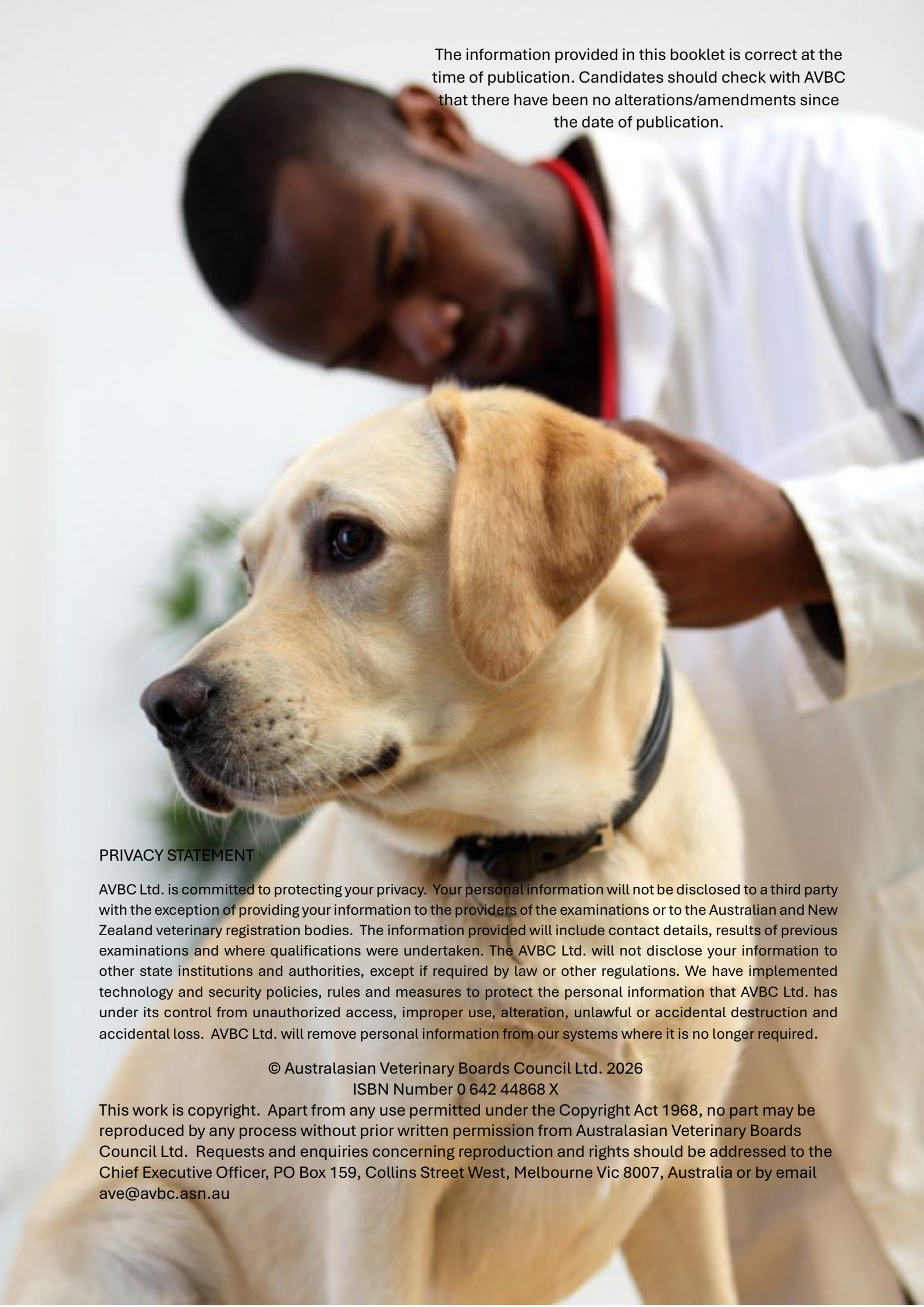




Australasian Veterinary Examination (AVE)

# Information for AVE Candidates

May 2026



The information provided in this booklet is correct at the time of publication. Candidates should check with AVBC that there have been no alterations/amendments since the date of publication.

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# 1. Introduction

The Australasian Veterinary Examination (AVE) is designed to assess, for registration purposes, the veterinary knowledge and clinical competences of overseas qualified veterinarians who's veterinary qualifications are not recognised by State or Territory Registration Boards in Australia or the Veterinary Council of New Zealand.

The AVE is comprised of:

1. the Preliminary (MCQ) Examination which focuses on basic and applied veterinary knowledge across a wide range of topics; and
2. the Final (Clinical) Examination which assesses clinical competence in the main domains of veterinary practice.

The Preliminary Examination consists of two papers, set in English, in multiple choice question (MCQ) format. The exam is offered in Australia and overseas. The Final (Clinical) Examination involves a series of oral and practical examinations. It is conducted in English over several days, usually twice per year, and is offered only in Australia.

Additional clinical examination sessions may sometimes be offered at the discretion of the AVE Committee.

A pass score for the Preliminary (MCQ) Examination is required for admission to the Final (Clinical) Examination.

The AVE is based on the competences of the veterinary profession as benchmarked against Australasian graduates (see Appendix 1).

The AVE Committee (AVEC) ensures that the format and content of the AVE is consistent with undergraduate veterinary courses and the standard of examinations in Australasian veterinary schools, with an emphasis on the circumstances common in Australasia. Members of the Committee have broad expertise over the full range of disciplines covered in the AVE examinations.

AVEC is a Standing Committee of the Australasian Veterinary Boards Council (AVBC) with responsibility to develop and oversee the AVE.

## 2. Overview of the AVE process

There are three components to the AVE:

1. **Eligibility Assessment** - carried out by AVBC to assess whether the applicant is eligible to sit the AVE (written and clinical components). This also includes an English language test, one of:

- the Occupational English Test (OET) OR
- the academic module of the International English Language Testing System (IELTS) OR
- the Test of English as a Foreign Language (TOEFL-iBT) OR
- the Pearson Test of English Academic (PTE Academic),

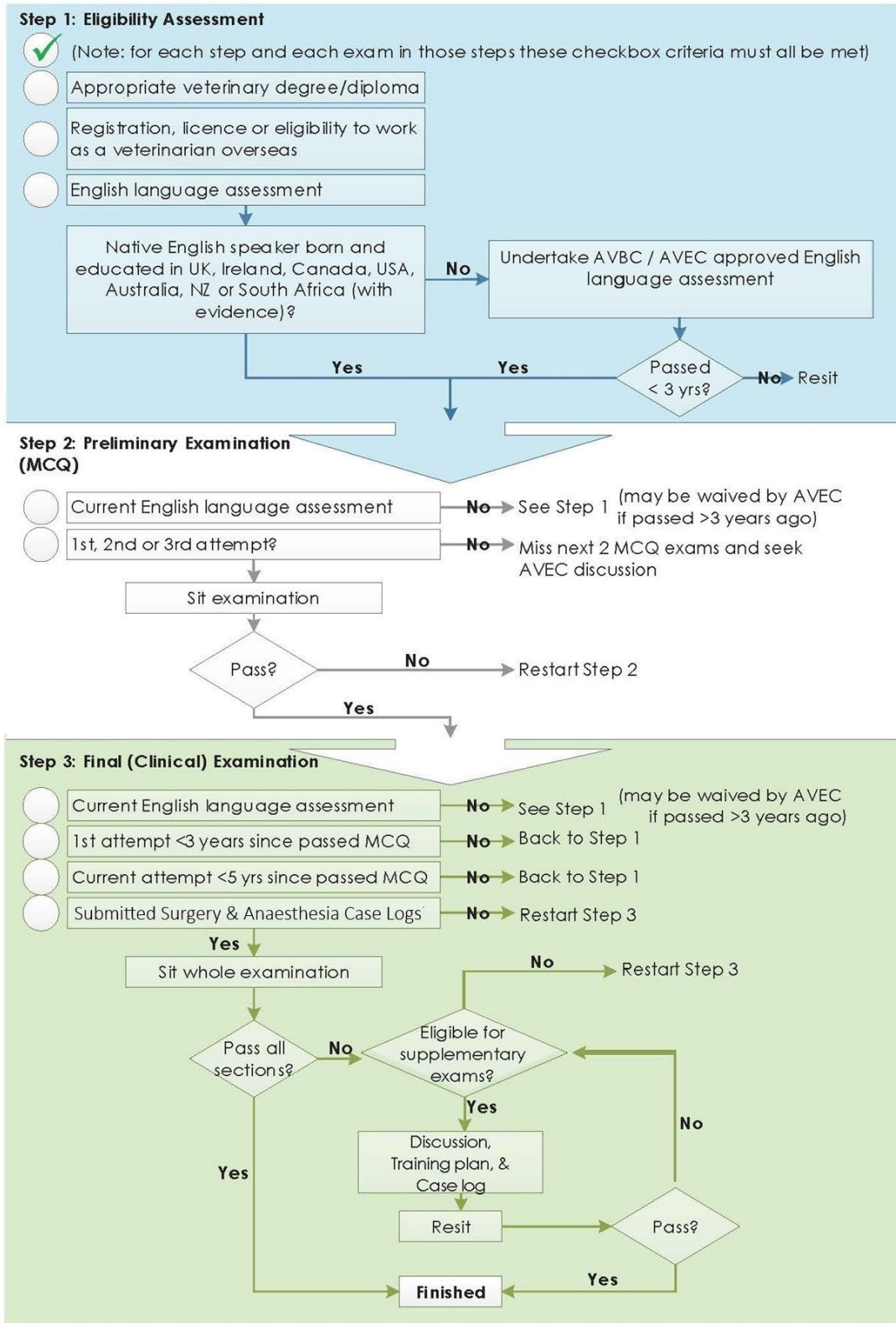
for applicants whose native language is not English;

2. **Preliminary (MCQ) Examination** - consisting of two papers, set in English, in multiple choice question (MCQ) format, held in Australia and overseas. The Preliminary (MCQ) Examination must be successfully completed before the Final (Clinical) Examination can be attempted;

3. **Final (Clinical) Examination** in clinical veterinary practice conducted in English over several days, and only in Australia. Clinical examination sessions are offered mid-year and at the end of the year. Additional sessions may be offered at the discretion of the AVE Committee. Anaesthesia and surgery case logs, signed by approved registered veterinary practitioners, must be submitted before the Final (Clinical) Examination can be attempted. (see Appendix 6).

The steps required to complete each component are summarised in the flowchart below.

## FLOWCHART OF THE EXAMINATION PROCESS



## 3. Eligibility for the AVE

### 3.2 Eligibility for the AVE

Before enrolling candidates, the AVBC assesses their eligibility to sit the AVE. Candidates are eligible if they:

1. hold a degree or diploma awarded after at least four years of study at a veterinary school which appears on the directory of [AVMA ECFVG®-listed Veterinary Colleges of the World](#) (these acronyms refer to the American Veterinary Medical Association and the Educational Commission for Foreign Veterinary Graduates®) OR at a school which was part of a college or university listed in the “[World List of Universities](#)”; and
2. are registered, licensed or eligible to be recognised as a veterinarian of good standing in the country in which they studied or worked; and
3. have confirmation of English language proficiency if their native language is not English by holding a pass in an English language test approved by the AVBC.

An AVE assessment of eligibility remains valid for three years. A candidate who has been assessed as eligible to sit the AVE will be placed on an email contact list and can expect to receive emails from time to time with information about applications and upcoming examination sessions, etc.

### 3.3 English language proficiency tests

Native speakers of English born and educated in the UK, Ireland, Canada, USA, Australia, New Zealand and South Africa are exempt from the English language assessment requirement. Candidates should provide supporting evidence with their application.

Applicants whose native language is not English must meet the AVBC English language standard in either the **Occupational English Test (OET)** OR the academic module of the **International English Testing System (IELTS academic)** OR the **Test of English as a Foreign Language (TOEFL-iBT)** OR the **Pearson Test of English Academic (PTE Academic)** before they can apply for an assessment of their eligibility to sit the AVE.

The **Occupational English Test (OET)** is administered by Cambridge Boxhill Language Assessment, a venture between Cambridge Assessment English and Box Hill Institute. The test includes written, listening, reading and speaking sections and is held in Australia and overseas. A candidate must pass the OET with a B pass or higher, or a score of 350 or higher, in each section to satisfy the English language requirement before applying for the AVE. Candidates must achieve the standard in a single test sitting.

The **International English Language Testing System (IELTS)** examination is an alternative English language test. It must be completed with a score of at least a 7 in each section of the academic (not the general) module. AVBC accepts IELTS One Skill Retake.

The **Test of English as a Foreign Language (TOEFL-iBT)** examination is another alternative English language test. It must be completed with scores of at least 24 in Listening, 24 in Reading, 27 in Writing and 23 in Speaking. Candidates must achieve the standard in a single test sitting.

The **Pearson Test of English Academic (PTE Academic)** is another English language proficiency test accepted by the AVBC. It must be completed with a score of at least 65 in each of the four communicative sections of the test. Candidates must achieve the standard in a single test sitting.

Information about applying for the OET, IELTS (academic), TOEFL-iBT or PTE Academic can be obtained from the English languages test providers. See Appendix 2 of this information booklet for their website addresses and contact details.

A pass in the OET/IELTS/TOEFL-iBT/PTE Academic test is valid for **three years**. A valid (i.e. current) test result is required at each stage of the AVE process. This may mean that during a candidate's engagement with the AVE process, they may need to re-take an English language proficiency test.

In the case of a candidate continuously living and working OR living and studying in an approved English-speaking country, the requirement to **re-test may** be waived on application to the AVE Committee. (It is only the requirement to re-test that may be waived. A current English language test result which meets the AVBC standard must accompany all applications for AVE Eligibility.) Further details can be obtained from the AVE Coordinator.

## 4. Preliminary (MCQ) Examination

### 4.1 General information

The Preliminary (MCQ) Examination is designed to test general knowledge of veterinary science and the application of that knowledge relevant to veterinary practice in Australasia.

The Preliminary (MCQ) Examination is administered via secure computer delivery. Candidates who enrol for the Preliminary Examination will be given access to a short practice test.

The Preliminary (MCQ) Examination is normally held on one day during April each year. It is administered at venues in a number of State capital cities and New Zealand. For those applicants who live overseas, venues may be organised in overseas countries from time to time.

