



# BoardTalk

## President's Report

Welcome to the new look BoardTalk.

These days turned out nothing like I had planned is probably something we can all say (some even sing) but the profession should be very proud of its response to the bushfire and COVID-19 crises.

As Chair of the Australasian Veterinary Boards Council (AVBC) I was immensely proud of the generous response from veterinary hospitals in NSW to the request for deployment of ventilators should they be required to save human lives during this pandemic. It was heartwarming to see the AVBC, veterinary boards, health authorities and the profession working together at a time of crisis.

I would also particularly like to acknowledge the Australian Veterinary Association for creating and generously sharing an impressive array of valuable resources for all members of the profession.

A new look BoardTalk but we will continue to focus on providing news from the Board, including a summary from the Complaints Committee, as well as news from various other stakeholders such as NSW DPI, NSW Health, the Office of Local Government, NSW Racing, and GWIC.

Maintaining that theme of generosity, please donate some of your time to assisting important research by completing a number of surveys available in this edition.

Thank you to all veterinarians and their staff.

Keep safe, and very best wishes.

## Registration and licence renewals

**Please ensure you renew your veterinary registration and hospital licence by 30 June.**

Registration renewal requires both payment of the registration renewal fee of \$300 and submission of the Annual Return. Both can be completed using your [Vet Login](#) and if you experience any difficulties please call or email the office.

A late fee of \$50 applies to registrations renewed after 30 June and if you have not renewed by 14 July your name will be removed from the Register. Restoration to the Register in these circumstances will incur an additional fee of \$300. Don't be late!

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### Please help with these surveys

- Empathy in veterinarians survey
- Ethically challenging situations survey
- Wildlife emergency response survey
- Veterinary well-being survey
- Animal welfare reform survey
- Farm crime survey



## COVID-19 and your legal obligations

The Board has received a number of enquiries in relation to the legislative obligations of veterinarians and veterinary practices during this pandemic. Hopefully at the time of publication COVID-19 will be under control in our communities.

### **Public Health Act 2010**

The Minister for Health and Medical Research, Brad Hazzard, has issued a number of Orders under the *Public Health Act 2010* to limit the spread of SARS-CoV-2 and the impact of COVID-19. Importantly, on 30 March 2020, Minister Hazzard made the [Order](#) restricting gathering and movement under the *Public Health Act 2010*. These Orders included the requirement to ensure there is 4 square metres of space for each person on the premises.

Schedule 1 of this Order provides that the first reasonable excuse for movement is obtaining food or other goods or services for the personal needs of the household or other household purposes (including for pets) and for vulnerable persons. The second reasonable excuse listed was travelling for the purposes of work if the person cannot work from the person's place of residence.

At the Commonwealth level, the Federal Minister for Agriculture assured veterinarians supporting farming and food production of their status as an essential service.

In summary, a person is able to visit a veterinary practice and a veterinarian is able to travel to a person's place of business or residence to provide veterinary care. Within a business providing veterinary services there must be sufficient space for those persons on the premises.

All the above requirements are policed under the *Public Health Act 2010*.

### **Work Health and Safety Act 2011**

Under Work Health and Safety legislation businesses are required to manage the risk that COVID-19 presents to workers and others in the work environment. Specifically, this includes compliance with public health orders and promoting social distancing and hygiene measures. More generally this is part of wider obligations for employers to manage and control risks in the workplace and for employees to work safely and comply with any reasonable health and safety direction from their employers.

### **Prevention of Cruelty to Animals Act 1979**

The person in charge of an animal must not fail to provide veterinary treatment when necessary (*Prevention of Cruelty to Animals Act 1979* (s 5)). In this legislation, veterinary treatment is defined as the following (s 4(1)):

- (a) medical treatment of a prophylactic or therapeutic nature carried out upon the animal by, or in accordance with directions given in respect of the animal by, a veterinary practitioner, or
- (b) surgical treatment of a prophylactic or therapeutic nature, or sterilisation, carried out upon the animal by a veterinary practitioner, or
- (c) a veterinary diagnostic procedure carried out on the animal by a veterinary practitioner, or
- (d) a veterinary consultation undertaken in respect of the animal by a veterinary practitioner.

Clients, animal owners or persons in charge of animals are able to travel to veterinary premises to seek veterinary treatment, and must do so when necessary, and veterinarians are able to visit businesses and residences to provide veterinary treatment.

### **Veterinary Practice Act 2003**

Veterinary practice legislation continues to require veterinarians to perform procedures in accordance with current standards; to physically examine animals or have these animals under their direct care prior to supplying restricted substances; to ensure veterinarians remain available for the ongoing care of their patients or to make arrangements for another veterinarian to take over the care of the animal; to obtain informed consent before providing veterinary services; to maintain records; and to comply with other elements of the Veterinary Practitioners Code of Professional Conduct.

*Continued p 16.*

### **Registration renewals**

Registration renewals must be completed by 30 June 2020 for the registration period 1 July 2020 to 30 June 2021.

If you have not yet received your registration renewal notice by email please contact the Board.

The easiest way to renew your registration is to use the [Vet Login](#). If you do not yet have a Vet Login click on the [Forgotten your password](#) link from the Vet Login page and details will be sent to your registered email address.

### **Problem submitting?**

**Add zero if you have not completed structured or unstructured CPD.**

**Ensure your work address includes 'state' details.**

## Thank you Glenn Lynch

Glenn Lynch has recently announced his retirement after a period of employment with the Board extending almost 20 years.

Glenn joined the NSW Veterinary Surgeons Board (VSB) after senior regulatory roles with NSW Agriculture, AQIS and the National Registration Authority (now APVMA) as Hospital Inspector and later worked as Registrar until 2012 before returning to his position as Hospital Inspector and Investigator.



As Registrar Glenn oversaw a number of significant changes to the Board including:

- Employing a new team of staff and ensuring all staff were appropriately trained
- Sourcing new premises
- Introduction of the *Veterinary Practice Act 2003* and *Veterinary Practice Regulation 2006* and the Veterinary Practitioners Code of Professional Conduct
- Upgrading of the Board's database and website
- Introduction of compulsory Continuing Professional Development
- Introduction of online payments and electronic submission of the Annual Return
- Writing of the Oath for new graduate veterinarians in NSW
- Introduction of processes for dealing with impaired veterinarians
- Enhancing reporting processes and organising the first AGM of the veterinary profession in NSW.

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*Glenn took regulation of the profession personally and remains a strong advocate for the profession and protection of the public.*

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Glenn's strong links with NSW AVA, the Ministers Office, NSW Agriculture, the AVBC, NSW Health, other Boards and allied stakeholders was vital to achieving success in this role. Glenn took regulation of the profession personally and remains a strong advocate for the profession and protection of the public.

