>
<td>^131^I 220 MBq, oral</td>
<td>Euthyroid post-Rx. CRF 6 months later — euthanased.</td>
<td>AB*</td>
</tr>
</tbody>
</table>

### NOTES
1. All abbreviations other than standard abbreviations for patient details (eg sex, age, domestic breed) and route and frequency of drug administration are to be defined in an accompanying document.
2. All drug names to be generic and not proprietary.
3. All terminology to be scientific.
4. * to designate clinician with primary case responsibility.

*Feline Medicine Fellowship Guidelines July 2010*  
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