The examination consists of two papers:

Paper 1: Base knowledge (general knowledge of veterinary science)

Paper 2: Clinical reasoning (ability to apply specific knowledge, clinical judgement)

The topics covered in the two papers are listed in Section 4.2.

The examination is conducted under strict supervision. Both papers must be completed on the same day. Paper 1 has 80 questions and Paper 2 has 80 questions. The time allowed for completing Paper 1 is two hours (i.e. 120 mins) and the time allowed for completing Paper 2 is 2 ½ hours (i.e. 150 mins). A basic calculator will be available on screen for both papers. Note paper will be provided. There will be a scheduled break in between the two papers.

Computerised Adaptive Testing (CAT) methodology is used for the Preliminary (MCQ) Examination. The AVE MCQ questions are scored on a scale of difficulty using the Rasch methodology. With CAT delivery of the examination, the computer will continuously select questions that will best assess the candidate's ability. After each answer, the candidate's ability estimate will be updated to determine if the next question should be easier or more difficult. Each correctly answered question adds a score depending on the difficulty of the question.

The final score for the Preliminary (MCQ) Examination is the combined total score of Paper 1 and Paper 2. A "cut-score" of 500 is required to pass the examination. The cut-score is the measure of minimum ability a candidate needs to meet to pass the examination.

All candidates are delivered the same number of scored questions from each topic (paper 1) and species (paper 2) listed in the table in Section 4.2. The format and structure of the AVE Preliminary (MCQ) Examination ensures that the examination is consistent across all candidates.

Sample questions can be found in Appendix 3. Sample questions are intended to give an indication of the format of the questions; they do not represent the degree of difficulty of any part of the examination.

The AVE Committee actively writes new questions, reviews questions and retires outdated questions. All new/reviewed questions are thoroughly trialed and assessed statistically (by our exam partner/psychometrician) prior to being used in the examination.

The Preliminary (MCQ) Examination **must be undertaken within the validity period of the candidate’s English language test** (OET, IELTS academic, TOEFL-iBT or PTE Academic), that is, **three years**. Validity can be renewed by either re-sitting a test to current standards or by re-validating a previous test (which satisfies current standards). See section 3.2.

Results of the Preliminary (MCQ) Examination are sent in writing by email within six weeks. No results are given by telephone.

## 4.2 Topics examined in the Preliminary (MCQ) Examination

### Paper 1 – General knowledge veterinary science

Topic	Sub-topic	Minimum number of questions in paper
1. Anatomy	1. Anatomy	2
2. Physiology	1. Physiology 2. Pathophysiology	5
3. Husbandry & Welfare	1. Nutrition 2. Reproduction 3. Welfare 4. Animal Behaviour 5. Other	5
4. Pathology & Clinical Pathology	1. Alimentary tract 2. Cardiovascular 3. Nervous 4. Musculoskeletal 5. Respiratory 6. Endocrine 7. Urinary 8. Reproductive - male & female 9. Miscellaneous 10. Skin and mammary 11. Lymphoreticular 12. Special sense 13. Hepatobiliary / pancreas 14. Haematology 15. Biochemistry 16. Cytology 17. Body fluids 18. Serology 19. Other	8

<b>Topic</b>	<b>Sub-topic</b>	<b>Minimum number of questions in paper</b>
5. Infectious Diseases	<ol style="list-style-type: none"> <li>1. Bacterial</li> <li>2. Viral</li> <li>3. Protozoal</li> <li>4. Parasitic</li> <li>5. Fungal</li> <li>6. Exotics</li> <li>7. Other</li> </ol>	7
6. Toxicology	<ol style="list-style-type: none"> <li>1. Naturally occurring toxins (plants, feed)</li> <li>2. Envenomation</li> <li>3. Pollutants / poisons</li> </ol>	3
7. Pharmacology / Therapeutics	<ol style="list-style-type: none"> <li>1. Antimicrobial</li> <li>2. Prophylaxis (worm treatment, vaccination)</li> <li>3. Anti-inflammatory / analgesic drugs</li> <li>4. Drug interaction</li> <li>5. Other</li> </ol>	5
8. Public Health	<ol style="list-style-type: none"> <li>1. Principles of Epidemiology</li> <li>2. Zoonoses</li> <li>3. Food Safety</li> </ol>	5
9. Professional Practice	<ol style="list-style-type: none"> <li>1. Therapeutic Regulations</li> <li>2. Radiation Safety</li> <li>3. Environment, Health and Safety (EHS) / Personal Protective Equipment (PPE)</li> <li>4. Ethics</li> <li>5. Euthanasia</li> <li>6. Other Legal</li> </ol>	2
10. Surgical / Anaesthesia / Imaging Principles	<ol style="list-style-type: none"> <li>1. Principles of asepsis</li> <li>2. Wound healing</li> <li>3. Surgical technique</li> <li>4. Anaesthesia - Monitoring</li> <li>5. Anaesthesia - Effects</li> <li>6. Pain assessment and management</li> <li>7. Radiographic practice</li> <li>8. Other imaging</li> </ol>	8

## Paper 2 – Clinical Reasoning (application of knowledge, clinical judgement)

<b>Species Covered</b>	<b>Minimum number of questions in paper</b>
1. Equine	7
2. Cats	6
3. Dogs	14
4. Cattle	13
5. Other ruminants (sheep, goats, alpacas)	5
6. Pigs & Poultry	3
7. Pocket pets & Birds	1
8. Other	1

<b>Clinical Presentations Covered</b>
1. Lameness
2. Red eye, blindness, sore eye
3. Lumpy, hairy, bald & itchy
4. Fistula, fistulae & abscesses
5. Diarrhoea
6. Abdominal pain distension
7. Vomiting / regurgitation
8. Dyskinesia, constipation and straining(tenesmus)
9. Jaundice/pallor, bleeding
10. Dyspnea, nasal discharge
11. Stridor / cough
12. PU/ PD (Polyuria/ Polydypsia)
13. Urinary incontinence, stranguria,haematuria
14. Nervous signs (seizures, tremors, ataxia,abnormal behaviour etc)
15. Syncope, collapse, weakness
16. Sudden death
17. Prolapse
18. Weight loss & dysphagia
19. Poor performance
20. Lethargy / anorexia
21. Pyrexia
22. Trauma
23. Dystocia, still birth, infertility, abortion
24. Neonates

### 4.3 Preparing for the Preliminary MCQ Examination

Sample MCQs can be found in **Appendix 3**. Please note that the sample MCQ questions in Appendix 3 are intended to provide candidates with examples of the type of questions and the format used in the MCQ. They do not reflect the degree of difficulty of questions in the exam papers.

Candidates who enrol for the Preliminary Examination will be given access to a short practice test to assist and familiarise them with the computer-based (online) exam delivery format. The practice questions do not provide a guide to the content of the questions in the exam.

A number of sources useful for practicing multiple choice questions representative of questions in the AVE are available:

- The Series: Mosby's Review Questions and Answers for Veterinary Boards (the Basic Sciences and Clinical Sciences books)
- Saunders Comprehensive Review for the NAVLE by Patrick Schenk ISBN-13: 978-1416029267 (also available in ebook format)
- NAVLE (North American Veterinary Licensing Examination) website for practice questions <http://nbvme.org/?id=80&page=Practice+Versions-NAVLE>
- PAVE® (Program for the Assessment of Veterinary Education Equivalence) website for practice questions <https://www.aavsb.org/licensure-assistance/international-pathway/take-qualifying-science-examination/>

Please note that the standard required to pass the AVE may be difficult to achieve by candidates who:

- qualified a number of years ago, perhaps have worked in a narrow area and who have not undertaken substantial revision of the basic subject matter of the examination;
- obtained a basic qualification which does not adequately cover all the subjects covered by the AVE and who have not undertaken further study to remedy these shortcomings;
- have failed to familiarise themselves with the relevant legislation or with the husbandry, diseases and conditions of animal species to be commonly found in Australasia; or
- have entered the examination without sufficient fluency in the English language.

Recent results indicate that some candidates need to take greater care in preparing for the MCQ examination by studying more broadly and in greater depth. Many of the questions test clinical judgement or the ability to use specific knowledge.

## 4.4 Re-sitting the Preliminary (MCQ) Examination

If a candidate fails the Preliminary (MCQ) Examination, they must **re-sit both papers** at their next attempt. **Re-sitting the Preliminary (MCQ) Examination must be within the validity period of the English language test.** Validity can be renewed by either re-sitting a test to current standards or by re-validating a previous test (which satisfies current standards). If a candidate fails the MCQ examination three times, they will be required to miss the next two sittings of the MCQ exam. This candidate may also request a discussion with an AVE Committee member about their preparation for any subsequent attempts at the MCQ exam. Please see the flowchart on page 7.

A separate application to re-sit the MCQ examination must be completed and another examination fee paid. Details can be obtained by contacting the AVBC Office and the AVE Coordinator.

## 4.5 In the event of technical failure

In the rare event of a technical or power failure which affects computer-delivery of a significant part, or whole, of an MCQ exam paper (Paper 1 and/or Paper 2) to all candidates sitting at a supervised venue, an exam paper will be administered in Paper-and-Pencil format on the same day, and as soon as it is practicably possible to do so. Were this to occur:

- the examination supervisor at the MCQ venue will provide you with an examination booklet and you will be required to answer the multiple choice questions in the booklet.
- this exam format will then constitute the official exam sitting for that paper. Your participation will indicate your acceptance of the delivery and examination format and your agreement to be bound by the result.
- if you choose not to sit the Paper-and-Pencil exam you will be advised of alternatives that are available to you at a later date, and for which you may be charged an additional fee. You may have to wait until the next sitting of the MCQ examination.

## 5. Final Clinical Examination

### 5.1 General information

The Final (Clinical) Examination **can only be undertaken after successfully passing the Preliminary (MCQ) Examination and after submitting an anaesthesia and surgery case log signed by approved, registered veterinary practitioners** (see Appendix 6 for more information about case log requirements). **A candidate's English language test result must be valid when sitting the Final (Clinical) Examination.** Validity can be renewed either by re-sitting a test to current standards, or by re-validating a previous test (which satisfies current standards). See section 3.2.

Candidates must attempt the Final (Clinical) Examination within 3 years of passing the Preliminary (MCQ) Examination.

The clinical examination tests knowledge and understanding of disease and animal management under Australasian conditions at a level that will allow you to practice effectively in Australasia. This entails demonstrating ability to make appropriate decisions about diagnostic steps, treatment regimens and control plans on the spot, using histories and case information provided by the examiner. Candidates will be expected to explain and justify decisions on diagnosis and treatment plans. The examination also includes assessment of practical skills including animal handling and basic surgical procedures.

**While knowledge of specific information is expected, this examination tests the ability to work through problems as would be expected of you in clinical veterinary practice. Competence in clinical deduction and problem-solving, and basic clinical procedures is critical to allow adequate performance in this exam.**

Candidates will **not** be expected to know the fine details of local legislation, uncommon drugs, or local names for plants, bacteria or parasites.

The Final (Clinical) Examination is set at a level based on the competence standards of the veterinary profession as benchmarked against Australasian graduates (see **Appendix 1**).

The following table provides candidates with a list of the areas of clinical veterinary practice covered in the Final (Clinical) Examination.

## The Final (Clinical) Examination covers the following areas of clinical veterinary practice:

Husbandry and management systems used in the care of Australasian companion and production animals;
Handling and restraint of animals of all domestic species;
Disease investigation, management and treatment in individual animals, and in herds and flocks of animals;
Common Australasian intoxications and envenomations;
Clinical pharmacology and application of therapeutics used for common diseases and relevant legislation and regulations;
Disease control and preventive medicine generally;
Animal welfare relevant to veterinary practice;
Legislation and regulations underpinning the delivery of veterinary services to the public;
Oral communication, writing reports and certificates;
Knowledge of the Occupational Health & Safety (OH&S) responsibilities of the veterinarian.

The Final (Clinical) Examination is held at an Australasian veterinary school (usually at the University of Queensland Gatton campus). The examination takes 5 days to complete.

**It is the candidate's responsibility to arrange and meet all costs for accommodation and travel, including visas if travelling from overseas.**

Candidates must bring the following with them to the venue:

- Photo identification (passport, driver's licence or similar)
- Clean protective clothing (coveralls/overalls) and gumboots for the practical animal handling/ examination sessions. Gumboots can be provided.
- Stethoscope
- Thermometer
- **Closed shoes** for the Practical Anaesthesia and Surgery OSCE sessions. Surgery scrubs are provided, but you can bring your own if you prefer.
- Short-cut clean fingernails
- A pen for writing in the Pathology examination

For some sections of the examination, live animals of various species will be used. All animals must be treated in a humane manner as expected by a veterinary practitioner.

**Q-fever** - Candidates are strongly advised to consult with their medical practitioner about Q-fever vaccination prior to the Final (Clinical) Examination. For those candidates who choose not to be vaccinated, and who have not been previously exposed to Q-fever, we advise wearing protective gear including face mask and gloves during all practical examinations. This protective gear can be provided.

## 5.2 Format of the Final (Clinical) Examination

There are nine sections to the examination consisting of Oral (viva voce) and Practical examinations as shown in the table below. Each section takes between 45 minutes and two hours, depending on the section. There will usually be two examiners present for each section. There may also be an observer from AVBC present.

### Format of the Final (Clinical) Examination

Oral (viva)	Practical
1. Small Animal Practice	1. Equine Practice
2. Production Animal Practice	2. Cattle and Sheep Clinical Skills
3. Preventive Medicine	3. Practical Anaesthesia (OSCE)
	4. Practical Surgery (OSCE)
	5. Pathology Practical
	6. Handling and Physical Examination of the Cat and Dog

### 5.2.1 Oral (viva voce) examinations

The format for the oral examination will be the same for the three oral examinations. **Each candidate will be presented with a number of clinical scenarios to work through:**

- Small Animal Practice Oral examination includes 4 clinical scenarios
- Production Animal Practice Oral examination includes 4 clinical scenarios
- Preventive Medicine Oral examination includes 4 scenarios

#### 5.2.1.1 Small Animal Practice

The aim of the examination is to assess whether a candidate has sufficient knowledge, can demonstrate adequate clinical reasoning and good judgement, and proficiency in relevant competencies (listed below) to a standard required to perform satisfactorily in small animal clinical practice.

This examination includes common clinical presentations in dogs, cats, caged birds and other pets presented in small animal practice. Candidates will be assessed on their understanding, and their ability to integrate and apply knowledge of common presentations, diagnostic methods including imaging and clinical pathology results to arrive at differential diagnoses. Candidates will be expected to be able to justify decisions on treatment plans and to discuss treatment outcomes.