All the Board members and staff thank Glenn for his significant contribution to the regulation of the veterinary profession in NSW and wish Glenn well in his retirement.

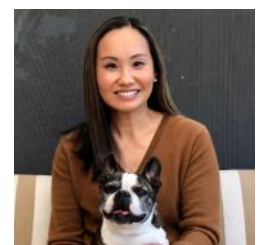
## Welcome Christina Kwan

Dr Christina Kwan has been appointed as the Board's Administration Support Officer to assist with hospital licensing applications and enquiries.

Christina grew up in the Hunter Valley before moving to Sydney and has always loved animals. In 2001, she graduated from the University of Sydney with a Bachelor of Veterinary Science with first class honours. She then spent several years working in busy small animal hospitals in Sydney and London whilst completing a Masters of Veterinary Studies through Murdoch University, before returning to Sydney University as an Intern and then Resident in Veterinary Pathology.

In 2010, Christina started working as an Emergency and Critical Care veterinarian at a specialist hospital in Sydney and has been hooked on emergency medicine since. Christina also has a background as a Regulatory Affairs Specialist with a global biopharmaceutical company so is looking forward to combining her skills in regulation and veterinary practice at the Board.

In her spare time, Christina loves spending time with her young family and Boston Terrier dog, Angus.





## Complaints Committee Report

The Board reviewed and determined 31 complaints made against veterinarians between November 2019 and April 2020, some of these complaints named multiple veterinarians at the same practice. Of these, 25 complaints were dismissed. Four veterinarians were found guilty of unsatisfactory professional conduct with two of these receiving a caution and fine and two receiving a caution only. One of these cases was referred to the Board's health program. One veterinarian was found guilty of professional misconduct, reprimanded and fined.

Three complaints were withdrawn by the complainant after receiving the veterinarian's response.

When first contacted by members of the public with concerns, the Board's complaints officer will generally encourage the potential complainant to contact the Hospital Superintendent to discuss their concerns. If a formal complaint is made the Board must conduct an investigation. The formal written complaint is sent onto the veterinarian who is required to respond with a statement and relevant records. This response is then sent to the complainant to review. The complainant is given the option to withdraw the complaint at this stage or to respond to the veterinarian's submission. Each party gets two opportunities to make a submission, if the complaint is not withdrawn then the submissions are reviewed by the Board's complaints committee.

*The Board reviewed and determined 31 complaints against veterinarians between November 2019 and April 2020... Of these 25 were dismissed.*

### Amendments to the Veterinary Practice Regulation 2013

The Board has the power to dismiss a complaint or make a finding of unsatisfactory professional conduct or professional misconduct.

Recent changes to the *Veterinary Practice Regulation 2013* provide more flexibility for the Board to consider individual circumstances when determining if a breach of the code of professional conduct amounts to unsatisfactory professional conduct or professional misconduct.

## Professional misconduct or unsatisfactory professional conduct

Unsatisfactory professional conduct is defined in the [Veterinary Practice Act 2003 \(Act\) \(s 35\)](#).

Most recent Board findings in relation to unsatisfactory professional conduct have been in relation to conduct that demonstrates a lack of knowledge, skill, judgement or care in the practice of veterinary science (section 35(k)).

Less serious breaches of the [Veterinary Practitioners Code of Professional Conduct](#) (Code) can now also result in a finding of unsatisfactory professional conduct. Breaches of conditions on registration, providing inadequate supervision, not meeting continuing professional development requirements and any other improper or unethical conduct of a veterinary practitioner in the course of the practice of veterinary science can also result in being guilty of unsatisfactory professional conduct.

Professional misconduct is defined in the Act (s 35) as unsatisfactory professional conduct of a sufficiently serious nature to justify the suspension or cancellation of registration.

Previously most breaches of the Code were automatically professional misconduct.

The Board was of the opinion that the latter was not aligned with the above definition and that professional misconduct, as defined, should only be applied to very serious breaches.

Once satisfied that a veterinary practitioner is guilty of unsatisfactory professional conduct or professional misconduct the Board may issue a caution or reprimand and impose a fine of an amount not exceeding \$5,000. Conditions, including but not limited to the requirement to complete educational courses and referral to the Board's health program can also be imposed on the veterinarian's registration.

In the most serious cases of professional misconduct the Board may suspend a veterinarian's registration and apply to the Tribunal (NCAT) for a disciplinary finding against the practitioner. The Tribunal has additional powers to suspend and cancel a veterinary practitioner's registration and impose a fine not exceeding \$25,000.

## Unsatisfactory professional conduct

One veterinarian was cautioned and fined after being found guilty of unsatisfactory professional conduct in breach of the *Veterinary Practice Act 2003* (s 35(k)) in that they displayed a lack of skill, judgement or care when they failed to provide adequate care to a hospitalised dog on a Sunday.

Nursing staff attended to the patient and administered previously prescribed medications, but the responsible veterinarian failed to adequately oversee treatment and ensure ongoing medication was appropriate. The patient died overnight in hospital.

A second veterinarian was cautioned and fined after being found guilty of unsatisfactory professional conduct in breach of the *Veterinary Practice Act 2003* (s 35(k)) in that they displayed a lack of skill, judgement or care in the revision surgical treatment of a Modified Maquet Procedure (MMP).

The veterinarian failed to collect appropriate deep tissue cultures from an infected wound despite multiple appropriate surgical opportunities whilst treating a non-healing wound.

A third veterinarian was cautioned after being found guilty of unsatisfactory professional conduct in breach of the *Veterinary Practice Act 2003* (s 35(k)) in that they failed to provide adequate treatment, monitoring and advice following a surgical complication. During a dog castration the urethra was inadvertently damaged.

This surgical complication was recognised at the time of surgery but not thoroughly or appropriately managed nor clearly communicated to the owner.

A fourth veterinarian was cautioned after being found guilty of unsatisfactory professional conduct in breach of the Code (cl 16) in that they must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.

There were no records about a client being offered and declining further testing. This may have been due to a bug with the practice management software however the superintendent of a hospital is required to ensure that all records are retained for at least 3 years from when they are made, including ensuring the integrity of the practice management software and keeping back-ups.

In one case a complaint was dismissed with a recommendation that the veterinarian ensures they are always able to maintain contact with their client and have access to the veterinary practice when treating a patient overnight off site.

A hospitalised dog was taken home by the veterinarian for monitoring and deteriorated overnight. The veterinarian did not have access to the client contact details or clinic overnight.

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*Generally, the Board's preference is to deal with health and impairment issues through its health program rather than the complaints process.*

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## Professional misconduct

A veterinarian was reprimanded and fined after being found guilty of professional misconduct in breach of the Code (cl 4).

A veterinary practitioner must maintain knowledge to the current standards of practice in the areas of veterinary science relevant to their practice and always carry out professional procedures in accordance with those current standards.

