

BoardTalk

The Governor recently appointed a new board for a three-year term ending 30 June 2024. At the Board's first meeting on 17 August 2021, I was honoured to be appointed president.

Firstly, I would like to sincerely acknowledge the significant contributions of Kylie Parry, Jane Lord, Mark Simpson, and Wendy Cochrane who did not seek re-appointment after years of dedicated service to the Board.

I would especially like to thank Mark Simpson for his insightful mentoring and outstanding leadership as the Board's president for the past 6 years. Mark has also led AVBC through a very difficult time with distinction. Mark, you have left the Board in a much better and stronger place and have set the foundations for continued improvement. I am truly humbled by the opportunity to lead the Board as a general practitioner veterinarian in the tradition of those before me.

The past year has been very challenging for the profession and the Board due to the lingering consequences of COVID-19. It has been especially difficult for veterinarians working under extra stress ensuring they are operating in a COVID safe way.

The Board is acutely aware of the stressors veterinarians are currently working under and the stress associated with having a complaint made against them. It has invested in extra staff resources and training to enable complaints to be processed as quickly as possible. The Board's Deputy Registrar and Complaints Officer, Mary Lydamore, has completed qualifications as a counsellor and is available to provide support to veterinarians and the public throughout the complaints process.

I would like to thank all the Board members and staff for their dedication and hard work in a challenging year. I look forward to working with the new Board and to ensuring we continue to meet the Board's regulatory functions effectively and efficiently in a considered and compassionate way.

On behalf of all Board members and staff I wish you a very merry Christmas and a happy and safe New Year.

Steve Ferguson
President



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Please help with these surveys

- [Canine Monocytic Ehrlichiosis](#)
- [Dietary recommendations and DCM](#)
- [Antimicrobial prescribing behaviours](#)
- [Attitudes to recording and reporting antimicrobial use](#)



Veterinarians leaving the profession in NSW

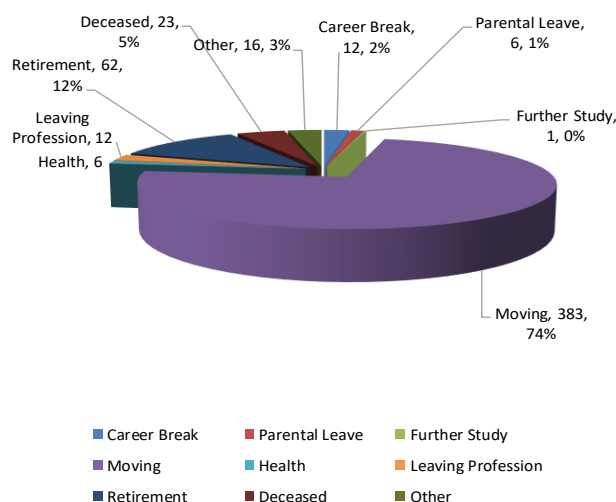


Over the last 3 years 498 veterinarians have voluntarily removed themselves from the Register and sadly we have been notified of the death of 23 veterinarians (Figure 1).

The majority of veterinarians have indicated the reason for removal as moving interstate or moving overseas (approximately half as many moved overseas compared to interstate).

The majority of those moving are in their twenties and thirties and female (62%). These veterinarians and in particular those taking a career break, further study, and parental leave may choose to return to the Register at a later date. On average, 110 veterinarians returned to the profession in NSW each year for the same period.

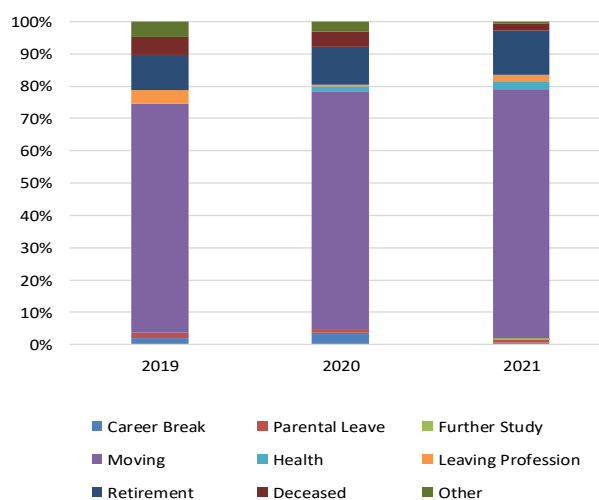
Figure 1 Reasons for removal from the Register 2019-2021



Numbers removed each year were similar in 2019 (193) and 2020 (189) but fewer in 2021 (139). The main reasons for removal were moving interstate or overseas (Figure 2).

Over the last 3 years, 12 veterinarians specifically responded that they were leaving the profession and of these 4 were in their sixties, 3 were in their fifties and 5 in their thirties.

Figure 2 Reasons for removal from the Register by year 2019-2021



AGM

The Board held its Annual General Meeting of the veterinary profession virtually on Tuesday 16 November at 7.00 pm.

The agenda and papers for this meeting are available from the [News section](#) of the Board's website.

In addition to reports on activities and fees there were presentations on complaint investigations and the demographic profile of veterinarians in NSW.

The Board presented its audited financial statements and recommended an increase in fees to align with inflation.

If you have any questions or comments in relation to the AGM or from the papers please contact the [Board's office](#).

Changes to the Board

A new Board was appointed by the Minister for Agriculture and Western New South Wales [The Hon. Adam Marshall MP](#) for the period 1 July 2021 to 30 June 2024.

The Board consists of eight members; six veterinarians who represent areas of the profession and two non-veterinarians who represent consumers.

Former president Mark Simpson, Kylie Parry, Jane Lord and Wendy Cochrane did not seek re-appointment and previous Board members Steven Ferguson, Magdolaine Awad, Georgina Child, and Lisa Minogue are now joined by new members Peter Alexander, Kate Mills, Paul McGreevy and Sarah Hunter.

Sarah Hunter

Sarah, based in the NSW Central Tablelands, is a Strengthening Business Facilitator with the Australian Government Entrepreneurs' Programme. She is also Board Chair of the peak body for agriculture science professionals, Ag Institute Australia, a non-executive director of Australia's largest rural charity, Rural Aid, and a former executive of global animal health company, Virbac.

Sarah joins the Board as a consumer representative.



Paul McGreevy

Paul is Professor of Animal Behaviour and Welfare at the University of New England. He is a veterinarian, riding instructor and ethologist and has published over 300 peer-reviewed articles, three leading textbooks and four general reader books in the areas of animal behaviour, animal husbandry, animal training and animal cognition.