This will be a 45 minute exam and there will be two examiners.

Case scenarios chosen may be of the following settings and include the following disciplines:

#### **Case scenario settings:**

- Individual animal non-emergency presentations;
- Emergency presentation;
- Individual or group animal health management.

**Disciplines examined:**

- Internal medicine;
- Surgery;
- Diagnostic imaging;
- Clinical pathology;
- Anaesthesia/sedation/analgesia;
- Reproduction;
- Emergency medicine;
- Behaviour;
- Dentistry;
- Dermatology.

Competencies assessed in the Small Animal Practice Oral Examinations may include all or some of the following:

Obtaining a relevant clinical history;
Interpreting physical examination findings;
Differentiating when emergency assessment (triage) is needed, as opposed to more extensive initial assessment;
Implementing first aid principles, including fluid therapy and resuscitation;
Determining when further investigation is required in an animal that presents;
Developing a treatment plan for a common medical problem and provide a prognosis;
Recommending appropriate nutrition and prophylaxis (including vaccination, anthelmintic, ectoparasite control) for all life-stages, in all species to be examined;
Forming an appropriate differential diagnosis list for common presentations in small animal practice;
Planning appropriate diagnostic work-up for common presentations in small animal practice;
Interpreting radiographs and ultrasound images of common presentations in small animal practice;
Determining appropriate and safe sedation or anaesthetic protocols for all species in small animal practice;
Interpreting clinical pathology (serology, haematology, biochemistry, urinalysis) and basic cytological samples;
Planning and understanding indications for surgical procedures of common presentations in small animal practice;
Providing appropriate analgesia when indicated for small animals;
Understanding principles and applications of anti-microbial stewardship in small animal practice;
Appropriately prescribing medical and nutritional treatment of common presentations in small animal practice;
Recognising when referral to a veterinary specialist is indicated;
Recognising when euthanasia should be considered and describing the process of safe and effective euthanasia.

### 5.2.1.2 Production Animal Practice

The aim of the examination is to assess whether a candidate has sufficient knowledge, can demonstrate adequate clinical reasoning and good judgement, and proficiency in relevant competencies (listed below) to a standard required to perform satisfactorily in the field of Production Animal Practice.

This examination covers individual and herd/flock **medicine, surgery, reproduction and obstetrics** in cattle, small ruminants, pigs and poultry. Candidates will be assessed on their ability to investigate and manage disease and health of both herd/flock/pen/group and individual animals. Candidates will be presented with four scenarios of which at least one will involve pigs and/or poultry; one will involve intensive animal production; and one will involve extensive animal production.

This will be a 45 minute exam and there will be two examiners.

Case scenarios may be of the following settings and include the following problems and presentations:

#### **Scenario settings:**

- Individual animal medical/surgical/obstetrical/ reproductive problem(s);
- Herd/flock/pen/unit infectious disease problem;
- Herd/flock/pen/unit production problem.

#### **Problems/Presentations:**

- **Ill-thrift;**  
Common causes of sub-optimal growth (ill-thrift) and productivity in young stock, and adults
- **Sudden death;**  
Common causes of sudden death in pre-weaned and weaned young stock, and adults
- **Reproduction failure;**  
Common causes of sub-optimal reproductive performance. This will include use of artificial breeding as a tool to improve management of reproduction
- **Disease and outbreak;**  
Common endemic infectious and non-infectious diseases;  
  
Clinical signs of high risk exotic diseases
- **Individual animal production problems and welfare;**  
Common causes of pain and reduced animal welfare (eg dystocia, lameness)

Competencies assessed in the Production Animal Oral Examinations may include all or some of the following:

Demonstrating a working knowledge of both extensive and intensive production animal husbandry and health;
Detecting and interpreting abnormalities in individual production animals;
Detecting and interpreting abnormalities in a herd, flock or management group of production animals;
Investigating an individual or herd/flock/management group problem and establishing a logical clinical diagnosis;
Developing a practical and effective management, treatment and control plan for an individual animal, or for a herd/ flock/management group of animals, and providing a rational prognosis;
Understanding and application of biosecurity measures to prevent/reduce the risk of introduction of infectious disease;
Recognising the possibility of an uncommon endemic disease, exotic disease or public health risk;
Recognising cases of sub-optimal animal welfare and making appropriate recommendations on how to improve welfare of affected animals;
Interpreting information relating to breeding performance of a herd/management group of breeding animals;
Investigating and assessing a case of dystocia and make practical recommendations on how to manage the case, including the use of obstetrical instruments;
Performing sedation, anaesthesia and providing appropriate pain relief;
Use of common surgical procedures in the treatment of production animals;
Recognising when euthanasia should be considered and describing the process of safe and humane euthanasia;
Demonstrating a working knowledge and understanding of the use and regulation of veterinary drugs.

### 5.2.1.3 Preventive Medicine

The aim of this examination is to assess whether a candidate is able to make decisions for solutions to disease control and prevention. This includes decision making around exotic and endemic diseases and demonstration of understanding of the aspects to be considered, including animal welfare, legislation, professional practice and laboratory results.

Candidates will be presented with scenarios that may include:

- Exotic and endemic diseases of interest to industry/government;
- Situations where exotic/emergency diseases are suspected;
- Disease outbreak investigation;
- Prescribing principles and legislated requirements for pharmaceutical use;
- Topical animal welfare issues and professional and legislated obligations.

This will be a 45-minute examination and there will be two Examiners.

Candidates are expected to know key information about important diseases (common diseases and diseases of high impact) and to demonstrate they are able to find relevant information.

Candidates are **not** expected to recall comprehensive lists of diseases and other specifics such as local legislative details, and withholding periods of compounds. They are expected to make informed decisions on disease response, control and prevention that is based on integrating knowledge and sourced information. Candidates need to be ready to demonstrate how to use the information they have learned, not just recite it. They are expected to demonstrate proficiency in relevant competencies as listed below.

Candidates are expected to know and understand the following areas relevant for preventive medicine:

- Drugs and chemicals which are prohibited in food producing animals in Australia e.g. phenylbutazone in cattle, insecticide DDT etc.
- To develop and interpret a two-by-two table on the accuracy of a test (specificity and sensitivity)
- To describe the components and role of Animal Ethics Committees and to demonstrate understanding of the “Five Freedoms” of animal welfare and the “3R’s” of animal welfare (replacement, reduction, refinement)
- Disease traceback - National Livestock Identification System (NLIS) and National Vendor Declarations (NVDs) etc
- Australian Animal Health Laboratory (AAHL) - role etc

Animal Health Australia has made available to AVE candidates its training program “Accreditation Program for Australian Veterinarians” (APAV) which will help to provide candidates with an awareness of national regulations, policies and issues in the main area of animal health in Australia, New Zealand candidates should be aware of this material. (See 12.4.1 for directions about how to access the APAV training program and other suggested reference sites.)

Competencies assessed in the Preventive Medicine Oral Examinations may include all or some of the following:

Applying knowledge and understanding of the principles of disease prevention, control and eradication within animal populations, herds/flocks or management groups;
Applying knowledge and understanding of the necessary steps to be taken, by a veterinarian, on suspicion of an exotic disease in cattle, sheep, horses, pigs or poultry in the context of: (i) Foot and Mouth Disease, (ii) African Horse Sickness, (iii) Swine Fever, (iv) Newcastle Disease, (v) Avian Influenza, (vi) Equine Influenza, (vii) Rabies, (viii) African Swine Fever, (ix) Tuberculosis, (x) Bovine Spongiform Encephalopathy. Note that candidates are advised that other exotic diseases of importance to Australia or New Zealand may be covered;
Applying knowledge and understanding of the necessary steps to be taken, by a veterinarian, to control: (i) Anthrax, (ii) Johne's Disease, (iii) Sheep Footrot, (iv) Strangles, (v) Hendra virus, (vi) Leptospirosis. Note that candidates are advised that other endemic diseases of importance to Australia or New Zealand may be covered;
Applying knowledge and understanding of diagnostic test characteristics to calculate and explain sensitivity and specificity when given a simple two-by-two table;
Applying knowledge and understanding of the legislation and codes of practice that apply to the veterinary profession in Australia and New Zealand;
Applying knowledge and understanding of veterinary drugs and agricultural chemicals in Australia and New Zealand, particularly the regulatory requirements in relation to Schedule 4 and Schedule 8 drugs, reporting adverse drug reactions to the Australian Pesticides and Veterinary Medicines Authority or the New Zealand Ministry for Primary Industries, and the application of drug and chemical withholding periods;
Applying knowledge and understanding of the legal requirements for undertaking experiments in animals in Australia and New Zealand;
Demonstrate understanding of the legal obligations/restraints imposed on veterinarians by animal welfare legislation.

## 5.2.2 Practical Examinations

### 5.2.2.1 Equine Practice Examination

There will be an oral component to this practical examination. The aim of the oral component is to assess whether a candidate has sufficient knowledge, can demonstrate adequate clinical reasoning and good judgement. The aim of the practical component is to assess whether a candidate can demonstrate competence in practical clinical skills to a standard required to perform satisfactorily in the area of Equine Practice.

Candidates will be presented with two clinical scenarios. They are expected to be able to describe clinical abnormalities, outline their approach to investigation of the problem, provide differential diagnoses and a management plan for the problem set in each scenario. In the process of working through the case scenario, the candidate will be required to perform relevant practical tasks/procedures. This includes completing a basic physical examination and performing or describing clinical practical procedures as listed below.

**Case scenario settings** will primarily focus on individual animal emergency and non-emergency problems/ procedures and may include:

- Wounds;
- Gastrointestinal abnormalities including colic;
- Lameness;
- Respiratory abnormalities;
- Common problems in foals.

**Disciplines examined** include:

- Medicine
- Surgery
- Reproduction
- Sedation, anaesthesia, pain relief
- Imaging and radiation safety
- Biosecurity

This will be a 55 minute examination and there will be two Examiners.

The Equine Practice Examination assesses competency in all or some of the following activities and procedures:

Humanely and appropriately catch and restrain a horse using a halter or bridle;
Describing the horse in terms of markings, gender, colour and breed with an approximate estimate of age;
Safely conducting a thorough clinical examination of a horse. This will include obtaining TPR (temperature, pulse, respiration), auscultation of lungs and abdomen;
Discussing how disease may affect clinical findings;
Examining a horse's mouth and assessing the condition of the teeth with a mouth gag;
Examining the eye with, or without, an ophthalmoscope;
Describing how and where to perform an abdominocentesis;
Describing the procedure and discussing the indications for performing a rectal examination and describing the structures that may be palpated;
Describing the procedure of passing a nasogastric tube including method of differentiating if tube is in the oesophagus or trachea;
Indicating suitable sites for giving an intramuscular injection to a horse;
Describing how to take a blood sample for haematological analysis and interpret results;
Picking up a horse's fore or hind limb and examine the hoof;
Effectively using the hoof testers;
Identifying location of various joints;
Examining by palpation the major soft tissue structures of the distal limb;
Positioning a horse for radiographic examination of the distal limbs;
Identifying the sites for applying local anaesthetic to block: regional nerves to the distal extremity, motor nerves to the eye, sensory nerves to the eye;
Recommending a protocol for sedation and/or general anaesthesia by considering animal temperament and health status, and procedure to be performed.

### 5.2.2.2 Cattle and Sheep Clinical skills

The aim of this examination is to assess whether a candidate is competent in practical, clinical skills commonly used in cattle and sheep practice.

This will be a 55-minute examination (35 minutes cattle, 20 minutes sheep) and there will be two examiners.

The Cattle practical examination assesses competencies in the following procedures:

Pregnancy testing per rectum of 3 cows – (non-pregnant, pregnant < 4 months and pregnant > 4 months);
Putting a halter on a cow in an appropriate way;
Safely examining the oral cavity;
Safely and correctly passing a stomach tube;
Restraining a cow and injecting a solution into the jugular vein;
Collecting a blood sample from the tail vein;
Administering an epidural anaesthetic;
<b>Please note that the Examiner may include one or more of the following tasks:</b>
Aseptically collecting a milk sample;
Lifting and restraining a cow's front or back leg;
Collecting a urine sample from a cow via a urinary catheter;
Collecting a sample of rumen fluid by rumenocentesis;
Thoroughly examining a cow's foot.

The Sheep practical examination assesses competencies in the following procedures:

Conducting a distance examination of a pen of sheep and reporting the findings;
Catching and restraining a sheep and carrying out a clinical examination;
Taking the temperature per rectum;
Demonstrating collection of a jugular blood sample;
Examining mouth and teeth;
Examining feet and using a searcher knife to check for footrot;
Taking a faecal sample for culture;
Conducting an examination of a scrotum and scrotal contents of a ram and discussing the findings.

### 5.2.2.3 Anaesthesia & Surgery Practical Examinations (OSCE)

The aim of the anaesthesia and surgery Objective Structured Clinical Examination (OSCE) is to assess whether a candidate is competent, at a Day-1 level, to perform routine surgery and provide general anaesthesia and analgesia in small animal practice.

In addition, candidates are required to submit an anaesthetic and surgery case log, completed by **approved** licensed veterinary surgeons (as defined in Appendix 6), validating the AVE candidate's anaesthesia and surgery experience.

The log must include a minimum of 3 anaesthetic and 3 surgery cases and be deemed satisfactory by the AVE Committee (see Appendix 6 for more detail).

The anaesthesia and surgery clinical examinations are delivered using an OSCE format. OSCEs are used in veterinary education to provide standardised and objective assessment of clinical skills.

Each examination consists of multiple Stations, through which candidates rotate in sequence. At each station, candidates are required to complete a task or tasks that assess a range of clinical skill, including practical and technical skills, communication skills, and clinical reasoning and problem-solving. Tasks must be completed within a strict time limit.

An examiner or observer is present at each station. Before commencing, candidates are provided with written and/or verbal instructions outlining the task. For practical tasks, the examiner completes a dedicated assessment form while the candidate performs the task. Written tasks are assessed following completion of the examination. The outcome determines whether the candidate has met the required competency.

The anaesthesia and surgery OSCEs include stations assessing technical skills relevant to anaesthesia and surgery, and stations assessing clinical reasoning and problem solving through case management scenarios. Technical skills are assessed using models and manikins, while case scenarios are used to evaluate clinical reasoning and decision-making.