A 10-week-old puppy had its mandibular deciduous canine teeth "clipped" to a level that exposed the pulp cavities as treatment for a type 1 dental malocclusion with linguoversion of the teeth that was causing trauma to the maxillary tissue.

The previous treating veterinarian recommended full extraction of the affected teeth.

## Health Program

An impairment is defined in the *Veterinary Practice Act 2003* (s 4 (3)) as any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science.

The Board appreciates the difficulties faced by a veterinarian suffering from an impairment and is committed to assisting these veterinarians through the establishment of its [Health Program for Veterinarians](#).

The goal of this program is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board.

The Board has adopted the procedures outlined in the Doctors' Health Program provided by the Medical Council of NSW to achieve this goal.

Importantly, it is the Board's preference that issues of impairment or possible impairment are addressed outside of the Board's complaints processes and disciplinary powers where possible.

The Board also appreciates that stressors associated with the performance of the professional duties of a veterinarian may also be increased during a complaint investigation process.



## Recall of veterinary products

The majority of recalls are initiated and managed by the manufacturer.

However, in certain situations the APVMA may compulsorily require the recall of a product.

A recent example of this is the APVMA-initiated recall of unregistered veterinary chemical products bearing the **HAMPL trademark**.

The easiest way to be kept informed of recalls is to subscribe to the APVMA's listing of recalls notices.

To be notified of recalls via email, veterinarians are invited to [complete a subscription form](#) and select 'recall notices.'

Any queries or comments regarding a particular recall or stop supply notice can be submitted directly to [recalls@apvma.gov.au](mailto:recalls@apvma.gov.au).



## APVMA

The [Australian Pesticides and Veterinary Medicines Authority](#) (APVMA) is the Australian Government Statutory Authority responsible for the assessment, registration and regulation of agricultural and veterinary chemical products from importation to the point of sale.

Australian veterinarians play a key role in helping the APVMA ensure the supply of safe and effective veterinary medicines.

As everyday users of these products, veterinarians are well placed to report any observed adverse effects or notify the APVMA about non-compliant or unregistered veterinary chemical products.

Veterinarians are also key stakeholders who can benefit from being informed when a veterinary medicine is being recalled from the market.

## Adverse Experience Reporting Program

The AERP is a program of the APVMA that assesses reports of adverse experiences associated with the use of a registered veterinary medicine or agricultural chemical product.

An adverse experience may involve:

- Risks to safety in animals
- Risks to safety in humans using or exposed to the product/s
- Lack of efficacy, when the correct label dose is used
- Other unintended or unexpected side effects.

The APVMA encourages veterinarians to report adverse experiences, including those where a product has been used off-label. Highlighting concerns with products of particular pharmacological significance, such as antimicrobials, is also strongly encouraged.

All adverse experiences reported to the APVMA are assessed to determine causality. Where it is observed that a product or active constituent has an incidence rate that would lead us to question its safety or efficacy, or in other certain circumstances, the APVMA may pursue regulatory action such as batch testing, label variations or product recalls.

The AERP has an [online reporting form](#) and welcomes emails ([AERP@apvma.gov.au](mailto:AERP@apvma.gov.au)) or phone calls (1800 700 583) to discuss cases if there are concerns.

We are also in the process of updating web content so any feedback on these webpages is welcomed.

## Recall of veterinary products from the market

The APVMA is responsible for the recall of veterinary medicines from the market. Participation in a recall, whether it's initiated by the manufacturer or the APVMA, is mandatory.

There are a number of reasons why a product (or a particular batch) may be recalled, those most relevant to practicing veterinarians include:

- Risks to safety
- Lack of efficacy
- The product is unregistered
- Labelling or manufacturing errors.

## Important change to your duty of confidentiality

There has been an important change to clause 12 of the Veterinary Practitioners Code of Professional Conduct (Code) as set out in *Veterinary Practice Regulation 2013* (Regulation).

Recently, clause 12 was amended to provide an exemption to the confidentiality provisions of the Code to enable veterinarians to disclose confidential information in certain circumstances.

The amended clause 12 now requires veterinarians to maintain confidentiality of information obtained in the course of professional practice, unless the disclosure falls into one of three categories:

1. The disclosure is authorized or required by the code of conduct or a law of any state, territory or the Commonwealth
2. The information is required by the Greyhound Welfare and Integrity Commission under the *Greyhound Racing Act 2017* and relates to an alleged offence under the *Prevention of Cruelty to Animals Act 1979* (POCTAA)
3. The disclosure is made to an officer as defined in the POCTAA and relates to:
  - an alleged offence under the POCTAA or
  - an animal cruelty offence under the *Crimes Act 1900*.



If a request for confidential information falls into one of the above categories, or a veterinarian suspects an animal cruelty offence has occurred, it is the Board's view that this amendment clarifies a veterinarian's obligation to share the information with the relevant authority.

The definition of an officer under POCTAA includes police officers, an officer of an approved charitable organization (the RSPCA or Animal Welfare League) and an inspector for the purposes of the *Greyhound Racing Act 2017*.

If a request for confidential information falls into one of the above categories, or a veterinarian suspects an animal cruelty offence has occurred, it is the Board's view that this amendment clarifies a veterinarian's obligation to share the information with the relevant authority.

Therefore, such a disclosure will not be considered a breach of your duty of confidentiality by the Board.

For example, under section 24NA of the POCTAA, an officer may require a person to answer questions and produce documents if they are suspected to have knowledge that is needed for an officer to exercise their powers or to determine if there was been a contravention of the Act.

A person must not refuse or fail to comply with such a request from a POCTAA officer without "reasonable excuse".

The Board has previously considered that veterinary practitioners had discretion about whether to disclose confidential information requested under s24NA of the POCTAA on the basis that doing so would be a breach of clause 12 the Code, which constituted a "reasonable excuse".

The recent changes made to clause 12 of the Code remove a practitioner's discretion about whether to disclose confidential information when it is requested under s24NA. Failure to provide information when requested may expose you to a fine of up to 25 penalty units (\$2,750).





## NSW DPI COVID-19 support

NSW Department of Primary Industries has established a COVID-19 Primary Industries Liaison Team to help primary producers navigate the challenges and impacts of COVID-19 on their business and industry.

You can contact the Primary Industries Liaison Team by emailing [covidinfo@dpi.nsw.gov.au](mailto:covidinfo@dpi.nsw.gov.au) to discuss your individual business or industry circumstances.

Please visit NSW DPI's [COVID-19 webpage](#) for advice.

NSW DPI has received several requests from animal owners to clarify their legal obligations and whether or not certain animal transport is considered a reasonable excuse to leave home under the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 (the order).

For more information about animal movements and care, [visit our website](#).