In addition, Paul established the VetCompass initiative in the UK and Australia, is the co-founder, honorary fellow and trustee of the International Society for Equitation Science, and is a board member of Sentient—The Veterinary Institute for Animal Ethics.

Paul previously held roles as Sub-Dean for Animal Welfare and Associate Dean for Learning and Teaching at the University of Sydney's former Faculty of Veterinary Science.



Kate Mills

Kate teaches foundation surgery skills to Doctor of Veterinary Medicine students at The University of Sydney.

Prior to this appointment, Kate worked in general practice as an associate veterinarian in the Sutherland Shire, Eastern Suburbs and Inner Western Suburbs. She obtained memberships in veterinary surgery and then worked for eight years at the RSPCA NSW including as the managing veterinarian and hospital superintendent at Yagoona. During this appointment Kate also worked for 6 months in Broken Hill, was involved in Indigenous Outreach Programs throughout NSW and appeared as an expert witness in animal cruelty court cases.

Kate has also worked for four years as NSW Government advisor on the Animal Welfare Advisory Committee.



Peter Alexander

Peter has been in mixed dairy practice in Bega since graduating from the University of Sydney and joins the Board to represent veterinarians in rural practice.

He was a casual lecturer and ran practical classes in bovine reproduction over a 9 year period at the University of Sydney and more recently has done volunteer work in Laos and Cambodia, again with this university.

Peter's veterinary interests involve the trials and tribulations of providing veterinary care to animals in a mixed practice environment 24/7 some distance from specialist centres. He is past president of the Australian Cattle Veterinarians and a past board member of the Australian Veterinary Association.



Complaints Committee Report



The Board reviewed and determined 49 new complaints against 58 veterinarians between May 2021 and October 2021. These numbers are an increase of 36% from the last reporting period.

Of the 49 new complaints considered, 38 were dismissed.

Unsatisfactory professional conduct

Consistent with the last reporting period, the Board found eight veterinarians guilty of unsatisfactory professional conduct. These investigations revealed concerns regarding the management of cases not in accordance with current standards (Code (cl 4)), record keeping (Code (cl 15)), professional conduct (Code (cl 6)), and non-compliance with poisons and therapeutic goods legislation.

Current standards

A veterinarian was issued with a caution and a requirement to complete CPD on the use of NSAIDs after supplying meloxicam to a kitten that had a history of vomiting for two days and inappetence for one day. The treating veterinarian was suspicious that the kitten had possible gastrointestinal ulceration associated with ingestion of a caustic substance.

Meloxicam is not recommended for use in animals with a history of inappetence and vomiting but the client was advised that if the kitten was not eating, it should be syringe fed and meloxicam then administered. The kitten was ultimately diagnosed with renal disease.

The Board reviewed and determined 49 new complaints against 58 veterinarians... an increase of 36% over the last reporting period.

The Vet Vault Podcast

What are we so afraid of?

Drs Magdoline Awad from the NSW Board and Kate Clarke from the Victorian Board discuss complaints in this [podcast](#) from [The Vet Vault](#).

The complaint investigation [process in NSW](#) is outlined together with [statistics](#) on how likely you are to receive a complaint, what is likely to happen if the Board receives a complaint about you, and some tips for avoiding a complaint.

You can listen to the podcast from [this link](#).

Another veterinarian was cautioned and fined for using meloxicam at a dose in excess of that recommended in a dog that had undergone an orthopaedic procedure.

The dog was reported to be inappetent and lethargic at multiple veterinary visits over a two-week period after the procedure, but the veterinarian did not recommend any further testing to investigate the possible cause of these signs. The patient, who had also lost almost 10% of its body weight over this time, was treated with an anti-emetic, an appetite stimulant and an anti-diarrhoea mixture.

The patient was ultimately diagnosed with renal failure.

A third veterinarian was cautioned in relation to their treatment of an 8-month-old Labrador with a history of vomiting and inappetence.

The young Labrador was diagnosed with pancreatitis and discharged from hospital after initially improving with anti-emetic therapy. The dog returned four days later and was hospitalised, during which time it remained inappetent and passed only scant faeces.

Imaging was performed six days after initial presentation but the veterinarian did not appreciate an obstructive pattern on radiographs and discharged the dog from hospital. The client advised the veterinarian that the dog was still vomiting a few days later but the veterinarian did not recommend further investigation. The dog subsequently died due to an intestinal obstruction.

The Board expressed some concerns with the level of supervision provided to this veterinarian who had limited registration but a complaint was not raised against the supervising veterinarian on this occasion.

A fourth veterinarian was cautioned for a lack of knowledge, skill, judgment or care in the interpretation of abdominal radiographs of a dog.

The dog presented with a 24-hour history of vomiting, diarrhoea and abdominal pain and was incorrectly diagnosed with a liver or splenic mass with metastases to the gastrointestinal tract. Euthanasia was recommended.

The dog was seen by another veterinarian and went on to recover from gastroenteritis uneventfully. The veterinarian is undertaking CPD in the interpretation of abdominal radiographs.

Unsatisfactory professional conduct (cont'd)

A fifth veterinarian was cautioned and fined for diagnosing a tooth root abscess and ulcerative sinusitis in an elderly cat who presented for epistaxis without offering further testing. An infected canine tooth was removed under sedation in the consultation room. When the cat re-presented for ongoing haemorrhage there was no assessment, such as a PCV, nor offer of fluid support.

This cat also had a detailed history of diabetes mellitus and hepatopathy but this history was not reviewed by the veterinarian prior to treatment.

This veterinarian was also required to undertake structured continuing professional development in the areas of dentistry, anaesthesia and feline medicine.

A sixth veterinarian was issued with a caution and fine for failing to discuss the results of advanced imaging (CT) with a client.

The dog was referred to a specialist for evaluation of epistaxis, difficulty breathing and restlessness. A CT was performed and there was a discussion of a likely diagnosis of a tooth root abscess but pulmonary abnormalities also identified were not discussed. The dog subsequently developed congestive heart failure and a specialist ultrasound found cardiac abnormalities.

The dog's heart disease was likely subclinical at initial presentation and a CT does not generally provide good anatomical or functional assessment of the heart but the presence of pulmonary abnormalities found on CT should have been discussed with the client and referring veterinarian.

Professional conduct

A seventh veterinarian was issued with a caution for behaving in a way as to have an adverse effect on the standing of another veterinary practitioner.

The veterinarian involved accepted that an advertisement featuring a photograph of a veterinarian (taken without consent) from a neighbouring practice with a caption suggesting that kerbside consultations were inferior and an indication of less commitment to the human-animal bond was inappropriate and in breach of the Code.