### 5.2.2.3.1 Anaesthesia OSCE

The Anaesthesia OSCE assesses competency in the following procedures and activities:

Demonstrating awareness of potential risks and complications associated with anaesthesia, the patient's health status, and the surgical procedure, and strategies to minimise these risks;
Selecting appropriate drugs and doses for premedication, induction and maintenance of anaesthesia and analgesia, including pre- and intra-operative analgesia; rationalizing drug choices and doses;
Calculating correct drug volumes and preparing drugs for administration;
Determining appropriate intra-operative fluid therapy and fluid flow rates;
Preparing the anaesthesia machine including selecting and preparing appropriate breathing circuit;
Selecting appropriate endotracheal tubes and testing cuff integrity;
Selecting appropriate fresh gas (oxygen) flow and vaporiser settings;
Monitoring depth of anaesthesia and physiological stability using basic techniques (eg palpation, watch and stethoscope) and electronic monitoring devices (eg pulse oximeter, capnograph, blood pressure monitor);
Interpreting normal and abnormal parameters for pulse rate (BPM), haemoglobin oxygen saturation (% saturation), peak expired CO <sub>2</sub> and inspired CO <sub>2</sub> (mm Hg or %) and blood pressure (mm Hg);
Managing common intra-operative complications, including inadequate (insufficient/ excessive) anaesthetic depth, low blood pressure, inadequate or excessive respiration, poor oxygen saturation, and low body temperature.

The anaesthesia OSCE consists of a number of “stations”. At each station, candidates are provided with an outline of the required tasks and have three minutes to read the instructions and familiarise themselves with the station setup. Candidates are then given 20 minutes to complete tasks before moving to the next station.

An examiner or observer is present at each station. For practical tasks, the examiner completes an assessment form while the candidate performs the task. Written tasks are assessed following completion of the examination. The outcome determines whether the candidate has met the required competency.

The stations will be structured to assess the following categories of clinical competency in anaesthesia identified in the AVBC's “Day One Competencies” document:

#### 1.

AVBC Day-1 Competency (D1C) 10. Candidates are required to develop an individualised anaesthetic protocol for a healthy dog undergoing an ovariohysterectomy. This includes selecting appropriate drugs and doses, calculating dose rates, choosing an appropriate breathing circuit and oxygen flow rates, and prescribing peri-anaesthetic fluid therapy. Candidates must be able to rationalise their clinical decisions.

**2.**

AVBC D1C 10 focuses on the correct and safe use of inhalation anaesthesia equipment. This includes demonstrating understanding of the principles of anaesthesia machine function and preparing the machine for use, including performing appropriate safety checks (including leak tests).

**3.**

AVBC D1C 10 focuses on recognition and management of normal and abnormal physiological parameters during anaesthesia. Candidates are required to interpret parameters displayed on an electronic multiparameter monitoring device, distinguish between normal and abnormal values, and demonstrate a systematic response to abnormalities.

### 5.2.2.3.2 Surgery OSCE

The aim of this examination is to assess whether a candidate is competent, at a Day 1 level, to safely perform a basic and commonly undertaken small animal surgical procedure.

Assessment of surgical competence includes assessment of a range of activities outlined below, with primary emphasis on the candidate's ability to safely and effectively perform the procedure.

The Surgery OSCE assesses competency in the following procedures and activities:

Discussing whether the surgical treatment is indicated and appropriate;
Planning and preparing for the surgical procedure, including pre-operative procedures to maintain asepsis, including gowning, scrubbing and gloving;
Preparing the animal for surgery including pre-operative procedures to maintain asepsis, including patient positioning and aseptic surgical site preparation;
Performing the procedure at 'entry level' standard. This includes demonstrating: <ul style="list-style-type: none"><li>• knowledge of relevant surgical anatomy;</li><li>• correct use of surgical equipment including knowledge of the proper instrument names;</li><li>• correct surgical approach;</li><li>• appropriate "tissue" handling;</li><li>• correct approximation of tissues including appropriate suture selection, and knot security;</li><li>• completing the procedure within an acceptable timeframe (and within the time allowed).</li></ul>
Demonstrating understanding and anticipation of intraoperative complications and/or problems, and taking steps to prevent potential complications/problems;
Discussing approaches to managing problems arising postoperatively as a result of faulty technique, infections, and interference to the surgical site by the patient, and likely outcomes;
Demonstrating appreciation for the need for time restraint for surgical procedures;
Modifying surgical techniques to meet changing circumstances;
Demonstrating an understanding of supportive care/therapy appropriate to the needs of the procedure and the patient;
Providing immediate post-operative care and assessment;
Writing and discussing a discharge note with instructions for the owner for aftercare at home after discharge.

The surgery OSCE consists of two stations. At each station, candidates are provided with an outline of the required tasks and are given three minutes to read the instructions and familiarise themselves with the station setup.

An examiner or observer is present at each station. For practical tasks, the examiner completes a discipline-specific assessment form while the candidate performs the task. Written tasks are assessed following completion of the examination. The outcome determines whether the candidate has met expected standard of competency.

## **Station 1**

In Station 1, candidates are required to perform an ovariohysterectomy using a canine ovariohysterectomy model. This station assesses AVBC D1C 11.

Candidates have 70 minutes to complete this station, which includes the following tasks:

### **Task A: Preparing the surgeon for aseptic surgery**

Candidates are provided with a sterile gown, gloves and antiseptic/detergent solutions and brushes and are required to prepare themselves for aseptic surgery.

### **Task B: Preparing patient for aseptic abdominal surgery and preparing the instrument table**

Candidates are provided with a sterile drape pack, an instrument kit and a selection of sutures. Candidates are required to correctly apply surgical drapes to the patient and prepare the instrument table to establish a sterile 'surgical field'.

### **Task C: Performing an ovariohysterectomy on a canine ovariohysterectomy model.**

Candidates are required to demonstrate competency in the use of surgical instruments, sutures and ligation techniques by performing a ovariohysterectomy on the model. This includes demonstrating appropriate "tissue" handling and closure of the surgical site.

## **Station 2**

In Station 2 candidates are required to complete three (3) tasks, each to be completed within 15 minutes (total station time: 45 minutes).

This Station assesses AVBC D1Cs 5, 6, 7, 11, 12, 13, 25 & 26.

### **Task A: Performing routine diagnostic techniques, surgical planning**

Candidates are required to demonstrate competency in techniques such the use of radiography, biopsy and dental examination. Appropriate equipment and personal protective equipment to choose from are provided. Candidates must also demonstrate the ability to develop an appropriate surgical plan for the presented condition.

### **Task B: Preparation of a discharge form for a canine OVH or neuter patient**

Candidates complete a discharge form for owners that includes details on the surgical procedure, post-operative (at home) pain management and general care of the postoperative patient, including potential indicators of incisional complications and a recheck schedule. Candidates are required to identify indications for analgesia and correctly prescribe and dispense pain medication using a provided dose table.

### **Task C: Recognition and management of an intraoperative or post-operative complication**

Candidates are presented with a case scenario involving an intraoperative or post-operative complication following a dog undergoing a routine surgical procedure. Candidates are required to outline an appropriate diagnostic approach and management plan to address the complication.

#### 5.2.2.4 Pathology Practical Examination

This examination assesses practical ability as well as theoretical knowledge of pathology (morbid anatomy), clinical pathology, microbiology and parasitology. It is designed to assess the candidate's ability to distinguish the significant pathological changes of common diseases of all species from insignificant features such as postmortem change, and to draw correct interpretations and conclusions from the material. The disease conditions will cover as wide a range of domestic species as possible, including birds, as well as companion and production animals.

This exam consists of 10 questions on pathology and clinical pathology presented in sequence to the candidates as images and questions in PowerPoint format. Most images will be of gross specimens; however a few photomicrographs will be included, together with history and questions. Images are projected onto a large presentation screen. Candidates are allowed ten minutes for making hand-written answers to each question. Candidates will need to bring a pen, paper will be provided.

The process of answering the questions in this exam can be divided into four sub-sections:

1. Recognition & description of abnormality;
2. Interpretation (morphological and aetiological diagnoses) and description of pathogenesis and/or clinical significance;
3. Action for confirmation of diagnosis; and
4. Advice as to management.

If a candidate misinterprets a depicted abnormality and hence makes an incorrect pathological diagnosis, some credit for that question may be salvaged if subsequent choices of disease processes, diagnosis and management options, etc, show that the candidate is using correct deductive logic.

The Practical Pathology examination assesses competency in the following activities:

Identifying and providing written descriptions of abnormal features of specimens depicted in images (gross images or photomicrographs);
Perusing tables of clinical pathological data (biochemical and haematological) and recognising and describing the significance of deviations from normal ranges;
Relating these pathological or clinical pathology changes to the history and clinical information accompanying the data/ images, and deducing from these the dominant disease process/es that are most likely to be present, and from these deductions make the most likely pathological diagnosis, and, where appropriate, providing a rational list of differential diagnoses;
Naming the most likely cause of the depicted disease (where this should be apparent for the particular condition) and describing its pathogenesis;
Providing details of procedures (such as the nature of specimen submission) that would be required to confirm both the pathological diagnosis (and the aetiological diagnosis where this should be apparent for the particular condition);
Describing any appropriate advice that might be given to managers/owners in order for them to better manage the case, where this is appropriate to the case.

### 5.2.2.5 Handling and Physical Examination of the Cat and Dog

This examination assesses the candidate's competency in basic handling and physical examination of cats and dogs.

This is a 30-minute examination. There will be one examiner and a veterinary nurse/technician for assisting.

The Handling and Physical examination of the Cat and Dog examination assesses the following competencies:

Safely approaching a dog that is unknown to them; *
Lifting a dog onto examination table; (There will be a veterinary nurse/technician to assist.)
Performing a basic clinical examination of a dog; *
Removing a cat from a cage; *
Safely and comfortably lifting the cat onto the examination table; *
Assessing demeanour/appearance of the cat;
Demonstrating/describing the technique for taking rectal temperature;
Demonstrating sites and techniques for injections;
Demonstrating restraint for cephalic or jugular vein sampling.

*\*Each candidate will be required to demonstrate all items marked with an asterisk. Other items at the examiner's discretion.*

## 5.3 Assessment Protocols - Oral and Practical Examinations

Assessment in the Final (Clinical) Examination, oral and practical, is at a level based on the competence standards of the veterinary profession as benchmarked against Australasian graduates.

Candidates will be graded for each oral and practical examination, and overall, as having 'met the required standard of competence' or 'not met the required standard of competence'.

All oral examinations will be recorded, and recordings will be available for review by Examiners and the Chief Examiner.

### 5.3.1 Oral Examinations (Vivas)

The format for the oral examination will be the same for the three oral examinations. Each candidate will be presented with a number of clinical scenarios to work through.

Candidates will be assessed on their ability to describe clinical abnormalities, identify probable differential diagnoses, and investigate and manage each clinical problem. Emphasis will be on evidence that the candidate demonstrated the ability to make logical decisions with respect to case investigation and management and was able to justify chosen diagnostic and treatment plans.

A rubric will be used to guide Examiners in their evaluation of a candidate's performance for each scenario. The purpose of the rubric is to:

- provide a mechanism for consistent, objective and fair assessment of a candidate's performance in each individual scenario, and overall;
- enable the Examiner to give useful objective feedback to the candidate.

The rubric consists of four components (see Assessment Rubric below):

- The first three components assess the candidate's ability to work through a problem at a level equivalent to that expected of a final year student at an Australasian Veterinary School.
- The fourth component assesses whether the candidate has demonstrated a sound clinical process that allows them to effectively investigate and manage cases, rather than simply applying what they have learnt from reading a text book.

<b>Assessment Rubric</b>	<b>Weighting (%)</b>
a) <i>What do you see?</i> - Initial response to the scenario - What information do you need (questions for client etc)	<b>10</b>
b) <i>What are you thinking?</i> - Abnormalities observed based on presenting signs/data - Problem list so far - If left untreated what is the likely progression of the problem?	<b>20</b>
c) <i>What will you do?</i> - How will you investigate the problem? - What is your differential diagnosis? - How will you confirm your diagnosis, manage the case, minimise the risks?	<b>30</b>
d) <i>Has the candidate demonstrated a logical and safe approach to investigating and managing the case?</i> - Is there evidence of sound clinical judgement? - Can the candidate argue the strengths and weaknesses of different approaches? - Is there evidence of a sound clinical process that is transferable to other cases? <i>Score for d) will be guided by responses a) – c).</i>	<b>40</b>

### 5.3.2 Practical Examinations

The lists of practical skills/competencies as outlined in each of the practical examinations in section 5.2.2 will form the protocol of assessment for the practical examinations. A detailed record on each skill performed will be kept so that effective and relevant feedback can be provided to the candidate.

During the anaesthesia and surgery OSCEs the examiner may interact with the candidate in the same way as a senior practice colleague might. They will communicate with the candidate to provide the candidate with opportunity to demonstrate understanding and justify decisions on procedural details.

For both the oral and practical component of the Equine Practice examination the candidates will be assessed using the competencies listed in section 5.2.2.1.

### 5.3.3 Grading

No marks are given to candidates. An overall evaluation of performance will be graded as ‘met the required standard of competency’ or ‘did not meet the required standard’ for each oral and practical examination.

### 5.3.4 Pass Mark for the Final (Clinical) Examination

Each of the nine sections of this examination is graded as 'Met the required standard of competency' or 'Did not meet the required standard of competency'. A 'Met the required standard of competency' grade in all 9 sections is required for passing the Final (Clinical) Examination.

## 5.4 Preparing for the Final (Clinical) Examination

Candidates taking this examination are encouraged to critically consider whether they have had sufficient opportunities for developing the necessary skill level to perform at the required standard of competency, in both the oral and practical examinations. They are advised to seek educational opportunities. Candidates need to make sure they have clinical experience and basic animal handling/husbandry skills at a level as outlined in the individual exam descriptions. If they are lacking in experience working with dogs, horses, cattle and sheep, they must gain this experience before taking the examination. To succeed in the surgery and anaesthesia sections, candidates should ensure they have performed small animal surgery and anaesthesia in an instructional or clinical setting prior to attempting the examination. Candidates must have completed the case log requirements set out in Appendix 6. Candidates are encouraged to seek hands-on clinical instructional experience because other means of learning, including reading material, videos and other electronic resources, are far less effective learning tools.