You can respond to the NSW Animal Welfare Reform Issues Paper by filling out our [online survey](#).

### Get Ready Animals

The [Get Ready Animals](#) (GRA) website was developed to replace existing information relating to animals on the Get Ready website.

The website contains animal related emergency information from 10 trusted websites and is a repository for the resources developed as part of the NSW SES Ohana Project.

Resources include:

1. Make an emergency animal plan
2. Make a plan for pets
3. Make a plan for horses and livestock
4. How to care for wildlife

The NSW SES Ohana Project Report—Planning for Animals in Emergencies will be available from the Board's website when released.

## Animal welfare reform—issues paper

As part of a suite of actions under the Animal Welfare Action Plan, NSW DPI has published the [NSW Animal Welfare Reform - Issues Paper](#).

The NSW Government is committed to safeguarding animal welfare and providing a strong regulatory framework to promote responsible animal ownership and care in NSW.

NSW DPI has worked with the animal welfare enforcement agencies and key stakeholder groups to identify the focus areas for reform, and is now seeking stakeholder feedback on the issues identified in this issues paper.

This is an important step towards modernising the policy and legislative framework for animal welfare in NSW and is your opportunity to help set the direction for reform.

Animal welfare is an issue that affects everyone in the community, which people feel strongly about. To make sure everyone has the chance to have their say, NSW DPI welcomes feedback from all members of the community.

More information about the Issues Paper is available on the DPI website [here](#)

You can respond to the Issues Paper by filling out our [online survey here](#), or by providing a written submission by email to [animalwelfare.submissions@dpi.nsw.gov.au](mailto:animalwelfare.submissions@dpi.nsw.gov.au) or by post to Department of Primary Industries, c/o Animal Welfare, Locked Bag 21, Orange NSW 2800.

**Submissions close 21 June 2020 at 11:55pm**





**Since 2018, 33 Stock Welfare Panels have helped almost 28,000 animals**

#### *Have you heard about Stock Welfare Panels?*

*Stock Welfare Panels are an essential tool used to resolve serious stock welfare issues efficiently and fairly.*

[WATCH OUR VIDEO](#) that explains how Stock Welfare Panels operate and what they achieve.

If you would like to find out more, please contact DPI Animal Welfare:  
[animal.welfare@dpi.nsw.gov.au](mailto:animal.welfare@dpi.nsw.gov.au)

## African swine fever

Although African Swine Fever (ASF) remains exotic to Australia, the proximity of the Timor-Leste, Indonesian and Papua New Guinean African swine fever outbreaks significantly increases the risk of an outbreak in Australia.

Reports of infected meat at the border continue, and also increase the risk of disease entry into Australia. An outbreak would be devastating for our pig production and health. It would also damage our trade and the economy.

Veterinarians who suspect African swine fever in pigs must report it to the 24-hour Emergency Animal Disease Watch Hotline on **1800 675 888** or the Local Land Services on **1300 795 299** (during business hours).

**For information on ASF investigation, including clinical presentation and laboratory sampling, please visit:**

[African swine fever – A guide for veterinarians](#)

[African swine fever \(ASF\) investigation](#)

[Recognising exotic diseases of pigs](#)

[Emergency animal diseases – A field guide for Australian veterinarians](#)

**For additional information, please visit:**

[NSW Department of Primary Industries African swine fever webpage](#)

[Information brochures about protecting pigs from exotic animal diseases](#)

## Ethically Challenging Situations Survey

The Covid-19 pandemic has raised additional and perhaps unforeseen ethically challenging situations (ECS) for those working in veterinary clinical settings.

As part of her PhD study, Anne Fawcett is [conducting a survey](#) to determine the frequency, stressfulness and nature of these ethical challenges.

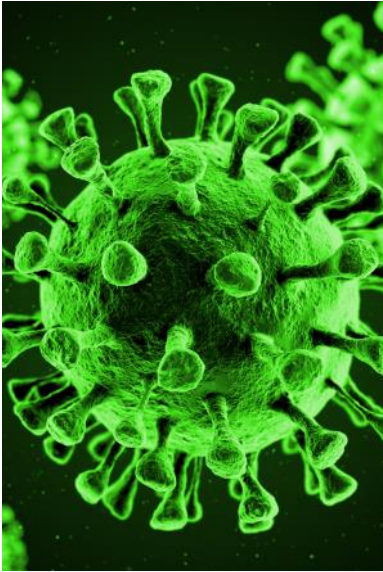
The survey is open to veterinarians, animal health technicians and veterinary nurses around the world who are over the age of 18. We estimate that it will take 15-20 minutes to complete.

Please read the participant information statement and [complete the survey](#).

This is an anonymous survey. You are welcome to share the link with colleagues.

For further information about this study, contact Anne Fawcett: [anne.fawcett@sydney.edu.au](mailto:anne.fawcett@sydney.edu.au)

Please note that the person or organisation sharing this link is not involved in the research, and has no means of determining whether you participate in the survey, nor will they have access to any responses.



## SARS CoV-2 testing in animals

### Background

COVID-19, caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS CoV-2), is a newly emerged disease of humans. A very small number of reverse zoonoses cases, involving spill-over to animals, from people infected with COVID-19, have been reported. Information about the causal virus, SARS CoV-2, and its relationship to animals is sparse.

The World Organisation for Animal Health (OIE) advises that currently there is no evidence to suggest that animals play a significant role in spreading the disease. All current knowledge points to human to human transmission for the spread of SARS CoV-2.

The current position held by the Animal Health Committee (AHC) reflects the current understanding of the information and risks that SARS CoV-2 represents to animals. As new information becomes available, the position statement may be reviewed and updated if changes in risk are identified.

Based on current evidence, widespread testing of animals for SARS CoV-2 is not recommended.

### Guide to poisons and therapeutic goods legislation

Did you know NSW Health has a Guide for veterinarians explaining your obligations under poisons and therapeutic goods legislation?

[The Guide](#) is available from the Board's website under Resources, Legislation, Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners.

The Guide covers prescriptions, record keeping, labelling, packaging, storage and disposal and what to do with out of date stock.

### Testing of animals for SARS CoV-2

Based on current evidence, widespread testing of animals for SARS CoV-2 is not recommended:

- Public health testing must be the priority to protect human health and prevent and slow the rate of SARS CoV-2 transmission.
- The SARS CoV-2 pandemic is driven by person to person transmission with current data suggesting that the risk for human infection through animal contact is low.
- Testing animals for SARS CoV-2 may consume the personal protective equipment and supplies needed for safe sampling and testing in people.
- In general, test results will not change the clinical management of the animal or change the recommended measures to manage the potential risks if an animal tests positive.
- There is the risk of negative consequences from animals that test positive for SARS CoV-2, which could impact animal health, welfare and public health.