At the time, the Australian Veterinary Association had recommended barrier techniques be utilised to protect the "essential" nature of veterinary practice during the pandemic.

Poisons and therapeutic goods legislation

Finally, a veterinarian was issued with a caution and a fine for failure to maintain a record for the supply and use of codeine in the S8 register which was identified during a hospital inspection.

The Board found this demonstrated a significant lack of adequate knowledge, skill, judgment or care in the practice of veterinary science, as the classification of codeine as an S8 would have been evident during purchasing procedures and on the packaging that was provided when the drug was purchased.

Professional misconduct

One veterinarian was found guilty of professional misconduct for supplying S4 medications for animals they had not physically examined and on a property they had not visited in recent years.

Animals are under the direct care of a veterinarian if the veterinarian has visited the property where the animal is kept, is fully aware of management conditions on the property and has physically examined sufficient animals to establish a therapeutic need for supplying restricted substances for that specific condition. Under poisons and therapeutic goods legislation, S4 prescriptions are only valid for up to 12 months. When providing repeat medication, physical attendance at a farm and examination of stock must occur at least annually.

There were no records of the drugs prescribed, amounts dispensed or instructions for their use that would enable another veterinary practitioner to continue treatment of these animals in breach of the Code (cl 15).

This veterinarian had also allowed S4 medication to be supplied when a veterinarian was not present and by unauthorised persons working in a retail business, also in breach of poisons and therapeutic goods legislation.

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.

Hospital Inspections Report



After another delay due to COVID-19 restrictions hospital inspections re-commenced in November.

Storage of S4s in consult rooms

In the last issue it was noted that one common issue identified was the storage of S4 medications, particularly vaccines, in consult rooms in breach of *Poisons and Therapeutic Goods Regulation 2008* (cl 29) as this is considered an area accessible by the public.

NSW Health has since advised the Board that it will accept S4 vaccines being kept in refrigerators in consult rooms if a locking device is fitted to the refrigerator. This is a helpful and pragmatic approach given that there appear to be a number of veterinary hospitals in NSW that were not aware of this requirement.

For new hospital licence applications, the Board requires S4s to be stored in areas not accessible to the public and therefore not in consult rooms.

Appointment scheduling

The pandemic and the shortage of veterinarians have combined to create significant difficulties and stressors for the veterinary profession. A hospital inspection is a time to review minimum requirements for a veterinary hospital and discuss any concerns. It is also a time to create and review processes that will assist with ensuring your hospital is meeting its legislative obligations and reduce the likelihood veterinarians in the practice will receive a complaint.

As noted in the last issue, the [inspection process](#) remains similar to previous years:

1. The superintendent is contacted at least 7 days prior to inspection to arrange an appointment
2. The [self-assessment checklist](#) for hospital superintendents should be completed prior to the inspection
3. The inspection focuses on items in the checklist and any issues are identified and a timeline for addressing these issues is agreed upon
4. Follow up confirmation of the inspection and issues to be addressed where appropriate

We know it is busy and the inspector will try to work with you as best as he can to ensure inspections are efficient, informative and at a time suitable to you.



Teamwork

Currently, veterinary legislation focuses on individual veterinarians when investigating complaints.

One of the best ways to ensure compliance with legislation and minimise the likelihood of a complaint being lodged against an individual veterinarian however is for all members of the veterinary team to help each other to minimise errors and adverse events.

[Other professions](#) and industries have realised the value of focusing on processes rather than individuals in the workplace, developing processes as a team, and ensuring everyone is aware of and well trained in these processes. This is also a great way to support your staff and individual veterinarians and veterinary nurses.

This presentation from the Board on [Problems in Practice](#) provides some more background and advice about developing processes to reduce your likelihood of a complaint.

Inspections will increasingly focus on processes to assist veterinary hospitals in reducing the incidence of complaints and promote animal welfare.

Hospital plans

Selling or starting a hospital?

The Board will ask for a plan of your licensed premises in a number of circumstances:

1. At the time of application for a hospital licence
2. At the time of transferring your hospital licence
3. At the time of inspection of your hospital

It is important for these plans to be kept up to date so that any changes made to the hospital are easily seen in the plan and viewed at inspection, and if the licence is transferred to a new holder.

The plans should be to scale, have the [minimum requirements](#) noted and be of draughtsman type quality.

Recurring themes in complaints

NSAIDs

Once again, the Board reviewed complaints involving the use of non-steroidal anti-inflammatory drugs (NSAIDs) and reminds the profession of the importance of taking appropriate care when administering these agents in hypotensive patients and elderly patients, and avoiding their use in patients when these medications are contraindicated.

Accurate dosing and the importance of ensuring an appropriate washout period when switching between types of NSAIDs were again themes.

The BoardTalk article previously published on [The rational use and avoidance of abuse of NSAIDs](#) is considered essential reading.

S8 records

Many veterinarians are using software to maintain a record of S8 purchase and supply which can be very helpful. It is important to regularly audit S8 records, at least every March and September, and follow up any discrepancies. If S8s are missing this must be reported to NSW Health through their [online portal](#).

Supply of records

If requested by a colleague, and with the consent of the client, you must provide relevant records to your colleague and these records must be in sufficient detail to enable your colleague to continue the treatment of this animal. [The Code \(cl 15\)](#) is clear that records are vital to providing ongoing care and not simply 'a private aid to memory'.

Supervision

Veterinarians with full or specialist registration are required to provide [supervision to veterinarians](#) with limited registration, veterinary students, and [non-veterinarians](#) administering anaesthetic agents. This is an important commitment to ensuring animal welfare and failure to provide adequate supervision is defined as unsatisfactory professional conduct.

Adequate supervision will depend on the circumstances and if a complaint is raised the supervising veterinarian will be required to justify the level of supervision provided. Minimum levels of supervision are specified by the Board and the legislation (e.g. [s 9.\(2\)\(c\)](#), [cl 4\(1\)\(c\)](#)).

The Board has defined three levels of supervision:

Immediate	the supervising veterinarian must be immediately available to provide support or assistance and restricted acts of veterinary science must only be performed in the presence of the supervising veterinarian
Direct	the supervising veterinarian must be readily available to provide support or assistance and restricted acts of veterinary science must only be performed when the supervising veterinarian is located at the same premises or location
Indirect	the supervising veterinarian must be available to provide timely support or assistance when required and restricted acts of veterinary science must only be performed when the supervising veterinarian is available for consultation either in person or remotely

Who's looking after you?