**Candidates must use the Clinical Skills Checklist (Appendix 4) to identify areas where they may need to gain more clinical experience to be adequately prepared for the Final (Clinical) Examination.** Candidates must submit the skills checklist as a supporting document when declaring on their enrolment form that they have had sufficient experience in conducting common clinical procedures on the species used in this examination to perform at a pass level.

**Joining veterinary practices is an effective way for hands-on clinical instructional experience and practicing opportunities, and candidates are strongly encouraged to seek joining veterinary practices.**

**AFTER a candidate has passed the Preliminary (MCQ) Examination, they can apply for a form of 'limited', 'specific' or 'conditional' registration which would allow them to work under supervision in a veterinary practice while they prepare for the Final (Clinical) Examination. They need to contact and apply with the relevant veterinary registration board for the appropriate registration (see Appendix 2).**

**AVBC cannot assist with organising clinical practical experience. Candidates need to contact veterinary practices and organisations directly.**

## 5.5 Re-sitting the Final (Clinical) Examination

If candidates achieve a grade of 'Did not meet the required standard of competency' in any of the 9 sections of the examination, supplementary examination in those section(s) will be offered during a supplementary assessment period. Supplementary assessment must be undertaken within 5 years of passing the Preliminary (MCQ) examination. For any failed section(s) of the Final (Clinical) Examination, the Chief Examiner will provide detailed feedback to the candidate.

There is a limit on the number of attempts that can be made at the Final (Clinical) Examination and a limit on the time during which the Final (Clinical) Examination has to be completed:

1. Re-sitting failed sections of the Final (Clinical) Examination - Supplementary examinations: Candidates are allowed two supplementary examinations of a failed section(s) of the Final (Clinical) Examination. If they fail supplementary assessment twice, they will be required to re-sit the entire Final (Clinical) Examination.
2. Re-sitting the entire Final (Clinical) Examination: Candidates are allowed three attempts at the (entire) Final (Clinical) Examination. If they fail the examination twice, the third and final attempt will have to be approved by the AVE Committee.
3. The Final (Clinical) Examination must be completed within five years of passing the Preliminary (MCQ) Examination otherwise the candidate will be required to re-start the AVE process.
4. **Re-sitting the entire Final (Clinical) Examination or undertaking supplementary assessment of failed sections of the examination, must be within the validity period of the English language test.** Validity can be renewed by either re-sitting the test to current standards or by re-validating a previous test (which satisfies current standards). See section 3.2.

### 5.5.1 Preparing for re-sitting

Before re-sitting either any failed section(s) or the entire Final (Clinical) Examination, the candidate is encouraged to request contact with an AVE Committee member reviewer to discuss their preparation for re-sitting. The candidate is encouraged to develop a training plan and to discuss this with the Committee member reviewer. If requested,

1. A session will be arranged with a member of the AVE Committee to discuss how the candidate proposes to gain the experience and additional training required.
2. The candidate is required to develop and submit to the Committee member, a plan of the additional training they propose to do in the lead up to supplementary assessment.
3. The candidate is encouraged to keep a case log of additional training and submit it to the Committee member for discussion prior to the examination.

4. The Committee member will report to the AVE Committee on the communication with the candidate and their exam preparation. The Committee may recommend the candidate be advised to consider whether they are ready to proceed to supplementary examination or to re-sitting the entire examination, whichever is applicable. The Committee acknowledges that the final decision on progressing with the AVE rests with the candidate.

### 5.5.2 Applying and fees for re-sitting

A separate application to sit the examination must be completed and another examination fee paid. Details can be obtained by contacting the AVE Coordinator.

## 6. Examination results & certification

Results of the Preliminary (MCQ) Examination are sent in writing by email within six weeks. No results are given by telephone.

Results of the Final (Clinical) Examination are sent in writing by email within six weeks. No results are given by telephone.

Following successful completion of the Preliminary and Final Examinations, candidates are eligible to receive a Certificate issued by the AVBC.

The **AVE Certificate in Veterinary Science** entitles successful candidates to apply for full registration in any State or Territory in Australia or in New Zealand. They need to present the Certificate to the Veterinary Board in the State or Territory in which they intend to register or to the Veterinary Council of New Zealand. The addresses of the Boards and the Council are given in **Appendix 2**.

## 7. Applying for the AVE

### 7.1 Eligibility Assessment

In order to sit the AVE, candidates must first apply to AVBC for an Eligibility Assessment of their qualifications. Application is via a portal on the AVBC website. AVE Eligibility Assessments remain valid for three years.

Upon approval of eligibility to undertake the AVE, candidates will be sent an application form for the Preliminary (MCQ) Examination when the next enrolment window opens. The closing date for the acceptance of MCQ applications will be provided when the application form is sent. Late applications will not be considered. Please note that places in an MCQ Examination may be limited.

After passing the Preliminary (MCQ) Examination, candidates will be sent an application form for the Final (Clinical) Examination, and documentation to assist in preparation for the exam. The closing date for the Final (Clinical) Examination will be provided with the application form and is usually 12 weeks prior to the date of the exam session. A candidate's English language test result must be current at the time they sit an AVE examination. Validity can be renewed by either re-sitting the test to current standards, or by re-validating a previous test (which satisfies current standards). See section 3.2 for more information on this.

### 7.2 Fraudulent Applications

AVBC, through AVEC, will impose a minimum 3-year ban on an applicant, to any of the processes for which it has oversight, where any of the accompanying documentation is found, on assessment, to be fraudulent, counterfeit or otherwise altered.

## 8. Examination Fees

Examination fees are payable in advance by candidates attempting the examination.

The schedule of fees can be obtained from the AVBC website or by contacting the AVBC Office. **Each fee allows only one attempt at each examination.** If candidates are allowed to sit again, a separate application to sit the examination must be completed and another examination fee paid.

Payment by direct transfer or credit card is preferred.

### 8.1 Withdrawal Fees

Once a candidate has applied and been accepted for a specific examination session, withdrawal from the examination session will result in a cancellation fee.

- For the Preliminary (MCQ) Examination, providing notice of withdrawal is received more than four weeks prior to the examination, a **cancellation fee of 25% of the full fee** will apply. This will be deducted from the amount of examination fee refunded. If the withdrawal is made less than four weeks prior to the examination, the **entire examination fee will be forfeited**, unless a medical certificate is provided, in which case a cancellation fee of 25% of the full fee will apply.
- For the Final (Clinical) Examination, withdrawal more than twelve\* weeks before the start of the examination will result in a **cancellation fee of 25% of the full fee**. Withdrawal less than twelve\* weeks before the start of the examination will result in the total fee being forfeited.
- Withdrawal from a supplementary examination will result in the total fee being forfeited.

\*AVEC may vary the period of notice of withdrawal where it is anticipated that an examination session may be oversubscribed, or where consideration is being given to holding additional full clinical examination session/s either mid year or towards the end of the year. Written notice of the extension of the withdrawal period will be given to candidates by email together with the application form.

## 9. Rules of Conduct for the AVE

Once assessed as eligible to sit the AVE, candidates are provided with a copy of the Rules of Conduct for the Australasian Veterinary Examination (AVE) (see **Appendix 5**). These relate to the Preliminary (MCQ) and Final (Clinical) examinations and outline the responsibilities and obligations of a candidate.

On enrolment to sit an AVE examination, candidates are asked to declare that they have read and understood that they must abide by the Rules of Conduct and not engage in any forms of irregular behaviour.

## 10. Special Consideration

The AVBC provides a mechanism for candidates of the AVE to apply for special consideration in circumstances that:

- may have affected their performance in the AVE or section(s) of the AVE; or
- may affect/have affected their ability to sit a scheduled examination or examination section of the AVE.

Generally, illness, injury, misadventure and essential commitments will be considered as grounds for an application for special consideration.

If successful, an application for special consideration may provide a candidate with the opportunity to re-sit the examination section(s). It is **not** a means for having an unsatisfactory result changed or to re-sit an examination section(s) upon notification of results. Applications for special consideration in relation to exam performance must be submitted no later than **10 days** after the date of the examination. Applications for special consideration in relation to sitting a scheduled examination should be submitted **prior** to the date of the scheduled examination. Applications received after notification of exam results will **not** be considered. Applications must be submitted in writing on the prescribed form and within the prescribed timeframe. A fee for lodging an application for special consideration may apply. **Further details are available from the AVE Coordinator. Email: [ave@avbc.asn.au](mailto:ave@avbc.asn.au)**

## 11. Appeals

The AVBC provides an internal appeal mechanism for AVE applicants and AVE candidates to request a review of a decision made by the AVBC or the AVE Committee (AVEC) on their **eligibility for the AVE** OR on the **assessment of their performance** in the AVE.

The acceptable grounds of appeal are listed in an Appeals document available from the AVE Coordinator. If a candidate believes they have grounds for appeal against the process in any section of the Preliminary or Final Examination, an appeal can be made to AVBC.

An application for **review of the outcome of an AVE eligibility assessment** must be submitted to the AVE Coordinator **within 28 days** of notification of the assessment outcome.

Prior to lodging an application for **review of a decision on performance assessment**, the candidate is encouraged to engage in post - examination discussion with a member of the AVE committee. To request a post-examination discussion, candidates must contact the AVE Coordinator.

An application for **review of a decision on performance assessment** must be submitted to the AVE Coordinator **within 28 days** of notification of the examination result, or **within 28 days** of post-examination discussion, whichever is the latter.

The outcome of an appeal will **not** exempt an AVE candidate from any of the requirements of the AVE.

Appeals must be submitted in writing on the prescribed form and within the prescribed timeframe. A fee for lodging an appeal will be applied. **Further details are available from the AVE Coordinator. Email: [ave@avbc.asn.au](mailto:ave@avbc.asn.au)**

# 12. Resources

## 12.1 Recommended References

The Preliminary and Final Examinations are set on the assumption that you have undertaken some reading revision. The following lists have been compiled to help you in that regard. The recommended references contain basic information suitable for AVE candidates. The most recent edition at the time of publication has been listed.

Please note that the AVBC is unable to provide you with these texts or to act on your behalf in their purchase. The list is not exhaustive or exclusive; you may choose to consult alternative texts.

If the Preliminary (MCQ) Examination is attempted overseas, the listed texts may be unavailable. You should then consult a school of veterinary science in your country for equivalent texts.

Please note that the links in this section were correct on the date of upload of this information booklet.

### **Small Animal Practice**

Maddison J. and Volk H., *Clinical Reasoning in Small Animal Practice*, 2015 ISBN 978-1118741757

Tilley L.P. and Smith F.W.K., *Blackwell's 5-minute Veterinary Consult*, 6th Edition, 2015 ISBN 978-1118881576

Nelson R.W. and Couto C.G., *Small Animal Internal Medicine*, 6th Edition, 2019 ISBN 978-0323676946

Tasker S. and Harvey A., *BSAVA Manual of Feline Practice, a Foundation Manual*, 2013 ISBN 978-1905319398

Tobias K.M. and Johnston S.A., *Veterinary Surgery, Small Animal*, 2012, 2 vols ISBN 978-1-4377-0746-5-part Vol 1: 9996073696-part Vol 2: 9996073637r

Fossum T.W., *Small Animal Surgery*, 5th Edition, 2018 ISBN 978-0323443449

Dugdale A. (ed), *Veterinary Anaesthesia: Principles to Practice*, 2010

Thrall D. (ed), *Textbook of Veterinary Diagnostic Radiology*, 7th Edition, Saunders, 2018

Noakes D.E., Parkinson T.J. and England G., *Veterinary Reproduction and Obstetrics* 10th Edition, 2018 select chapters

### **Equine Practice**

Robinson N.E., *Current Therapy in Equine Medicine*, 7th Edition, 2014

White N.A. and Moore J.N., *Current Techniques in Equine Surgery and Lameness*, 2nd Edition, 1998

Munroe G. and Weese S. (eds), *Equine Clinical Medicine, Surgery and Reproduction*, Manson 2011

Dugdale A. (ed), *Veterinary Anaesthesia: Principles to Practice*, 2010 select chapters

Thrall D. (ed), *Textbook of Veterinary Diagnostic Radiology*, 7th Edition, Saunders, 2018

### **Production Animal Practice**

- Parkinson T.J., Vermunt J.J. and Malmo J., *Diseases of cattle in Australasia*, 2nd Edition, 2019
- Abbott K., *The Practice of Sheep Veterinary Medicine*, Publisher: University of Adelaide Press. Available as a free ebook from [www.adelaide.edu.au/press](http://www.adelaide.edu.au/press)
- West D.M., Bruere A.N., Ridler, A.L.; *The Sheep: Health, Disease & Production*, Massey University Press 2018
- Taylor D.J., *Pig diseases*, 9th Edition, 2013
- Zimmerman, J.J. et al. (ed.), *Diseases of Swine*, 11th Edition, Wiley-Blackwell, Chichester, West Sussex, 2019
- Swayne D.E. (ed.), *Diseases of Poultry*, 14th Ed, Wiley-Blackwell, 2020
- Greenacre C.B., Morishita T.Y., *Backyard Poultry Medicine and Surgery*, 2014, Wiley-Blackwell
- Thrall D. (ed), *Textbook of Veterinary Diagnostic Radiology*, 7th Edition, Saunders, 2018
- Fubini S.L. & Ducharme N., *Farm Animal Surgery*, 2nd Edition, Saunders, 2016
- Dugdale A. (ed), *Veterinary Anaesthesia: Principles to Practice*, 2010 select chapters
- Noakes D.E., Parkinson T.J. and England G., *Veterinary Reproduction and Obstetrics* 10th Edition, 2018 select chapters

### **Preventive Medicine/ Epidemiology**

- Pfiefer D.U., *Veterinary Epidemiology: An Introduction*, 2009
- Stevenson M., *An Introduction to Veterinary Epidemiology*, 2008 (see [https://www.academia.edu/26567356/An\\_introduction\\_to\\_Veterinary\\_Epidemiology](https://www.academia.edu/26567356/An_introduction_to_Veterinary_Epidemiology))

### **Pathology and Clinical Pathology**

- Zachary J.F. (ed), *Pathologic Basis of Veterinary Disease*, 6th Edition, 2016
- McGavin D. et al., *Thomson's Special Veterinary Pathology*, 3rd Edition, 2000
- Stockham S.L. and Scott M.A., *Fundamentals of Veterinary Clinical Pathology*, 2nd Edition, Wiley-Blackwell 2008 ISBN 978-0-813-80076-9

### **Basic Clinical Sciences**

- Riviere J.E. & Papich M.G. (2017), *Veterinary pharmacology and therapeutics*, 10th Edition Hoboken NJ: John Wiley & Sons Inc, Wiley-Blackwell, John Wiley & Sons, Incorporated ISBN: 978 1118855775, 1118855779, 978 1118855829, 1118855825
- Datefield R., *Veterinary Toxicology for Australia and New Zealand*, 2017
- Australasian Animal Parasites Inside and Out (2018, January 11). Retrieved 10 January 2018, from Australian Society for Parasitology Inc. website: <http://parasite.org.au/wp-content/assets/Parasitology2015.pdf> ISBN: 978-0-646-93560-7
- Bowman D.D., *Georgi's Parasitology for Veterinarians*, 11th Edition, 2020
- Carter G.R. & Wise D.J., *Essentials of Veterinary Bacteriology and Mycology*, 6th Edition, 2004
- Sisson S., *A Textbook of Veterinary Anatomy*, 2016, ISBN 1537335022, 9781537335025
- Dyce, Sack and Wensing's *Textbook of Veterinary Anatomy*, 5th Edition, Saunders, 2017, 0323442641, 978-0323442640

Candidates may also consult:

- Australasian faculty handbooks which indicate the scope of the curricula used in Australian veterinary education. Handbooks may be obtained online from Australasian universities with faculties of veterinary science.
- prominent veterinary periodicals, for information about new treatments. Textbooks can be correct in principle but out of date.
- Consultation of a veterinary anatomy text that includes all species is essential.