However, AHC recognises that there may be some exceptional circumstances that may warrant testing for SARS CoV-2 to further the knowledge on the transmission of the virus.

### Circumstances in which testing may be considered

- Testing will inform the need for public health and animal health disease control activities that may alter the current recommended measures to manage potential risks.
- There is an animal health concern based on clinical signs not explained by other aetiologies as assessed by diagnostic procedures performed by a veterinarian, AND there has been known exposure to a suspected or confirmed case of COVID-19 in a human.
- Testing is deemed to contribute to advancing the understanding of the epidemiology of SARS CoV-2 in animals.



Considerations for testing in a veterinary practice are outlined on [our website](#).

All cases of suspected SARS CoV-2 infection in animals should undergo a preliminary risk assessment by a government veterinary officer to determine if there is any ongoing disease threat to animal or public health. In NSW, government veterinarians can be accessed through the DPI COVID-19 Concierge Service at [covidinfo@dpi.nsw.gov.au](mailto:covidinfo@dpi.nsw.gov.au) or by calling the **Emergency Animal Disease Hotline on 1800 675 888**.

#### Sample submission

SARS CoV-2 testing for animals is available at the Elizabeth Macarthur Agricultural Institute (EMAI), the CSIRO Australian Centre for Disease Preparedness (the former Australian Animal Health Laboratory) and some commercial laboratories.

Veterinarians considering testing their patients for SARS CoV-2 must consult with NSW DPI in the first instance. Subsequently, DPI and NSW Health will work together using a One Health approach to share information and conduct a risk assessment to decide whether the affected animal requires testing.

**Further information on SARS CoV-2 and animals is available from a number of websites:**

[OIE: Considerations for sampling, testing & reporting of SARS-CoV-2 in animals](#)

[OIE: Questions & Answers on the COVID-19](#)

[CDC: Evaluation for SARS-CoV-2 Testing in Animals](#)

[Animal Health Committee](#)

[Wildlife Health Australia](#)

[NSW Department of Primary Industries](#)

[NSW Health](#)

## Ethically Challenging Situations Survey

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### Farm Crime Survey

One of the primary problems facing rural communities is incidents of crime that impact on the function of pastoral, agricultural and aquaculture farming operations. To address this issue, the UNE Centre for Rural Criminology is undertaking a survey on farm crime in New South Wales.

In order to combat farm crime, they need valuable information from those involved in farming who have key insights into the important issues. Have your say in the fight against rural crime!

[Please take the survey](#)

Please consider sharing the survey on your practice's social media to ensure as many as possible involved in farming have their say.

## Hendra virus winter warning

In light of a [BatOneHealth](#) alert that recent climatic and ecological conditions have led to the prediction that winter 2020 represents a period of heightened risk for Hendra virus (HeV) spillover, it is important for veterinarians, their staff and their clients to review AVA, NSW Department of Primary Industries, NSW Health and QLD government guidelines for mitigating the risk of Hendra virus spillover.

Last year's spillover to a horse in the Upper Hunter region of NSW cautions against rigid expectations of a geographical risk zone for Hendra virus spillovers.

Vaccination of horses is the most effective way to help manage Hendra virus disease. Vaccination of horses provides a public health and work health and safety benefit by reducing the risk of Hendra virus transmission to humans and other susceptible animals.

The following resources are available online:

[AVA Hendra Virus Policy](#)

[AVA PPE Suit Up video](#)

[NSW DPI Hendra virus webpage](#)

[NSW DPI Hendra virus work health and safety responsibilities](#)

[NSW Health webpage](#)

[QLD Government Hendra virus webpages](#)

Veterinarians or their para-veterinary staff should phone the Customer Services Unit at the State Veterinary Laboratory at the Elizabeth Macarthur Agricultural Institute (EMAI) on 1800 675 623 when submitting any samples for testing for Hendra virus infection, even if Hendra is simply being excluded from a low risk case (e.g. excluding Hendra for WHS reasons when treating a horse for colic).

In addition, in cases when veterinarians suspect Hendra virus infection, they have a responsibility to immediately phone the Emergency Animal Diseases watch hotline on 1800 675 888 or, during business hours, to contact their Local Land Services on 1300 795 299.

Guidance on private veterinarian and government Local Land Services (LLS) district veterinarian (DV) roles in managing suspect Hendra cases includes:

1. For safety and animal welfare reasons, examination and sampling of suspect live animals is best undertaken by private veterinarians. Private veterinarians are equipped to undertake any diagnostic procedures or treatments in horses when collecting samples to exclude or confirm Hendra virus infection
2. LLS DVs may assist with suspect Hendra virus cases in horses by:
  - Taking samples from dead horses suspected of being infected with Hendra virus if requested and it is feasible to do so in a timely manner.
  - Assisting private veterinarians with guidance on PPE. If requested by the private veterinarian this might include accompanying the private veterinarian to the property to assist in the use and selection of PPE by the practitioner and any other persons involved in sampling suspect horses.
  - Where no private veterinarian is available to examine a live suspect equine case, a DV may, on a case by case basis, elect to sample live horses where it is safe and feasible to do so. Any such visit will be solely for sample collection and not involve additional diagnostic procedures or treatments. If safe sampling is not possible then post-mortem testing is the only other option if no private veterinarian is available.



## Tularaemia in NSW wildlife

In 2016, Tularaemia (*Francisella tularensis*) infection was confirmed in historical samples collected from two separate clusters of deaths in ringtail possums in 2002 and 2003.

- Evidence of tularaemia infection was initially detected using whole genome sequencing.
- This was the first diagnosis of tularaemia in an Australian animal and was confirmed by PCR testing and culture at the Australian Centre of Disease Preparedness (formerly Australian Animal Health Laboratory) in Geelong.
- This finding was not unexpected given that there have been reported human cases of tularaemia in Australia, including two separate cases in Tasmania from 2011.
- The infective agent in the ringtail possums is *Francisella tularensis* subsp *holartica* and is very similar to the genomic material identified in the 2011 Australian human cases.
- Worldwide tularaemia can affect a wide range of mammals including rabbits, hares, rodents and wildlife. It may cause acute septicaemia and death in these species.

### Current Situation

A probable human case has recently been identified in NSW in 2020. While a species has not yet been isolated from this particular case, it is not a virulent clinical presentation.

### For more information

A CVO bulletin for veterinarians is available on the [DPI tularaemia web page](#). Included in the CVO bulletin is information tularaemia, how to handle suspect animals and diagnosis.

### Reporting unusual signs of disease or death in wildlife

To report unusual signs of disease or death in wildlife:

- Contact your state [Wildlife Health Coordinator](#), or
- Call the Emergency Animal Disease hotline on **1800 675 888**.