DHAS offers an **independent & confidential** advice service for doctors and medical students

Work related stress • Clinical competence • Concern for a colleague • Relationship issues
Psychological disorders • Alcohol or substance misuse • Financial difficulties
Legal or ethical issues • Physical impairment

NSW Helpline 02 9437 6552 (7days)
www.dhas.org.au



Supply of medication

Veterinarians are authorised to supply S4 and S8 medication in accordance with the Code.

Veterinary nurses and other staff are not authorised persons under poisons and therapeutic goods legislation and are only able to access these medications under **the instruction of a veterinarian who is on the premises.**



The Board has created a [guideline for restricted substances](#) to assist the profession with ensuring they meet requirements under poisons and therapeutic goods and veterinary practice legislation.

This guideline complements that previously made available [by NSW Health](#).

The administration of medication is not a restricted act of veterinary science however only a veterinarian can supply medication to be administered to an animal by an unauthorised person.

There is one exception to the above which is the [administration of an anaesthetic agent](#) (including sedation but not topical) which is a restricted act which may be performed under the immediate and direct supervision of a veterinarian.



Shortage of veterinarians in NSW



The Board is acutely aware of the difficulties being faced by members of the profession with respect to staff shortages, both veterinarians and non-veterinary staff.

This problem has been developing over a number of years and has been exacerbated by the pandemic which has increased the demand for veterinary services, affected the ability of veterinary practices to provide these services, and affected the mobility of veterinarians.

The Board's role is to regulate the profession to promote animal welfare and protect the public and the shortage of veterinarians in NSW has the potential to adversely affect these objectives.

In response to this crisis the Board has implemented a number of strategies including:

- Working with the AVBC and the AVA where it can to provide advice on its legislation and to disseminate questionnaires such as the [AVA workforce survey](#).
- Releasing data to the profession on veterinary demographics including details of [veterinarians leaving the profession](#) in this issue and information on the number of veterinarians in [2021](#) and [2020](#), as well as [additional data](#), to assist with planning.
- Adopting a more flexible approach to the granting of limited registration for people who do not have recognised qualifications for full registration, and granting [specialist registration](#) to applicants who do not have the qualifications for full registration but have recognised specialist qualifications.
- Relaxing requirements for CPD, specifically in that [unassessed computer based courses](#) qualify for structured points.
- Clarifying the requirements for [after hours services](#) and specifically confirming that this requirement is limited to the provision of ongoing care.
- Developing its [technology-based patient consultations](#) or telemedicine policy to assist the profession in interpretation of how technology may assist veterinarians during the pandemic and beyond.
- Continuing its work with the [Doctors' Health Advisory Service](#) to provide support for veterinarians, their staff and veterinary students.
- Continuously looking to improve its [complaints processes](#) to minimise stress on affected veterinarians and the public, reduce investigation time, and providing additional training for its Complaints Officer who is now a qualified counsellor.

In addition, to further assist the profession in collecting information on this issue the Board will add questions on hours worked and employment status to the Annual Return.

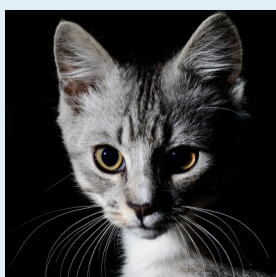
This is clearly a complex, widespread problem which will require all stakeholders to work together to resolve and the Board will continue to assist the profession using the resources and legislative powers available to it.

Annual Report

The [Annual Report](#) for the Veterinary Practitioners Board is now available from our website.

The Report details the activities of the Board during the past financial year, presents the audited financial statements of the Board, and the 2022 budget.

In addition you will find graphs describing the demographic profile of the profession in NSW, hospital licences and complaints data for 2021.



Who's looking after you?

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National Recognition of Veterinary Registration

National Recognition of Veterinary Registration (NRVR) is now in place in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania and Victoria.

Under NRVR veterinarians should register in the state or territory in which they reside. This model was chosen to increase the mobility of veterinarians in Australia and reduce registration costs and works in a similar manner to a drivers licence.

Principal place of residence was chosen ahead of principal place of work as this allows veterinarians to readily respond to an emergency interstate, and reduces the costs and red tape for veterinarians working as locums and specialist veterinarians in multiple states where the latter may be difficult to define. A principal place of residence is also easier to verify using identity documentation.

Veterinarians must register in Western Australia to practice.

In practical terms a veterinarian with **full or specialist registration in NSW** will be deemed as registered should they wish to work in:

- Australian Capital Territory
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria

As a general rule, most Boards will require a veterinarian to apply for registration within 3 months of moving their principal place of residence to that jurisdiction. Under NRVR, if you are registered in a state or territory which is not your principal place of residence practice you may be practising unregistered which could lead to prosecution and lack of insurance coverage.

As state laws do vary, the obligation is on the veterinarian to know the legislation of the state they are working in and, if in any doubt, contact the local veterinary board.



AVA centenary celebrations

The Australian Veterinary Association (AVA) was founded in January 1921 and recently held its [centenary week](#) from 29 November to 3 December.

A brief visual [history timeline](#) of the AVA celebrating the achievements of the profession over the last 100 years is available from the AVA website.

The first association of veterinarians was formed in Victoria in 1880 and in NSW in 1894 (founded by James Douglas (JD) Stewart). There was impetus to create a national body early in the 20th century but WWI delayed these plans.

Professor JD Stewart, also foundation chair of veterinary science at the University of Sydney, was the inaugural president of the AVA. He was also instrumental in the passing of the *Veterinary Surgeons Act 1923* (NSW) which came into effect 1 January 1924.

The Veterinary Surgeons Board of NSW held its first meeting 5 February 1924.

A message to employers

The AVBC, AVA, VSANZ and NZVA have penned a message of assurance that the 2021 cohort of veterinary graduates has the requisite skills and knowledge to be practice-ready on graduation.

COVID-19 impacts for many schools have meant that student experience of clinical placements has involved a combination of face-to-face, self-directed, and online clinical learning.

All schools have continued to deliver learning experiences that ensure students meet accreditation requirements and competencies at graduation.

How can you help?

- Where able, assist veterinary schools and the broader profession by providing student placement opportunities (as COVID allows).
- Encourage graduating students in their search for potential places of employment, especially if you consider your practice/industry 'graduate friendly'.
- Where possible welcome new graduates with open arms and provide moral support, whether through virtual webinars, email, or other forums of online communication.
- Make use of the various resources such as the [early career resources from the AVA](#)

Have you heard of the AMR Vet Collective?

And its associated Online Vet AMS Course?