## 12.2 Useful Websites

### Online courses

These courses have been designed to help candidates prepare for the North American Veterinary Licensing Examination (NAVLE). They are not endorsed by AVBC and some of the information may not be relevant to an Australian context, but they may provide useful revision and practice at answering multiple choice questions.

- VetPrep course <http://www.vetprep.com/>
- Zuku Review course <http://www.zukureview.com/>

### Animal Health Australia

<https://www.animalhealthaustralia.com.au>

**Animal Health Australia Accreditation Program for Australian Veterinarians: online initial accreditation training program, 2016**

<https://animalhealthaustralia.com.au/accreditation-program-for-australian-veterinarians/>

### Ausvetplan manuals and documents

<http://www.animalhealthaustralia.com.au/our-publications/ausvetplan-manuals-and-documents/>

You can download articles and summaries of a wide selection of diseases and disease strategy. These contain excellent descriptions of the diseases. You can also open the “Publications” link to find the annual reports which provide an overview on regulatory, trade and production diseases of livestock.

### Australian code of practice for the care and use of animals for scientific purposes

<https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes>

### Information on chemical residues and adverse experiences

<https://www.apvma.gov.au>

### The Poisons Standard - the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)

<https://www.tga.gov.au/scheduling-basics>

<https://www.tga.gov.au/publication/poisons-standard-susmp>

**MIMS IVS Annual** ([www.mims.com.au](http://www.mims.com.au)) - contains product and prescribing information for veterinary practitioners and information on withholding periods, export slaughter intervals, adverse experience report forms, and exotic disease outbreak protocols. (You would have to buy this). The information is available on the APVMA site

<https://apvma.gov.au>, and in the Guidelines of the VPRBV, guidelines 14 & 15 (for Victorian specifics)

[https://www.vetboard.vic.gov.au/VPRBV/VPRBV\\_Guidelines/Guidelines\\_TOC.aspx](https://www.vetboard.vic.gov.au/VPRBV/VPRBV_Guidelines/Guidelines_TOC.aspx)

### Information on Emergency Animal Diseases

What are emergency animal diseases? Queensland Department of Employment, Economic Development and Innovation

<http://www.daf.qld.gov.au/biosecurity>

#### **Diseases Acquired From Animals**

<https://www.safeworkaustralia.gov.au/>

**State Registration Board websites** (see **Appendix 2**). You can view the current and relevant Acts and Regulations applicable to veterinarians in each State and Territory.

#### **Sheep worm control**

[www.wormboss.com.au](http://www.wormboss.com.au)

#### **Food Hygiene and Large animals**

[www.mla.com.au](http://www.mla.com.au)

**Veterinary school websites** which may contain a detailed description of units of study (see **Appendix 2**)

#### **The International Veterinary Information Service**

[www.ivis.org](http://www.ivis.org)

#### **Radiology websites:**

- Imaging Anatomy website of the Illinois College of Veterinary Medicine  
[https://vetmed.illinois.edu/courses/imaging\\_anatomy/](https://vetmed.illinois.edu/courses/imaging_anatomy/)
- DVM Insight Image Library  
<https://www.dvminight.com/ImageLibrary/Default.aspx>
- Teaching and learning about veterinary radiology  
<http://www.veterinaryradiology.net/>

#### **Clinical Pathology**

[eClinPath.com](http://eClinPath.com)

#### **NAVLE website for practice questions**

<http://nbvme.org/?id=80&page=Practice+Versions-NAVLE>

#### **PAVE website for practice questions**

<https://www.aavsb.org/licensure-assistance/international-pathway/take-qualifying-science-examination/>

## 12.3 Library Facilities

If you are in Australia you may be able to access the library facilities of the veterinary schools. Please contact the individual libraries.

#### **The University of Sydney**

AVE applicants are eligible for community borrower membership. There is a fee involved. This allows you to borrow from any University of Sydney library. There is a limit of 10 items per time.

<https://library.sydney.edu.au>

#### **The University of Queensland**

You may join as a community member. A cost is involved. You may have access to the materials on site but you must be a member to borrow.

<https://web.library.uq.edu.au/locations-hours/uq-gatton-library-jk-murray-library>

### **The University of Adelaide**

Roseworthy Campus, Roseworthy SA

<https://www.adelaide.edu.au/library/>

### **The University of Melbourne**

You may become a paying member of the library which entitles you to borrow a certain number of low-use books (those not required by students or staff). The latest editions of texts are not available if required by staff or students but older editions may be available.

<https://library.unimelb.edu.au/veterinary-science>

### **Murdoch University**

Any person can use the resources within the library. If you wish to borrow material from the library then you need to join as a community borrower. There is a cost involved. Many of the major texts are kept in a reserve section where they can only be borrowed overnight.

<http://library.murdoch.edu.au/>

### **Charles Sturt University**

Wagga Wagga NSW

<http://www.csu.edu.au/division/library/home>

### **James Cook University**

Townsville QLD

<https://www.jcu.edu.au/library>

## 12.4 Additional Resources

### 12.4.1 Preventive Medicine

#### **APAV training program**

Animal Health Australia has made available to AVE candidates its training program "Accreditation Program for Australian Veterinarians" (APAV) which will help to provide candidates with an awareness of national regulations, policies and issues in the area of animal health in Australia. New Zealand candidates should be aware of this material.

1. Go to this link: <https://animalhealthaustralia.com.au/accreditation-program-for-australian-veterinarians/>
2. Select "Enrol in the APAV Course". You have to create an account. (It is free!) Click on "Register" at the bottom of the Login box.
3. Once registered and logged in, select "Browse Learning" from the tabs at the top and then scroll down and click on APAV Registration Course. Then click on the "Enrol" button on the top right.

You then get access to all the information and some exercises to do. You don't have to pay; payment is only required if you want to be accredited.

Please note you cannot become APAV accredited until you are a fully registered veterinarian with an Australian State or Territory Registration Board and are approved by your State Chief Veterinary Officer. The purpose of enabling you to have access to this program is for education and revision purposes only.

### **Other suggested reference sites**

- The World Organisation for Animal Health (OIE) - [www.oie.int](http://www.oie.int)
- Food and Agriculture Organization of the United Nations (FAO) - [www.fao.org](http://www.fao.org)
- The Program for Monitoring Emerging Diseases (ProMED) - [www.promedmail.org](http://www.promedmail.org)
- Animal Health Australia - <https://www.animalhealthaustralia.com.au>
- The Australian Government Department of Agriculture, Water and the Environment - <https://www.agriculture.gov.au>
- State/Territory government websites
- Ministry of Primary Industries NZ - [www.mpi.govt.nz](http://www.mpi.govt.nz)

### **APAV-Handbook**

Accreditation Program for Australian Veterinarians (APAV) Handbook

### **Disease Outbreak Investigation and Diagnostic Tests Properties and Choice**

A worksheet on sensitivity and specificity - information about disease outbreak investigation and diagnostic tests.

### **Preventive Medicine Study Group**

Information to help a clinical exam cohort focus their study plans for this section and which encourages them to form their own interactive study group. One of the cohort would be required to volunteer to coordinate the group. Please email the AVE Coordinator at the appropriate time for this information.

### **Emergency Animal Disease (EAD) case study modules**

These are online training modules which were developed by a consortium of academics from each of the Australian veterinary schools. They use a series of case studies to look at the essential elements of EAD identification and response and are available at <http://eadonline.com.au/>

### **State Medicine on-line training modules**

These are a series of information and assessment modules in regulatory medicine used within the BVSc (Hons) program at the University of Queensland. They address the major pieces of legislation, veterinary acts, prescribing, etc - and end with a quiz. User access is required. The AVE Coordinator will arrange access to this module for AVE clinical exam candidates. These training modules refer to Queensland specific legislation for examples, but are largely applicable across Australia, with some differences for New Zealand. Candidates should remain aware of the need to ensure they are familiar with local requirements.

### **Preventive Medicine - New Zealand**

The AVE is a shared Australasian examination under the administration of the AVBC. Given that candidates can potentially register and practice in both countries and the close relationship

between Australia and New Zealand, it would not be unreasonable to expect candidates to have some knowledge of regulations and diseases in both countries. Candidates should be aware that on occasion questions may come up that refer to diseases or regulations in either country within the course of the examination and they should be expected to have at least some knowledge. At the same time these will not be the focus of any examination.

For example, Hendra virus is a potentially fatal disease that has not been reported outside Queensland and Northern NSW. Any veterinarian in Australia is required to know about the disease and safety precautions and regulations around notification. It would not be unreasonable for New Zealand candidates to have some knowledge as it would for veterinarians working in States/areas of Australia where the disease had not been reported.

Candidates are expected to have some country specific areas of knowledge (for example government administration and structures) for Australia or New Zealand for their respective country of intended work, but must also be prepared to answer questions pertaining to the other country.

## 12.4.2 Practical Examinations

[Anaesthesia Notes 2015 VETS4012.pdf](#), H Keates

[Practical Anaesthesia & Surgery Candidate note 2022.pdf](#) H. Keates

[Canine Ovarianhysterectomy.pdf](#) R. Seton 2028

## 12.5 Bridging Courses

There are no bridging courses available and the AVBC is not able to recommend any suitable alternatives.

# Appendix 1

## Day One Competencies of the Veterinarian in Australia and New Zealand.

The AVE Committee (AVEC) requires the competence level to be aligned to that of a new graduate from an Australasian Veterinary School. AVEC have adopted, as a basis, the AVBC Day One Competencies (D1Cs) of Veterinary Graduates in Australia and New Zealand.

Many international veterinary accreditation organisations use Day One Competencies to convey their expectations of veterinary graduates on "Day One" of their professional careers. The competencies describe the knowledge, skills, values, and attitudes veterinarians must possess on "Day One" to serve the interests of their patients and society, and to meet accreditation and the profession's requirements.

AVBC's Day One Competencies come into effect in January 2024.

### **AVBC Day One Competencies**

The expected competencies of the each of the examination sections (oral and practical) of the AVE have been mapped against the AVBC Day One Competencies.

[AVBC Day One Competencies - Version 1 January 2024](#)

# Appendix 2a

## Schools of Veterinary Science in Australian Universities

### **Sydney School of Veterinary Science**

The University of Sydney NSW 2006

[www.usyd.edu.au](http://www.usyd.edu.au)

### **School of Veterinary Science**

The University of Queensland Gatton Campus QLD 4343

[www.uq.edu.au/gatton](http://www.uq.edu.au/gatton)

### **Melbourne Veterinary School**

The University of Melbourne Victoria 3010 AUSTRALIA

[www.fvas.unimelb.edu.au](http://www.fvas.unimelb.edu.au)

### **School of Veterinary Medicine**

Murdoch University MURDOCH WA 6150

[www.murdoch.edu.au](http://www.murdoch.edu.au)

### **School of Animal and Veterinary Sciences**

Charles Sturt University Boorooma St NORTH WAGGA WAGGA NSW 2650

[www.csu.edu.au](http://www.csu.edu.au)

### **School of Veterinary and Animal Science**

James Cook University TOWNSVILLE QLD 4811

[www.jcu.edu.au](http://www.jcu.edu.au)

### **School of Animal and Veterinary Sciences**

Roseworthy Campus The University of Adelaide ROSEWORTHY SA 5371

[www.adelaide.edu.au](http://www.adelaide.edu.au)

### **School of Veterinary Science**

Massey University Private Bag 11 222 Palmerston North 4442 NEW ZEALAND

[www.massey.ac.nz](http://www.massey.ac.nz)

## Appendix 2b

# Australian Veterinary Registration Boards

### **NEW SOUTH WALES**

Veterinary Practitioners Board of New South Wales  
Tel: (02) 8338 1177  
Email: [admin@vpb.nsw.gov.au](mailto:admin@vpb.nsw.gov.au)  
[www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au)

### **VICTORIA**

Veterinary Practitioners Registration Board of Victoria  
Tel: (03) 9620 7444  
Email: [communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au)  
[www.vetboard.vic.gov.au](http://www.vetboard.vic.gov.au)

### **QUEENSLAND**

Veterinary Surgeons Board of Queensland  
Tel: (07) 3087 8777  
Email: [vsbqld@daf.qld.gov.au](mailto:vsbqld@daf.qld.gov.au)  
[www.vsb.qld.gov.au](http://www.vsb.qld.gov.au)

### **TASMANIA**

Veterinary Board of Tasmania  
Tel: 0400 848 661  
Email: [vetboardtas@gmail.com](mailto:veterboardtas@gmail.com)  
<http://dpiptwe.tas.gov.au/biosecurity-tasmania/animal-biosecurity/veterinary-board-of-tasmania>

### **WESTERN AUSTRALIA**

Veterinary Practice Board of Western Australia  
Tel: (08) 9317 2353  
Email: [admin@vsbwa.org.au](mailto:admin@vsbwa.org.au)  
[www.vsbwa.org.au](http://www.vsbwa.org.au)