### For advice on human health

Information on tularaemia and human health can be found on the [NSW Health tularaemia fact sheet](#).

If you have any concerns regarding your health or the health of other people in-contact with the suspect animal contact your GP or your local public health unit on **1300 066 055** and tell them that you have had contact with a sick animal.



Parthenium weed  
(*Parthenium hysterophorus*)

## Parthenium weed

Since the beginning of April 2020, Parthenium weed (*Parthenium hysterophorus*) has been detected at 32 sites across four of the 11 Local Land Services regions of NSW.

Parthenium weed is identified as a significant biosecurity risk in NSW and is listed as Prohibited Matter in Schedule 2 of the *NSW Biosecurity Act 2015*. It has invaded over 18 million hectares of land in Queensland.

Parthenium weed presents a significant health risk for humans as contact with the plant can cause severe skin irritation (dermatitis, eczema, skin blistering). Parthenium pollen can also cause hay fever and asthma.

Parthenium is known to be toxic to stock and can taint meat and milk, though stock will avoid eating it if other feed is available.

It produces allelopathic chemicals which inhibit the growth of desirable crop and pasture plants.

If parthenium weed were to become widely established in a region, graziers would need to reduce their stocking rates by at least 20% to maintain competitive pasture to help suppress further germination of the weed.

**People who suspect they have seen parthenium weed should note the location and call the NSW DPI Biosecurity Helpline on 1800 680 244.**



## Emergency Animal Diseases

### A field guide for Australian veterinarians

This resource for veterinarians provides information on important emergency animal diseases that do not exist in Australia or that are rare.

It helps vets to identify important emergency animal diseases when confronted with disease situations in the field; includes appropriate differential diagnoses; and necessary actions to take if presented with signs of an unusual disease.

Vets play a critical role in animal biosecurity by protecting the environment and human health from problems associated with pests and diseases of animals.

Early identification and reporting is critical to minimise the harm these diseases can pose.

The field guide was jointly developed by the Department of Agriculture and Australia's Animal Health Laboratory and is available on the [Outbreak website](#).

The development of the *Emergency Animal Disease Surveillance Online Training* and the *Emergency Animal Diseases – a field guide for Australian veterinarians* were funded by the Australian Government's Agricultural Competitiveness White Paper (the government's plan for stronger farmers and a stronger economy) and the Australian Government Department of Agriculture.

## Emergency animal disease training

What would you do if you suspected one of your patients to have an Emergency Animal Disease?

Would you know who to call? Or how to proceed clinically?

Two newly launched resources aim to help veterinarians and veterinary students to increase their knowledge and confidence around the detection, investigation, reporting and response to Emergency Animal Diseases (EADs).

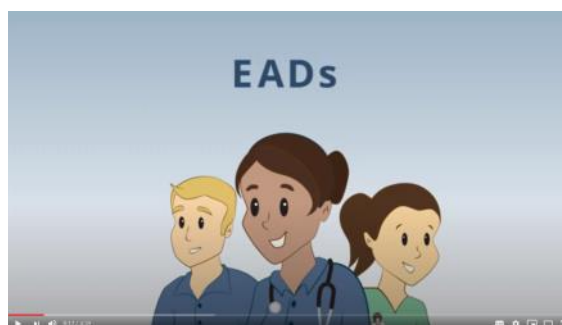
The four modules are [freely available online](#) and each takes approximately 30 minutes to complete.

An overview module focusses on private veterinarians' roles in the detection, investigation, reporting and response to EAD events and where to source further technical resources on EADs.

The subsequent three modules are case studies based on unusual clinical syndromes that veterinarians may be presented with in practice.

An introductory video on the Emergency Animal Disease Surveillance Online Training modules is available [here](#).

The Emergency Animal Disease Surveillance Online Training modules have been collaboratively developed by the epidemiology teams from all of the Australian Veterinary Schools.



## Treatment of bushfire affected wildlife

Taronga has created an [E-learning module](#) to provide expert knowledge to veterinarians and veterinary nurses to assist with the rescue, treatment and rehabilitation of bushfire affected wildlife.

The module will be included in the Taronga Veterinary Professional Training in Wildlife Treatment & Care Course but will also be distributed for free to veterinary stakeholders.

## [Doctors' Health Advisory Service](#)

Helpline  
02 9437 6552  
24 hours

## Wildlife emergency—lessons learnt survey

On behalf of the NSW Government, the National Parks and Wildlife Service (NPWS) would like to thank you for the extraordinary efforts made by many in the veterinary sector to help our precious wildlife during the recent unprecedented bushfires.

Our wildlife, and your role in helping to treat as many animals as possible, was the focal point for national and international outpouring of concern and support.

We also know that not everything went as smoothly as it could have.

To this end the NSW Government provided \$1 million in emergency funding to help build capacity to respond better to injured wildlife during emergencies.

Half of this money is being allocated to the [Foundation for National Parks and Wildlife](#) to provide grants for the wildlife rehabilitation sector. With the remaining funds Susan Crocetti and myself (Gina Hart) have been appointed as Wildlife Co-coordinators in NPWS until 30 June 2021 to deliver the project.

To do this we invite you to take part in a 'Lessons Learnt survey' as a first step. This survey is an opportunity for us to draw on the collective wisdom and experience of the veterinary sector to improve our response to wildlife emergency events in the future.



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**This survey is an opportunity for us to draw on the collective wisdom and experience of the veterinary sector to improve our response to wildlife emergency events in the future.**

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The results will provide an invaluable evidence base for identifying issues, concerns and potential solutions.

We will use the findings to inform further targeted stakeholder consultation to ensure what is proposed is fit for purpose. We will then work with other government agencies to improve how wildlife considerations are integrated into emergency procedures, planning and responses.

We want to hear from all people involved in the treatment of wildlife as well as anybody involved in assisting or supporting the veterinary sector during the bushfires (note the wildlife rehabilitation sector will be separately surveyed).

Please spread word of the survey and share the link below with any other people you think would be interested.

It has 16 questions and will take around 20 minutes to complete, depending on how much you write. We ask about your role during the recent bushfire emergency, what worked well and what could be improved.

All responses will be collated anonymously and remain confidential.

**The survey closes 11 pm 30 June 2020.**

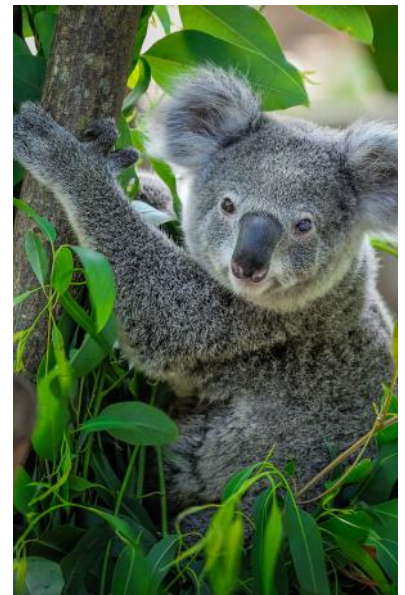
[Please take the survey](#)

If you have any questions about this survey, please email [npws.bwt@environment.nsw.gov.au](mailto:npws.bwt@environment.nsw.gov.au).