The mandate is simple:

- to translate the science around antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) into meaningful and practical information that veterinarians can call upon to make informed, evidence-based decisions in their daily practice.
- to provide free, easy learning opportunities, with associated CPD points, around AMR and AMS.

Please visit us at:

www.amrvetcollective.com

www.vetams.org

Follow us on facebook, LinkedIn, twitter and Instagram (search for AMR Vet Collective).

We all need to work together to protect our antimicrobials. This is a team sport, and you are a key player.



Prescriptions

NSW Health has noted that some chemists have been found accepting non-compliant prescriptions from veterinarians.

Please note:

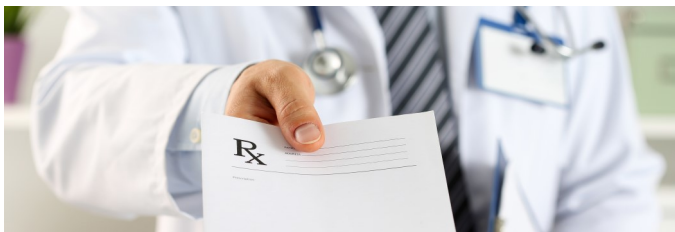
- Digital or electronic signatures do not constitute a legal signature for the purposes of prescribing
- If you require a compounded medication for the treatment of a specific animal you must follow the [requirements for writing prescriptions](#)
- A hard copy of the prescription must be sent to the pharmacy
- Prescriptions need to be handwritten by the veterinarian or [printed from their own software](#) so there is a unique record in the prescribing veterinarian's software (not using compounding pharmacy software)

All veterinarians must appreciate the difference between ordering and supplying S4 and S8 medications from a veterinary wholesaler and writing prescriptions to be filled by a pharmacy, including a compounding pharmacy, and supplied to a client.

Non-veterinary staff are not permitted to provide instructions to a compounding pharmacy.

NSW Health also notes that [Safescript NSW](#) will be rolled out in the first half of 2022.

Importantly for the profession, there are no plans at this stage for veterinarians to be included with Safescript NSW.



Small business fees and charges rebates

If you are a sole trader, the owner of a small business or a not-for-profit organisation in NSW, you may be eligible for a small business fees and charges rebate of \$1,500.

This rebate helps businesses recover from the impacts of COVID-19 and encourages growth by reducing the cost of running a business. Eligible businesses or not-for-profits only need to apply for the rebate once, but can submit multiple claims until the full value of \$1,500 is reached.

Registration and licence fees payable to the Board are eligible and you can view the full list of eligible fees [here](#).

Online Applications are available from [Service NSW](#).



Doctors' Health Advisory Service

The [Doctors' Health Advisory Service in NSW](#) (DHAS) offers support and advice to doctors and medical students. In New South Wales, this service is also offered to veterinarians and veterinary students via a phone helpline.

At DHAS, we offer confidential and independent advice and we operate independently of all medical and veterinary professional organisations, including registration boards.

If you are a veterinarian or veterinary student, we would encourage you to call the DHAS Helpline at any time if you think we can help you or a colleague.

Some calls to DHAS relate to mental health conditions, workplace stress, substance misuse and career concerns. Our on-call doctors are nonjudgmental, empathetic and experienced.

When you phone the DHAS helpline, your call initially goes to an answering service and your phone number is relayed to the DHAS. The DHAS doctor on call will phone you as soon as possible, usually within a couple of hours. You do not need to leave your name, just a phone number to enable the return call.

We encourage all veterinarians and veterinary students to have a GP, and DHAS can assist you to find one in your local area.

Depending on the nature of your concern, the DHAS doctor may help you to access other relevant services and/or resources.

The DHAS helpline is not a crisis or emergency service – in case of emergency callers are advised to phone 000.

DHAS HELPLINE – (02) 9437 6552

www.dhas.org.au

New research finds ultrasonic devices cannot be recommended for prevention of *Ixodes holocyclus* Neumann tick bites

Panthawong, Charaonviriyaphap and Doggett have recently published their research examining the effectiveness of ultrasonic devices which purport to repel ticks.

Their meticulous work found only a very low level repellency was afforded by a small number of the devices tested and they concluded these devices cannot be recommended as reliable repellents for the prevention of bites from the Australian paralysis tick, *Ixodes holocyclus* Neumann.

Given their findings, avoidance of tick habitat, use of pest control measures, donning of permethrin-treated factory-bonded clothing and the application of personal repellents to the skin (especially products containing DEET, picaridin, or oil of lemon eucalyptus), remain the mainstay of preventing tick bites.

Killing the tick *in situ* and removal of ticks without compression of the tick in humans, and a daily tick search and oral (in dogs) or topical preparations for tick bite prevention in companion animals, will help to prevent the adverse health related impacts from the paralysis tick. Adverse health impacts in humans include tick-induced allergies, tick anaphylaxis and mammalian meat allergy.

Panthawong, A.; Doggett, S.L.; Chareonviriyaphap, T. The Efficacy of Ultrasonic Pest Repellent Devices against the Australian Paralysis Tick, *Ixodes holocyclus* (Acari: Ixodidae). *Insects* 2021, 12, 400. <https://doi.org/10.3390/insects12050400> Academic Editors: Kirby C. Stafford III, Scott C. Williams and Megan A Linske.

Clinical Professor Sheryl van Nunen OAM MB BS MM FRACP, for TiARA (Tick-induced Allergies Research & Awareness) www.tiara.org.au

Stephen Doggett BSc (UNSW) Pest Cont Cert MASM, Manager & Senior Hospital Scientist, Department of Medical Entomology, NSW Health Pathology, ICPMR, Westmead

Kristina Hacket Memorial Scholarship

[A scholarship at The University of Sydney](#) to assist women in the fields of agriculture and animal sciences opened for applications on October 12, 2021 and will be awarded for the first time in 2022.

[The scholarship](#) of \$6,000 per year is open to women enrolled in an Honours degree in agriculture or animal sciences (including veterinary science) within the Faculty of Science at the University of Sydney.



Named in honour of Kristina Hacket (above), an alumni and researcher in the animal health industry, the scholarship came about through the efforts of her friends, family members and colleagues.

Donations are still invited as they strive to reach the threshold to achieve perpetuity.



THE UNIVERSITY OF
SYDNEY



African Swine Fever

African swine fever (ASF) is a highly contagious haemorrhagic viral disease of pigs that has been spreading across the Asia Pacific since 2018.

The current strain is highly virulent and has an 80-100% fatality rate for infected pigs. In 2020, ASF was confirmed in Timor Leste, Papua New Guinea and Indonesia and continues to occur in these countries despite emergency response measures being implemented.