### **AUSTRALIAN CAPITAL TERRITORY ACT**

Veterinary Practitioners Board  
Tel: (02) 6207 0012  
Email: [TCCS.vetboard@act.gov.au](mailto:TCCS.vetboard@act.gov.au)  
<https://cityservices.act.gov.au/pets-and-wildlife/veterinary-practitioners-board>

### **NORTHERN TERRITORY**

Veterinary Board of the Northern Territory  
Tel: (08) 8999 2028  
Email: [vetboard@nt.gov.au](mailto:veterboard@nt.gov.au)  
<https://dpir.nt.gov.au/boards-and-committees/veterinary-board-of-the-NT>

### **SOUTH AUSTRALIA**

Veterinary Surgeons Board of South Australia  
Tel: (08) 8359 3334  
Email: [admin@vsbsa.org.au](mailto:admin@vsbsa.org.au)  
[www.vsbsa.org.au](http://www.vsbsa.org.au)

### **NEW ZEALAND**

Veterinary Council of New Zealand  
Tel: 0011 64 4 473 9600  
Email: [vet@vetcouncil.org.nz](mailto:veter@vetcouncil.org.nz)  
[www.vetercouncil.org.nz](http://www.vetercouncil.org.nz)

## Appendix 2c

### Other useful addresses

#### **AUSTRALIAN VETERINARY ASSOCIATION LTD**

Unit 40, 6 Herbert Street  
ST LEONARDS NSW 2065  
AUSTRALIA

Tel: 1300 137 309

Email: [members@ava.com.au](mailto:members@ava.com.au)  
[www.ava.com.au](http://www.ava.com.au)

#### **NEW ZEALAND VETERINARY ASSOCIATION LTD**

Level 2, 44 Victoria Street  
Wellington  
NEW ZEALAND 6142

PO Box 11 212  
Wellington 6142  
NEW ZEALAND

Tel: 0011 64 4 471 0484

Email: [nzva@vets.org.nz](mailto:nzva@vets.org.nz)  
[www.nzva.org.nz](http://www.nzva.org.nz)

#### **Australian and New Zealand College of Veterinary Scientists (ANZCVS)**

Building 3, Garden City Office Park  
2404 Logan Road  
Eight Mile Plains QLD 4113  
AUSTRALIA

Tel: +61 7 3423 2016

Email: [admin@anzcvs.org.au](mailto:admin@anzcvs.org.au)  
[www.anzcvs.org.au](http://www.anzcvs.org.au)

#### **AVE Coordinator**

Email: [ave@avbc.asn.au](mailto:ave@avbc.asn.au)

#### **AVE Examinations Officer**

Email: [exams@avbc.asn.au](mailto:exams@avbc.asn.au)

Australian Veterinary Boards Council Ltd  
(AVBC)

PO Box 159, Collins Street West  
MELBOURNE VIC 8007  
Australia

Tel: 03 9620 7844

[www.avbc.asn.au](http://www.avbc.asn.au)

#### **OET**

For information about the OET, please refer to the OET Centre website at:

[www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

Tel: + 61 3 8658 3963

#### **IELTS**

For information about IELTS Academic, please refer to the IELTS website at:

[www.ielts.com.au](http://www.ielts.com.au)

#### **TOEFL-IBT®**

For information about TOEFL-iBT®, please refer to the ETS/TOEFL website at:

<https://www.ets.org/toefl>

#### **PTE ACADEMIC**

For information about PTE Academic, please refer to the Pearson PTE Academic website at: [www.pearsonpte.com](http://www.pearsonpte.com)

## Appendix 3

### Sample MCQs – AVE Preliminary Examination

Please note that the sample MCQ questions given below are intended to provide candidates with examples of the type of questions and the format used in the MCQ. They do not reflect the degree of difficulty of questions in the exam papers.

The answers to the sample MCQ questions are given at the end of this document.

#### PAPER 1: BASE KNOWLEDGE

1. In the resting thoroughbred horse, the occurrence of a third heart sound
  - A is indicative of asymmetrical ventricular contraction
  - B may be a normal physiological event
  - C is indicative of synchronous diaphragmatic flutter
  - D is indicative of complete heart block
2. The resting heart rate of a clinically normal thoroughbred horse in race training is usually within the range of.
  - A 20 to 40 beats per minute
  - B 40 to 60 beats per minute
  - C 60 to 80 beats per minute
  - D 80 to 100 beats per minute
3. Which one of the following abnormalities produces a systolic murmur?
  - A mitral valve stenosis
  - B aortic valve insufficiency
  - C mitral valve insufficiency
  - D tricuspid valve stenosis
4. Which one of the following nutritional states has been associated causatively with post-parturient haemoglobinuria in cattle?
  - A phosphorus deficiency
  - B calcium deficiency
  - C vitamin C deficiency
  - D zinc deficiency
5. Which one of the following physical factors, when applied to animals during pregnancy, is known to cause congenital defects?
  - A high altitude
  - B severe cold
  - C high temperatures
  - D exposure to high levels of ultraviolet irradiation

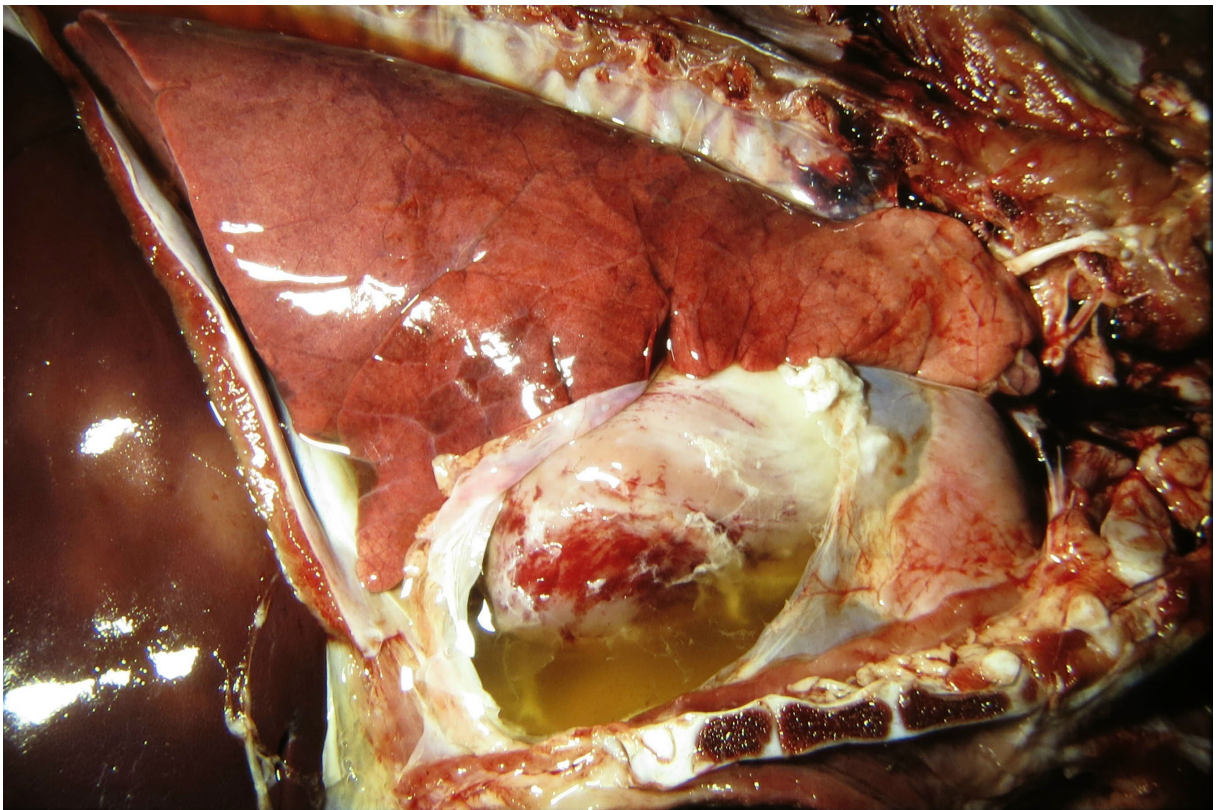
6. There is evidence that arthrogryposis in cattle is caused by
- A *Brucella abortus* infection
  - B manganese deficiency in late pregnancy
  - C lupin poisoning after 90th day of gestation
  - D Akabane virus infection
7. Which one of the following methods of diagnosis would you use to identify cases of ovine brucellosis in rams if only one method was permitted?
- A palpation of the scrotum and contents
  - B cytological examination of semen
  - C bacterial examination of semen
  - D complement fixation test
8. Long distance spread of the infective agent down-wind, without the assistance of insect vectors, is characteristic of
- A contagious bovine pleuropneumonia
  - B foot and mouth disease
  - C African Horse Sickness
  - D Mycotic dermatitis (*Dermatophilus congolensis*)
9. It is generally regarded that the minimum time to allow a dairy calf to stay with its dam to ensure a passive transfer of antibodies in the colostrum is which one of the following
- A 2 hours
  - B 12 hours
  - C 2 weeks
  - D 2 months
10. The combination of results likely to be found in rumen overload is
- A high rumen pH and high plasma P
  - B low plasma P and low packed cell volume
  - C low rumen pH and high plasma Na
  - D low rumen pH and high plasma lactate
11. Autopsy findings of uniformly pale, slightly swollen kidneys of normal consistency would be most consistent with
- A interstitial nephritis
  - B pyelonephritis
  - C nephrosis
  - D renal neoplasm
12. The primary pathological lesion produced by *Brucella ovis* infection in rams is
- A seminal vesiculitis
  - B epididymitis
  - C orchitis
  - D balanoposthitis

13. Severe inflammation of hair follicles resulting in alopecia, crust formation and secondary infections in the dog, is characteristic of
- A dermatophilus infection
  - B demodex infestation
  - C sarcoptic mange
  - D hyperadrenocorticism (Cushing's Syndrome)
14. The most important method of spread of *Brucella abortus* among cattle is
- A ingestion
  - B passive venereal transfer
  - C placental
  - D respiratory

## PAPER 2: CLINICAL REASONING

1. As abattoir post-slaughter inspection veterinarian, you find irregularly distributed small dark red foci up to 10mm diameter on capsular and cut surfaces of the liver of a prime heavy feedlot steer that seemed normal at pre-slaughter inspection. The larger of these foci have a spongy texture on section and are slightly sunken below the level of adjacent apparently normal parenchyma. Your provisional gross diagnosis is hepatic telangiectasis. The most appropriate action for you to take would be
- A to pass this liver and the rest of the carcass for human consumption since the lesion is not considered to represent any hazard to human health.
  - B to downgrade this liver to processing grade (for sausage and other processed product) on aesthetic grounds and pass the rest of the carcass for human consumption.
  - C to condemn the liver and submit samples of it for laboratory testing for pathogens and hold the carcass in the chiller pending receipt of results.
  - D to condemn the liver and the rest of the carcass because these haemorrhagic lesions suggest that the animal was septicaemic before slaughter.
2. During the past week 10 deaths have occurred in 3 adjacent pens (25 cattle in each) in a feedlot. Most animals have died after becoming unable to rise; some have simply been found dead. Recumbent cattle are aware of their surroundings and try to rise when prodded. You perform necropsies on two carcasses but find no specific abnormalities. To help manage the situation, your FIRST action should be
- A to take blood samples (into EDTA and heparin tubes) from all recumbent animals for laboratory examination.
  - B to secure samples of drinking water for testing for toxins; in particular botulinum and lead.
  - C to isolate the feed that was last delivered to these pens and examine it for decaying animal matter.
  - D to take rectal temperatures of a representative sample of cattle in the 3 pens to check for the presence of ephemeral fever

3. Two dozen one day-old chicks were purchased to add to a back-yard poultry flock. You are consulted because at least seven of the birds, now a week old, aren't eating, are depressed and are showing intermittent rapid fine tremors of wings and head. Your most appropriate action would be to
- A immediately add a soluble multivitamin supplement to the drinking water, since the signs are pathognomonic for riboflavin deficiency.
  - B immediately increase the temperature of the brooder, because the birds are having to shiver to keep warm.
  - C immediately quarantine affected birds in a separate building and add soluble antibiotics to the drinking water of the entire flock.
  - D immediately quarantine the entire flock and submit a couple of the worst-affected birds to a state government diagnostic laboratory.
4. A single grower pig in a housed pen of 25 animals is found dead, having shown no clinical abnormalities beforehand.



The carcass is well-grown. Which of the following conditions is most likely to have been the cause of death?

- A Mulberry heart disease
- B Encephalomyocarditis virus infection
- C Clostridial enterotoxaemia
- D Glasser's disease ((*Haemophilus* sp. infection)

5. A horse presents with a wound over the dorsal metacarpus. The horse “knuckles over” at the fetlock joint when walking and stands with the fetlock flexed. The most likely structures affected include.
- A superficial flexor tendon
  - B common and lateral digital extensor tendon
  - C fetlock joint capsule
  - D deep flexor tendon
6. A 2-year-old Quarterhorse presents with bilateral effusion of the tibiotarsal joint. The horse is not lame and is not lame after hock flexion. What is the most likely diagnosis?
- A Bone spavin of the distal hock joints
  - B Osteochondrosis of the distal intermediate ridge
  - C Osteoarthritis of the tibiotarsal joint
  - D Bilateral idiopathic joint effusion
7. A ten-year-old Yorkshire terrier has had a cough that has been present for 2 weeks. The cough is worse at night and the dog has some mild exercise intolerance. On examination there is a Grade 3 mitral valve murmur and a heart rate of approximately 140. There are no crackles or abnormal respiratory sounds heard. Which one of the following statements is MOST appropriate for this dog?
- A This dog definitely has CHF and would benefit from furosemide therapy.
  - B The absence of respiratory abnormalities rules out pulmonary disease.
  - C This dog may have concurrent pulmonary and cardiac disease.
  - D Echocardiography is the only diagnostic test necessary to establish a definitive diagnosis.