NPWS thanks you again for your dedication in what continue to be challenging times.

**Gina Hart**  
Project Officer – Wildlife Coordination, Conservation  
Recovery (Wildlife and Land) EES Bushfire Recovery

49 Victoria Street, Grafton, NSW 2460  
T 02 66 411 530  
M 0459 845 387  
W [nationalparks.nsw.gov.au](http://nationalparks.nsw.gov.au)





## Ehrlichiosis in dogs detected in Australia

*Ehrlichia canis* was detected in a small number of dogs in northern Western Australia in May 2020. This is the first detection of ehrlichiosis in dogs in Australia that have not been imported from overseas.

Ehrlichiosis is a tick-borne disease caused by the organism *Ehrlichia canis*, an obligate gram negative intracellular bacteria. *E. canis* occurs worldwide, particularly in tropical and subtropical regions.

**Infection with *E. canis* (ehrlichiosis) is a notifiable disease in Australia. If you suspect ehrlichiosis, call the Emergency Animal Disease hotline on 1800 675 888.**

### Aetiology

The brown dog tick (*Rhipicephalus sanguineus*) acts as the primary vector of *E. canis*, spreading the pathogen between hosts during blood meals. It is widely distributed worldwide, including Australia. The tick retains the pathogen through its life stages (transstadial transmission) and can infect hosts in both nymphal and adult stages.

Brown dog ticks use canine species as a primary host, and as such, ehrlichiosis is predominately associated with dogs, however, the bacteria can also infect other animal species, including humans.

Unexposed ticks acquire the organism after feeding on an infected dog, then transmit the infection to other dogs during successive life stages. The organism can also be transmitted through blood transfusions.

### Clinical signs

Ehrlichiosis has three phases of disease: acute, subclinical and chronic. Severity of disease can vary considerably among dogs. The incubation period for the development of acute disease is about 1–3 weeks, although the chronic form of ehrlichiosis may not manifest until months or years after infection.

### Acute

Acute disease is characterised by non-specific signs such as lethargy, fever, anorexia, weight loss and lymphadenopathy. Other signs include ocular and nasal discharges and bleeding tendencies including petechiae, ecchymoses and epistaxis. Thrombocytopenia is a common haematological finding. This phase typically lasts for 2–4 weeks. Although dogs may seem pretty sick in this phase of the infection, it is rarely life-threatening. Most dogs clear the organism if they are treated in this stage, but those that do not receive adequate treatment will go on to the next phase after 1 to 4 weeks.

### Subclinical

In this phase, the dog appears normal, with the organism sequestering in the spleen. Dogs can stay in this phase for months or even years. A mild thrombocytopenia and/or hyperglobulinaemia may be present in the absence of clinical signs. Dogs in this phase may clear the organism, remain asymptotically infected or progress to the chronic form of ehrlichiosis.

### Council pound funding

In early May, the Minister for Local Government announced \$500,000 in funding for council run pounds to help cover veterinary, staff and food costs as well as minor capital works during the COVID-19 crisis.

Funding will be available to all council run pounds across the State, to ensure they run as close to normal as possible and the welfare of animals in their care is maintained.

A minimum of \$4,000 will be paid to councils under the program, up to a maximum of \$28,000, depending on the number of local government areas the pound supports.

This funding builds on the recently announced \$395 million local government economic stimulus package to safeguard council jobs, and local services and infrastructure in the wake of the COVID-19 pandemic.

## Ehrlichiosis

### Chronic

Only some dogs will develop chronic ehrlichiosis. Clinical signs are similar to those seen in the acute phase but are more severe with a worse prognosis. Clinical signs can include fever, weakness, weight loss, bleeding disorders, pallor, dyspnoea, splenomegaly, hepatomegaly, ocular and neurological abnormalities and increased susceptibility to secondary infections.

Haematological abnormalities include severe thrombocytopenia and nonregenerative anaemia. Pancytopenia can occur as a result of bone marrow hypoplasia.

### Differential diagnoses

Differential diagnoses may include anaplasmosis, babesiosis, lymphoma, multiple myeloma and other immune-mediated diseases.

### Sample collection & testing

Infection with *E. canis* is a nationally notifiable disease. If you have a suspect case, contact the Emergency Animal Disease hotline on 1800 675 888, so that government veterinarians can assist with managing the case and advise on sampling requirements.

Diagnosis of ehrlichiosis is achieved through serological and/or molecular testing. The diagnosis is supported by clinical signs, haematological and serum biochemistry abnormalities and response to treatment.

The immunofluorescent antibody test (IFAT) detects IgG antibodies against *E. canis*. IFAT is generally used as the first screening test. Antibodies may not be detectable early in disease, and titres can persist for months to years after the infection is resolved.

PCR tests detect organism-specific DNA in the blood. PCR can be positive before seroconversion occurs and can detect an active infection.

Suitable specimens for laboratory testing include:

- blood samples in EDTA and serum tubes
- ticks collected from the affected dog either dry or placed in ethanol.

Specimens should be sent to the NSW DPI Laboratory Services, Elizabeth Macarthur Agricultural Institute, Woodbridge Road, Menangle NSW 2568. A [veterinary specimen advice submission form](#) must accompany specimens submitted to the laboratory.

### Prevention

Prevention of ehrlichiosis is enhanced by controlling ticks on dogs:

- Maintain dogs on a tick control program
- Avoid taking dogs into tick-infested areas such as the bush where possible
- Inspect dogs for ticks after being in tick-infested areas and carefully remove any ticks

### Zoonotic aspects

While infected dogs do not transmit ehrlichiosis to people, in rare cases, infected ticks may transmit *E. canis* to people. See the [Department of Health website](#) for information on human health implications associated with ticks, as well as prevention, removal and first aid advice.

## Factors that impact empathy of practising veterinarians

My name is Jasper Nour and I am a DVM 3 student at the University of Sydney.

As a part of my course requirements, I am conducting a research project that investigates factors that impact empathy of practising veterinarians.

I am hoping to publish my work in the Australian Veterinary Journal.

If you would like to contribute to furthering our understanding of empathy within the field, please follow the link below and complete the 10-minute survey.

At the completion of the survey, you will have the opportunity to go in the draw for 1 of 5 gift vouchers.