African Swine Fever has never been detected in Australia. An outbreak of ASF would have significant impact on the pork industry in Australia, and in particular NSW due to our large pig populations.

There is no cure or vaccine available for management of ASF, so it is critical to be on the look out for this deadly disease. Both domestic and feral pigs are susceptible to infection with ASF.

Pathways for introduction of ASF into Australia

- Feeding of illegally imported pig meat that contains African swine fever virus to pigs ('swill feeding')
- Overseas visitors bringing infected clothing, shoes or equipment from ASF infected countries and have direct contact with pigs

Clinical signs likely to be seen in Australian pigs

- Sudden death that continues in the herd
- Fever (40.5 – 42 °C)
- Depression, listlessness
- Redness of skin: especially on ears, abdomen, legs
- Mortality rates up to 100%

Differential Diagnosis

- Erysipelas
- Salmonellosis
- Pasteurella pneumonia
- Porcine Reproductive and respiratory syndrome (PRRS) – *Exotic to Australia*
- Aujeszky's disease - *Exotic to Australia*

Samples required (refer to [NSW DPI ASF Investigation Primefact](#))

- Bloods: 1 x full 7-10 mL EDTA tube and 1 x full 7-10 mL plain tube from each pig sampled
- Oral swabs: if safe to do so, collect oro-pharyngeal swabs, or nasal/rectal into PBGS transport media
- Fresh tissues: spleen, lymph nodes, tonsils, lung, kidney, liver and ileum into separate sterile jars
- Fixed tissues: collect a full range of above tissues into 10% neutral buffered formalin

African Swine Fever is a notifiable disease. For more information, visit the [NSW DPI African Swine Fever information for vets webpage](#).

Emergency Animal Disease Watch Hotline 1800 675 888

If you suspect an emergency
animal disease such as:

- African Swine Fever
- Foot and Mouth Disease
- African Horse Sickness
- Lumpy Skin Disease
- Avian Influenza

You must report it to the
**Emergency Animal Disease Watch
Hotline on 1800 675 888 24 hours
a day.**

Foot and Mouth Disease

Foot-and-mouth disease (FMD) is an acute, highly contagious viral disease of animals that affects cloven-hoofed animals, including cattle, buffalo, camels, sheep, goats, deer and pigs.

It does not usually cause deaths in adult animals but may cause serious production losses.

Pathways of entry into Australia

FMD is most likely to enter Australia through illegal imports of meat and dairy products infected with the FMD virus and subsequent illegal feeding of these products (swill) to pigs.

Clinical Signs

Species vary in their susceptibility to infection, the clinical signs they develop and their ability to spread infection.

- Pigs are very susceptible to infection by eating contaminated food and produce lots of virus when infected.
- Cattle are mainly infected by inhaling virus, tend to show obvious signs of infection and produce significant virus although less than pigs.
- Sheep and goats tend to have less obvious signs of infection.
- Camels, alpacas and llamas appear somewhat resistant to infection. Deer species vary in their susceptibility, but clinical cases have been seen in some outbreaks.

Clinical signs can vary from mild to severe and include lameness, hypersalivation, pyrexia and vesicles in the mouth, on teats and around the hooves.

Infected animals shed FMD virus in their breath, saliva, urine, faeces, milk, and semen.



Investigation and Sampling

When investigating potential FMD cases, it is important to conduct a good clinical examination of both affected animals and at-risk animals, document the clinical history and findings and collect a range of samples.

Record the temperature of each animal that is examined and sampled. Sampling during [field investigation](#) of potential FMD cases should include:

- Collection of blood (plain tube) and oral swabs from every animal
- Sampling of oral, foot or teat lesions if present by collecting tissue, vesicular fluid and swabs (in PBGS) of the lesions.

PBGS transport media is available free of charge from the State Veterinary Laboratory. Orders can be placed by sending requests to laboratory.services@dpi.nsw.gov.au.

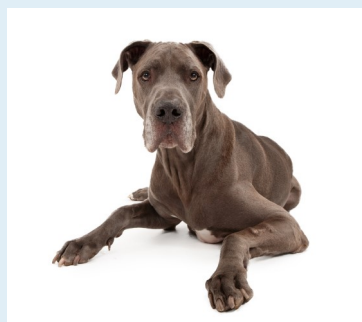
The media can be stored in the freezer indefinitely and can be held chilled for several weeks after thawing. In an emergency situation, if no PBGS is available, place swabs in 2-3 mL of sterile saline in a screw topped vial.

FMD cannot be differentiated from other vesicular diseases on clinical grounds alone. Laboratory testing is required to confirm or exclude a clinical suspicion of FMD and is also used to exclude other exotic vesicular diseases and may help to identify an alternative diagnosis.

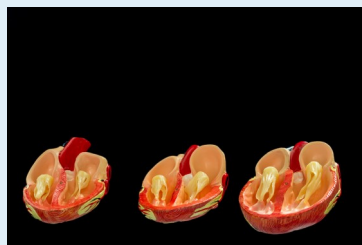
If you suspect FMD you should immediately phone Local Land Services - 1300 795 299 (during business hours), or Emergency Animal Disease Watch Hotline – 1800 675 888.

New information on diet-induced Dilated Cardiomyopathy:

Are veterinarians adjusting their recommendations?



[This survey](#) seeks to investigate and compare dietary recommendations provided by vets to their canine patients, before and after the information boom on Dilated Cardiomyopathy (DCM) correlated to Boutique, Exotic and Grain-Free (BEG) diets.



Please assist this research by taking a moment to [complete the survey](#).

African Horse Sickness

African horse sickness (AHS) is the most serious known viral disease of horses, resulting in up to **95% mortality**. It is an Emergency Animal Disease which has never been reported in Australia. African horse sickness is listed as prohibited matter under the *Biosecurity Act 2015* in New South Wales.

AHS is caused by an arbovirus **transmitted** by bloodsucking insects, primarily *Culicoides* midges. Virus circulation is usually seasonal and associated with hot and humid weather and abundance of insect vectors. All equids (horses, mules, donkeys, zebras) are susceptible, with horses generally experiencing the severest disease and highest mortality rates. Zebras and donkeys become infected but generally have mild or subclinical disease. Dogs are also susceptible, with the most likely route of infection believed to be eating infected horse meat.

AHS virus is **not** spread by aerosol or direct contact between infected and non-infected animals.

There are four classical clinical disease syndromes of AHS although cases are usually mixed in type:

- Peracute (pulmonary) form
- Subacute oedematous (cardiac) form
- Acute (mixed) form
- Horse sickness fever (mild) form.