## Appendix 4 Clinical Skills Checklist

**Note** these are the minimum hands on procedures that candidates will be expected to perform.

Competency	Times performed Unsupervised (approx.)	Times performed Supervised (approx.)
Per rectum pregnancy diagnosis in the cow		
Pass a stomach tube in a cow		
Restrain a cow with a halter and perform an intravenous injection		
Collect a blood sample from the tail vein of a cow		
Administer epidural anaesthesia in a cow		
Restrain a cow's front or back leg using a rope		
Catch a sheep and tip correctly to examine the feet		
Take the rectal temperature of a sheep		
Examine the mouth and teeth of a sheep		
Examine the feet of a sheep for signs of footrot		
Take a faecal sample from a sheep		
Perform a physical examination of the testes of a ram		
Catch and apply a halter to a horse		
Take temperature, pulse and respiration in a horse		
Apply a twitch or Hausmann gag to a horse		
Examine a horse's mouth and teeth		
Clinically examine the eye of a horse with an ophthalmoscope		
Pick up a horse's leg and examine the hoof		
Use hoof testers to test for a pain response in a horse		
Complete an ID certificate for a horse		
Handling and clinical examination of a dog and cat		
Premedicate and administer general anaesthesia in a dog		
Perform an ovariohysterectomy or cystotomy		
Name (please print)		
Signed	Date	

# Appendix 5 AVE Rules of Conduct

## RULES OF CONDUCT FOR THE AUSTRALASIAN VETERINARY EXAMINATION

### OVERVIEW

The Australasian Veterinary Examination Committee (AVEC) is committed to preserving the integrity and security of the Australasian Veterinary Examination (AVE).

Prior to embarking on the AVE, candidates must read and understand the Rules of Conduct in this section and pertaining to the Preliminary Examination (MCQ) and the Final (clinical) Examination.

Candidates should understand that AVEC may require a candidate to re-take any stage of the AVE if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

If a candidate breaches the Rules of Conduct or engages in any form of irregular behaviour, AVEC may terminate the candidate's participation in an examination, invalidate the results of an examination, withhold or revoke the candidate's scores or certification, bar the candidate from participating in future examinations, and/or take other appropriate action.

**Irregular behaviour** consists of any action by candidates or others that subverts or attempts to subvert the examination process, including without limitation:

- Falsification of information on the application form, including additional documentation, or failure to provide AVEC with information material to the application; Also see Section 7.2 Fraudulent Applications.
- Impersonating an examinee or engaging someone else to take the examination who is not the candidate;
- Giving, receiving or obtaining unauthorized assistance during the exam, or attempting to do so;
- Unauthorized possession, reproduction or disclosure of any materials, including, but not limited to, examination questions before, during or after the examination;
- Making notes of any kind during an examination except on the writing materials provided by AVEC for that purpose;
- Disruptive or unprofessional behaviour at an AVE venue or site;
- Offering any benefit to an AVE test centre administrator or agent of the AVE in return for any right, privilege or benefit which is not usually granted by AVEC to other similarly situated candidates.

Candidates deemed to have violated the Rules of Conduct or otherwise engaged in irregular behaviour may appeal the decision within the guidelines of the Appeals document.

### RULES OF CONDUCT FOR THE PRELIMINARY EXAMINATION (MCQ)

By applying to take the Preliminary Examination (MCQ) a candidate agrees to the following:

- To abide by the Professional Examination Rules (which will be distributed with the venue notices) as detailed by Excel Psychological and Educational Consultancy Pty Ltd (EPEC). EPEC conduct the AVE in partnership with venue provider Cliftons on behalf of AVEC.
- To have read and understood the overview.
- To have read and understood the section on irregular behaviour in the overview.

- To have understood and acknowledge that all examination materials remain the property of AVEC and you will maintain the confidentiality of the examination content of the MCQ.
- To not reproduce or attempt to reproduce examination materials through memorization or any other means, nor will you provide information relating to examination content that may give or attempt to give unfair advantage to individuals who may be taking the examination, including without limitation, by posting information regarding examination content on the internet.

## **RULES OF CONDUCT FOR THE FINAL (CLINICAL) EXAMINATION**

AVEC has established rules of conduct to ensure that no examinee or group of examinees receives unfair advantage during the examination, inadvertently or otherwise.

If there is reason to believe that the integrity of the examination process is jeopardized, AVEC may invalidate all or any part of an AVE Final (clinical) administration. If information indicates that continued testing would jeopardize the security of examination materials or the integrity of scores, AVEC reserves the right to suspend or cancel any AVE Final (clinical) administration.

By applying to take the AVE Final (clinical) examination a candidate agrees to the following:

- You are the person named on the clinical application form.
- You will not bring personal belongings including mobile phones, watches with memory capability, pagers, personal digital assistants (PDA's), formulas, study materials, notes, papers, purses or wallets into the examination rooms or testing areas.
- You will not give, receive or obtain any form of unauthorized assistance during the examination session, including during breaks.
- You will not remove materials in any form (written, printed, recorded or any other type) from the testing area unless instructed to do so by the examiners.
- You understand and acknowledge that all examination materials remain the property of AVEC and you will maintain the confidentiality of the case content for all sections of the clinical examination.
- You will not reproduce or attempt to reproduce examination materials through memorization or any other means, nor will you provide information relating to examination content that may give or attempt to give unfair advantage to individuals who may be taking the examination, including without limitation, by posting information regarding examination content on the internet.
- You understand that Observers may be present during examination sessions.
- You understand that examination sessions may be recorded and archived.

Should a candidate have concerns regarding the clinical examination testing sessions, he/she may notify the Chief Examiner or Chair, AVEC at the examination site on the examination days. Otherwise, he/she can notify AVEC in writing within 28 days of the conclusion of the clinical examination. Concerns will be investigated within the guidelines of the Appeals document.

## Appendix 6 Surgery & Anaesthesia Case Logs

### Case Log Requirement

Candidates wishing to enrol in the AVE Clinical Examination are required to provide evidence of relevant experience performing general anaesthesia and surgery with their formal expression of interest in a clinical examination session. Candidates must submit completed surgery and anaesthesia case logs that include:

- three (3) surgery cases, and
- three (3) anaesthetic cases

The cases must be deemed satisfactory by the AVE Committee. All cases must:

- have been performed under the supervision of an approved supervising veterinarian
- be submitted using the forms in this Appendix
- be submitted on a separate form
- be signed off by the supervising veterinarian.

Different approved veterinarians may supervise the submitted cases.

These two case logs will remain valid until the candidate completes the clinical examination or reaches the five year time limit to complete the AVE (from the date of passing the MCQ).

### Criteria

Only procedures performed on cats and/or dogs will be considered suitable.

#### *Anaesthesia*

Candidates are expected to document their performance of 3 general anaesthetics in stable dogs or cats undergoing an elective surgical procedure such as routine ovariohysterectomy (spey). Documentation of the anaesthetics performed must include verification of performance of surgical anaesthesia as they are listed on the Record of Anaesthesia Case form.

#### *Surgery*

Candidates are required to provide evidence that they have performed 3 routine surgical procedures involving a laparotomy, the most common being an ovariohysterectomy (spey).

Documentation of the procedure must include details of the patient, surgical approach, techniques and materials used and outcome.

## Approved Supervisor

The veterinarian/s supervising the case log procedure must meet one of the following criteria:

- Currently registered and practising in Australia or New Zealand; OR
- Hold a qualification listed on the [AVBC Qualifications Generally Recognised](#) list and be registered to practise in the jurisdiction where the case log procedure is undertaken. This may include (examples only):
  - graduates of AVBC-accredited veterinary schools (within specified years);
  - graduates of AVMA-accredited schools who have also passed the NAVLE (within specified years);
  - graduates of RCVS-accredited schools in the UK, Pretoria (South Africa), or University College Dublin (within specified years); or
  - veterinarians who have completed recognised non-award pathways and obtained overseas registration (e.g. RCVS membership via the Statutory Membership Examination, ECFVG, PAVE, or the Canadian NEB Certificate of Qualification, with NAVLE where applicable), within the specified acceptable years.

## When an Approval of Supervisor Form is Required

If the proposed supervisor is **not currently registered and practising in Australia or New Zealand**, the candidate must complete an Approval of Supervisor Form. On this form the candidate must provide evidence that the proposed supervisor:

- holds a qualification listed on the [AVBC Qualifications Generally Recognised](#) list;
- is currently registered to practise in the country where the procedure/s will be performed; and
- has access to appropriate facilities, equipment and drugs.

Candidates intending to enrol in an upcoming AVE Clinical Examination are strongly encouraged to seek approval of their supervisor, if required, **before** undertaking the case procedures.

Completed Approval of Supervisor Forms should be submitted to the AVBC office by emailing them to the AVE Coordinator at [ave@avbc.asn.au](mailto:ave@avbc.asn.au). Only candidates who have submitted complete case logs with their expression of interest can be considered for a place in a clinical examination session.

## Record of Anaesthesia Form

### RECORD OF ANAESTHESIA CASE

To be completed by an approved licensed veterinary surgeon (as defined in Appendix 6 of the *Information for AVE Candidates* handbook), validating the AVE candidate's anaesthesia experience. A separate form must be completed for each surgery performed and emailed to [ave@avbc.asn.au](mailto:ave@avbc.asn.au)

<b>Candidate Name</b>	
<b>Candidate AVBC Reference No.</b>	
<b>Supervising Veterinarian Name</b>	
<b>Country/State of Registration of Supervising Veterinarian</b>	
<b>License or Registration No.</b>	
<b>Name of Practice</b>	
<b>Address of Practice</b>	
<b>Supervisor Phone</b>	
<b>Supervisor Email</b> (must match email used to submit form)	

The candidate must perform all elements of the anaesthetics at the standard of a new graduate veterinarian.

Date of anaesthesia	(D/M/Y)
Species/breed anaesthesia was performed on	
Administration of premedication	Yes / No
Aseptic placement of vascular access	Yes / No
Pre-induction oxygen administration (via mask)	Yes / No
Intravenous induction	Yes / No
Tracheal intubation	Yes / No
Transfer to inhalation anaesthesia maintenance	Yes / No
Use of anaesthetic machine for (inhalation) maintenance of anaesthesia	Yes / No
Application and use of electronic monitoring devices	Yes / No

Application of patient support (IV fluids, temperature support)	Yes / No
The patient returned to consciousness and the endotracheal tube removed	Yes / No

**Additional comments**

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By signing below, I, the validating veterinarian, confirm that:

- a. I have read and understood this document in its entirety
- b. I have personally witnessed ... ..  
(name of candidate) perform all elements of a surgical anaesthetic listed above
- c. I confirm that all information provided is true and accurate

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, the candidate consents for the validating veterinarian to submit this form to the AVE Committee electronically by email to [ave@avbc.asn.au](mailto:ave@avbc.asn.au). Candidates are reminded that falsification of documents is a violation of professional conduct and can result in disciplinary actions including dismissal from the examination.

Signature of the candidate: \_\_\_\_\_ Date: \_\_\_\_\_

### RECORD OF SURGICAL CASE

To be completed by an approved licensed veterinary surgeon (as defined in Appendix 6 of the *Information for AVE Candidates* handbook), validating the AVE candidate's surgery experience. A separate form must be completed for each surgery performed and emailed to [ave@avbc.asn.au](mailto:ave@avbc.asn.au)

<b>Candidate Name</b>	
<b>Candidate AVBC Reference No.</b>	
<b>Supervising Veterinarian Name</b>	
<b>Country/State of Registration of Supervising Veterinarian</b>	
<b>License or Registration No.</b>	
<b>Name of Practice</b>	
<b>Address of Practice</b>	
<b>Supervisor Phone</b>	
<b>Supervisor Email</b> (must match email used to submit form)	

The candidate must perform all elements of the surgical procedure at the standard of a new graduate veterinarian.

Date of surgery	(D/M/Y)
Species/breed/age of the patient	
Surgical procedure	
Aseptic technique adequate:	
<ul style="list-style-type: none"> <li>• Patient preparation</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• Surgeon preparation</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• Maintenance of a "sterile field" throughout procedure</li> </ul>	Yes / No
Knowledge of relevant surgical anatomy	
<ul style="list-style-type: none"> <li>• Site of surgical incision</li> </ul>	Yes / No
<ul style="list-style-type: none"> <li>• Correct identification of the midline (linea alba)</li> </ul>	Yes / No
Instrument handling adequate	Yes / No

Tissue handling adequate	Yes / No
Methods and materials used to close abdominal wall adequate	Yes / No
Completed the procedure within an acceptable timeframe	Yes / No
Intra-operative or post-operative complications? If Yes: Provide summary of complication, method of management and outcome	Yes / No
Appropriate selection and use of drugs (other than anaesthetic agents) eg. analgesics, antibiotics, local anaesthesia.	Yes / No

**Additional comments**

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I \_\_\_\_\_(name of supervisor) verify that \_\_\_\_\_  
 \_\_\_\_\_(name of candidate) has performed an aseptic surgical procedure in an operating theatre and during the procedure has shown a level of surgical knowledge and practical competence that I would expect from a new graduate veterinarian. I confirm the information included in this form is true and accurate.

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, the candidate consents for the validating veterinarian to submit this form to the AVE Committee electronically by email to [ave@qvbc.asn.au](mailto:ave@qvbc.asn.au). Candidates are reminded that falsification of documents is a violation of professional conduct and can result in disciplinary actions including dismissal from the examination.

Signature of the candidate: \_\_\_\_\_ Date: \_\_\_\_\_

# Approval of Supervisor Form

## APPROVAL of SUPERVISOR

This form must be completed where the proposed supervisor is **not currently registered and practicing in Australia or New Zealand**. Candidates must submit separate forms for different supervisors.

Candidate Name & AVBC Reference Number	
Supervising Veterinarian Name	
Supervisor's Veterinary Qualification(s), and University	
Registration/ Licence Number	
Country/ State of Registration of Supervising Veterinarian	
Supervisor Phone	
Supervisor Email	

### Practice Details:

Name of Practice	
Address of Practice	
Facility, Equipment and Drug Access	Please describe the facility where the procedure/s will be undertaken, including available equipment and access to appropriate drugs.
Scope of Supervision	Please indicate the type of procedure/s the supervisor will oversee: <input type="checkbox"/> Surgery cases <input type="checkbox"/> Anaesthetic cases <input type="checkbox"/> Both

**Supervising Veterinarian:** I confirm that I am appropriately qualified and registered to supervise the above procedure/s, and that the facility, equipment and drug access described are adequate for the procedures to be undertaken.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Candidate: I confirm that the information provided in this form is true and accurate

Signature of the Candidate \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Approved:  Yes  No Date: \_\_\_\_\_

## Answers to sample MCQ questions in Appendix 3

### **PAPER 1: BASE KNOWLEDGE**

1. B
2. A
3. C
4. A
5. C
6. D
7. D
8. B
9. B
10. D
11. C
12. B
13. B
14. A

### **PAPER 2: CLINICAL REASONING**

1. B
2. C
3. D
4. A
5. B
6. B
7. C



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