<https://redcap.sydney.edu.au/surveys/?s=PR9434RY9F>

If you have any questions, please contact my supervisor – Professor Frazer Allan, Head of School & Dean: [frazer.allan@sydney.edu.au](mailto:frazer.allan@sydney.edu.au)

Thank you for considering this request.





## Annual permits for non-desexed cats

From 1 July 2020 the NSW Government will introduce annual permits for owners of non-desexed cats, restricted dog breeds, and dogs declared to be dangerous.

This means that owners of cats not desexed by four months of age will be required to pay an \$80 annual permit in addition to their one-off lifetime pet registration fee.

Owners of dogs of a restricted breed or declared to be dangerous will be required to pay a \$195 annual permit in addition to their one-off lifetime pet registration fee. This applies to dogs that are already registered.

Pet owners will be able to pay for annual permits using the online [NSW Pet Registry](#), or through their local council. Annual permits are not available from Service NSW.

Anyone registering a cat on the NSW Pet Registry will be informed that they must pay for an \$80 annual permit if their animal is not de-sexed by four months of age.

Exemptions will be in place for cats that are registered by 1 July 2020, cats kept for breeding purposes by members of recognised breeding bodies, and cats which cannot be desexed for medical reasons.

### How this affects veterinary practices

The NSW Government appreciates your future contribution to this new initiative.

It is recognised that the introduction of annual permits may result in an increase in:

- demand on vets to desex cats
- requests that vets update the date of desexing on records via the Pet Registry and/or provide evidence of a cat's desexed status that includes the date of desexing.

This demand may be amplified by public health restrictions in place during the COVID-19 pandemic that have resulted in some vets temporarily suspending certain procedures.

### New functionality on the Pet Registry

New functionality will enable vets to update the desexed status of any animal after it has been registered, in addition to their current ability to update the desexed status of an unregistered animal.

For example, this would apply to an animal that was not de-sexed until after it was 4 months old so that the owner does not need to pay for a second year's permit.

The other key change from 1 July 2020 is that the date the sterilisation procedure took place must be entered when updating the animal's record. This is particularly important for cats in order to determine whether an annual permit is required.

### Why annual permits are being introduced

It is hoped these measures will create a stronger incentive to desex cats, which in turn will improve their health and wellbeing, and reduce behaviours such as roaming and aggression.

Improving desexing rates will also reduce demand on pounds and shelters, reduce euthanasia rates, and help to address concerns about feral, stray, and roaming cats and their effect on wildlife.

Placing further control measures on dangerous and restricted dogs will serve as a further disincentive to owning high-risk dogs and encourage owners to better manage the behaviour of their animal.

Annual permits were to be implemented from 1 July 2019, however the Government announced a 12-month grace period to give affected pet owners more time to prepare for their introduction.



## Annual permits

### How you can help

We would appreciate your support in actively promoting the introduction of annual permits and the benefits to animal welfare, the community, and the environment.

The Office of Local Government will provide vets with further advice to support them during the roll out of annual permits.

Frequently Asked Questions about the annual permits and promotional resources are available from a [Dropbox](#) folder.

If you require any further information or assistance, please contact the NSW Pet Registry at [pets@olg.nsw.gov.au](mailto:pets@olg.nsw.gov.au) and 1300 134 460.

### Companion Animals Register and NSW Pet Registry password and email accounts

During testing of the new functionality available to vets, the Office of Local Government has identified that a significant number of vet users have failed to specify an email address on their account profile or change their password from the default provided at the time of registration.

This presents a data security risk and an active email address is necessary for the password recovery function to be effective.

OLG is encouraging vets and their staff to make these simple changes to their profile. On the Companion Animals Register, users should update their password, password recovery security questions and provide an email address to ensure they can reset their password in the future.



## Public consultation anticoagulant rodenticides

The [APVMA](#) has opened a [public consultation](#) regarding the use patterns for anticoagulant rodenticides.

Registered products containing the following active constituents are included in this consultation:

First-generation anticoagulant rodenticides (FGARs):

- warfarin
- coumatetralyl
- diphacinone

Second-generation anticoagulant rodenticides (SGARs):

- brodifacoum
- bromadiolone
- difenacoum
- difethialone
- flocoumafen

**The deadline for [submissions](#) is 3 July 2020.**

Electronic submissions are preferred, and submissions with an email address will be acknowledged electronically.

More information on the focus of the consultation is on the [APVMA public consultation webpage](#). Submissions should not contain confidential commercial information.

Questions and submissions should be directed to:

Chemical Review  
Office of the Chief Regulatory Scientist  
Australian Pesticides and Veterinary  
Medicines Authority  
GPO Box 3262  
Sydney NSW 2001 Australia

Telephone: +61 2 6770 2400

Email: [chemicalreview@apvma.gov.au](mailto:chemicalreview@apvma.gov.au)

If you see adverse experiences related to these products please provide a report using the [Adverse Experience Reporting Program](#).

## Veterinary Practitioners Board

The object of the *Veterinary Practice Act 2003* is to regulate the provision of veterinary services in NSW to promote animal welfare and protect the public.

Board members:

Mark Simpson (President)  
Magdoline Awad  
Georgina Child  
Wendy Cochrane  
Steven Ferguson  
Jane Lord  
Lisa Minogue  
Kylie Parry

## Veterinary Practitioners Board

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E-mail: [admin@vpb.nsw.gov.au](mailto:admin@vpb.nsw.gov.au)  
Web: [www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au)

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board (Board) and the current NSW legislation.

Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors.

## COVID-19 and your legal obligations

*Continued from p 1.*

The Board has the power to regulate matters within the framework of veterinary practice legislation and has simply stated that if you vary your approach due to limitations created by other legislative obligations you must note this variation in your records.

For example, to reduce contact with clients you may have ceased obtaining written consent or you may now be physically examining an animal in a consultation room with a client on the telephone or via a teleconferencing solution.

**Please ensure you note these or other changes in your approach to managing cases in the medical record.**

Veterinarians in NSW must also comply with continuing professional development requirements determined by the Board (s 35(e1)).

The Board appreciates the challenges the pandemic has created regarding provision of face to face CPD and has resolved to allow veterinarians to **claim unassessed computer-based courses as structured points** – effectively recognising these courses as if they were face to face events during this crisis.

Whilst an increase in Board fees was discussed at the AGM and approved by the Minister the Board has resolved to not apply any fee increase this year.

*Go back to p 2.*

## Veterinary well-being research

**Support Research into Veterinarian Wellbeing in a 20 Minute Anonymous Survey and Receive a \$15 e-Gift Card.**

Share your understanding of the impact of euthanasia to inform the practice of voluntary assisted dying in Australia and support research into the wellbeing of Veterinarians and Health Practitioners alike.

For more information [visit](#) or email [monique.crane@mq.edu.au](mailto:monique.crane@mq.edu.au)