Clinical signs include:

- Fever (39-41 °C) and sweating
- Spasmodic coughing
- Swelling around the head and particularly above the eyes. Also seen in the neck, which may make it difficult to swallow
- Reddening of the membranes of the gums and eyes, these may appear as red spots
- Colic signs such as rolling or pawing
- Difficulty breathing with wide open nostrils and extended neck. The breathing rate can be in excess of 50 breaths per minute (with the presence of defined abdominal muscles due to forced expiration)
- A frothy discharge is seen from the nostrils in the terminal stages of the disease and death usually occurs within a few hours.

Not all cases show all these signs and signs may vary in severity.

Differential diagnoses may include (but not limited to):

- Hendra
- Adverse drug reactions
- Pneumothorax
- Toxicities including monensin, Crofton weed, phenylbutazone
- Anthrax
- Cellulitis
- Purpura haemorrhagica
- Equine encephalitis (also an EAD)
- Choke

Samples to collect for laboratory testing include:

- whole blood – in EDTA tubes
- serum – in plain tubes
- fresh tissue including spleen, lungs, and lymph nodes

If Hendra is one of your differential diagnoses **do not** collect fresh post mortem samples.

AHS outbreaks recently occurred in Thailand and Malaysia in 2020. If you suspect AHS you must report it immediately by phoning the **Emergency Animal Disease Watch Hotline on 1800 675 888 at any time**, or your **Local Land Services District Veterinarian on 1300 795 299** during business hours.



Lumpy Skin Disease

Lumpy skin disease is caused by lumpy skin disease virus (LSDV), a pox virus, that is vector borne.

It affects cattle and water buffalo and causes systemic illness and can be recognised by the development of distinctive skin nodules. LSDV does not infect humans.

Impacts:

- Stock losses, reduced production and a decrease in the value of hides.
- Loss of LSD-free status which would negatively affect export markets.

Risk for entry into Australia:

- LSD may enter Australia via the illegal movements of cattle or buffalo, the importation of commodities containing or contaminated with LSDV or the mechanical introduction via insect vectors.
- The risk from these pathways is generally low as cattle and genetic material are not imported from LSD endemic countries and because LSDV has a relatively short survival time in insects.
- If the virus was to be introduced, we do have many competent insect vectors capable of transmitting the LSDV including the stable fly (*Stomoxys calcitrans*) which has widespread distribution.
- Australia also has a completely naïve population of cattle and buffalo.

Clinical signs:

- The main distinguishing feature of LSD is skin nodules scattered throughout the body, especially on the flanks, back and lower parts of the abdomen.
- Other signs include the sudden onset of pyrexia ($> 40.0^{\circ}\text{C}$, may exceed 41°C), reluctance to move, nasal and ocular discharges and enlarged superficial lymph nodes.
- Non-specific symptoms include depression, anorexia and a marked reduction in milk yield in lactating cows.
- Mortality rates vary between 10 and 20%.

Diagnosis:

The early diagnosis is a prerequisite for successful control and prevention of LSD. A thorough clinical examination, carried out by a veterinarian, is considered an effective surveillance tool for LSD.

Differential Diagnosis:

Differentials for LSD include Bovine Herpes Virus 2 (Pseudo-Lumpy Skin disease), Dermatophilosis, Dermatophytosis, Demodicosis, Ectoparasites, Photosensitisation and Skin allergies.

Samples:

Skin nodules, scabs and crust contain relatively high amounts of LSDV. Collect:

- Fresh tissue samples – skin lesion biopsies, scabs, vesicular fluid (if present).
- Swabs or skin scrapings (place swabs in Phosphate Buffered Saline (PBS) or in saline if other media is unavailable)
- Serum and Whole blood in EDTA.

Transport of samples:

Chill blood samples and unpreserved tissue samples at either 4°C , or with ice bricks. Do not freeze samples at -20°C as it reduces the sensitivity of virus isolation testing.

Send samples in appropriate packaging via courier to the state veterinary diagnostic laboratory (SVDL) (Elizabeth Macarthur Agricultural Institute EMAI).

Free online Emergency Animal Disease Training for clinicians

Emergency Animal Diseases are diseases of national significance because of the impacts they may have on animal health, human health, the environment and/or the economy.

With new diseases continuing to emerge, it is vital that veterinarians are on the look out for, and know how to investigate and report unusual outbreaks of disease in animals they are treating.

[Emergency Animal Disease Surveillance Online Training](#) is a free online training package for veterinarians that aims to provide a refresher on the significance of Emergency Animal Diseases, their detection, investigation, reporting and management.

The package includes 6 self-paced interactive case studies, each taking approximately 30 minutes to complete and featuring a variety of species including horses, backyard chooks and a dog.

The package was developed with contributions from all of the Australian Veterinary Schools, IT partner Epi-Interactive and members of the veterinary profession.



Avian Influenza

Avian influenza is caused by Type A influenza viruses. A wide variety of birds can be infected and affected, including chickens, turkeys, quail, pheasants, pigeons, emus, ostriches, ducks, geese as well as many aviary and wild bird species.

The pathogenicity of avian influenza can vary depending on virus subtype and infected species. Though possible, rarely do any of the subtypes that infect birds affect humans. The various virus subtypes are classified depending on their severity in poultry as high or low pathogenicity.

Avian influenza should particularly be considered when there is a high and continuing mortality in birds, particularly poultry.

In birds, the H5 and H7 subtypes are the viruses most commonly associated with disease outbreaks. Avian influenza due to H5 or H7 is notifiable to the World Organisation for Animal Health (OIE). **In NSW infection of birds with any influenza virus is notifiable.**

Avian influenza viruses are carried by wild birds, particularly waterfowl, usually without causing any apparent clinical disease.

Handling dead wild birds should be done with adequate biosecurity precautions to minimize further spread of infectious agents and reduce the potential for human infection with both influenza and other agents such as Chlamydia.

Clinical signs include:

- severe depression with, or without, rapidly escalating and continuing deaths
- sudden drop in egg production
- swelling of the head, wattles and combs
- blotching of the skin of the leg shanks
- respiratory difficulties
- nervous signs such as tremors of the head and unsteady gait

Necropsy may reveal:

- mild to moderate peritonitis
- congestion and hemorrhage of the caecal tonsils and/or enteritis
- mild to moderate acute respiratory disease and/or tracheitis
- oedema, congestion and even necrosis of the comb and wattles.

Differential diagnoses may include (but certainly not limited to):

- acute fowl cholera
- respiratory disease complex
- other exotic diseases such as Newcastle disease.

If you suspect avian influenza you must report it immediately by phoning the Emergency Animal Disease Watch Hotline on 1800 675 888 at any time, or by phoning your Local Land Services District Veterinarian on 1300 795 299 during business hours. As well as notifying a concern of influenza infection, submission of samples to the laboratory can be arranged.

Samples to collect for laboratory testing (there is no charge for laboratory tests for influenza when undertaking a disease investigation where AI is included in the differential diagnosis):

Submitted samples	Dead bird	Live bird
Tracheal or oropharyngeal swabs ¹	Yes (preferred as minimum)	Yes (preferred as minimum)
Fresh tissue ²	Yes (spleen, lung, kidney)	N/A
Whole birds ³	Yes	Must not be submitted
Blood (without anticoagulant) ⁴	N/A	Yes

1 Separate cloacal and tracheal or throat (oropharyngeal) swabs should be submitted in viral transport medium (PBGs) and with clear labels on bird and tissue sampled. Use sterile swabs (Paediatric swabs can be used for small birds). Submit chilled. Viral transport media for AI exclusion can be obtained from your local District Veterinarian or EMAI (call 1800 675 623) or <https://www.dpi.nsw.gov.au/about-us/services/laboratory-services/kits-and-media/order-media>. DO NOT use commercially prepared swabs with plastic sleeves that contain transport medium. In an emergency if PBGS is not available, swabs should be placed in 2 mL sterile saline.

2 Collect several tissue cubes of about 1 cm in separate containers and well labelled. Submit chilled.

3 Double bagged and clearly identified as suspect avian influenza and packed securely. Swabs should also be collected from dead birds on the farm before sending the carcasses and swabs to the laboratory for examination

4 At least 0.5 mL of serum is required from blood collected into a plain red top tube. Sample both affected and unaffected birds. Submit chilled.

Illegal Burmese python

Animal welfare, human safety and biosecurity were key concerns when NSW Department of Primary Industries (DPI), was alerted to a Burmese python, (*Python bivittatus*) being illegally exhibited in Sydney nightclubs and used for photo modelling work.

After investigating the reports, DPI successfully seized a live 3.8 m Burmese python, (as well as a dead Burmese python stored in a freezer) from a western Sydney man who was keeping the snakes at his residence.

The Burmese python is considered an invasive species, having established non-native pest populations outside its native range, including locations in the United States and Puerto Rico.



In areas like the Florida Everglades, Burmese pythons now threaten native species of amphibians, birds, lizards, snakes, and bats through predation, competition, and disease transmission.

Additionally, due to the size of the species, which can range to a length of 5.7 m, the Burmese python represents a threat to humans, particularly small children and to pet animals. Worldwide, there are documented attacks of adult pythons on full-grown pigs, goats, caimans and even pet-owners.

In Puerto Rico there are concerns that the Burmese python may outcompete the native boa species: the Puerto Rican boa (*Epicrates inornatus*), the Mona Island boa (*Epicrates monensis monensis*), and the Virgin Islands boa (*Epicrates monensis granti*) which are smaller in size than the Burmese python.

In September 2021, proceedings were commenced by DPI against the illegal Burmese python keeper in the Penrith Local Court for the offence of engaging in a prohibited dealing under the *Biosecurity Act 2015*.

After pleading guilty, the man was convicted, fined and ordered to pay costs amounting to almost \$5,000.

During the prosecution, DPI outlined to the Court the biosecurity risks and animal welfare issues related to Burmese pythons and other non-native animals that are illegally trafficked and traded around the world.

The Burmese python is particularly well suited to blending into the NSW environment due to its camouflage like colouration and scale pattern and its ability to inhabit terrestrial, arboreal, and aquatic environments.

Once non-native animals become established across a large area, they can become much more difficult to find and almost impossible to eradicate. This can mean ongoing costs to the community in order to manage the negative impacts of the new pest species.

If you think you've seen a Burmese python or another unusual non-native animal, report it using the [DPI online report form](#) or, if the animal is in front of you right now call 1800 680 244.



Are Australian vets prepared to diagnose and treat Canine Monocytic Ehrlichiosis?

We would like to invite you to partake in the survey: "[Are Australian Vets prepared to diagnose and treat Canine Monocytic Ehrlichiosis?](#)"

Your contribution will not only give other veterinary and associated professionals an insight into the current knowledge base on canine vector borne diseases (CVBD) in Australia but will also provide an opportunity to develop further continuing education campaigns regarding the diagnosis, treatment, and prevention of exotic CVBD in Australia.

There are no perceived risks in participating in this survey. All responses are anonymous.

It will take approximately 4 minutes to [complete the survey](#). Please answer all questions honestly and individually.



Emergency Animal Disease Bulletin

Did you know you can now subscribe to receive the [Emergency Animal Disease Bulletin](#) as a newsletter?

The benefit of subscribing is receiving email notification whenever a new bulletin is published.

Each bulletin covers the aetiology, distribution, spread, transmission, clinical disease presentation, diagnosis and control methods of an Emergency Animal Disease (EAD) (either aquatic or terrestrial).

Bulletins also advise on the risk of the disease to Australia, what's being done to prevent an incursion to Australia, and what Australian vets can do to help. Most bulletins also provide clinical or post-mortem images to assist with recognition of the disease.

To subscribe, simply visit the department's [Subscription Centre](#), provide your details and select 'Emergency Animal Disease Bulletin' (from under the heading 'biosecurity').

If you have any feedback or would like to submit images or other content, or assist with drafting a bulletin, please contact adpr@awe.gov.au

Please note that the bulletins provide information which may assist vets with EAD recognition.

See Outbreak.gov.au for information on outbreaks and how Australia prepares for and responds to disease outbreaks.

National Agricultural and Veterinary Chemicals Regulatory Review

In 2019, the Minister for Agriculture announced a National Review of the Australian Agricultural and Veterinary Chemicals Regulatory Framework. The [final report](#) of the panel was submitted to the Commonwealth government in May this year and released to the public on 2 July 2021.

Currently the Australian Pesticides and Veterinary Medicines Authority (APVMA) regulates import, registration and labelling of veterinary medicines. The states and territories regulate the use of veterinary medicines (commonly referred to as control-of-use). In NSW this is through the *Stock Medicines Act 1989* administered by NSW DPI and the *Poisons and Therapeutic Goods Act 1966* administered by NSW Health.

The report recommends a suite of changes to the way the APVMA does its work, with the aim of reducing the burden of pre-market assessment of agricultural and veterinary chemicals.

The report also recommends the introduction of a single national law for control-of-use, to be administered by the Commonwealth government, though the states and territories would remain responsible for resourcing and delivery of compliance and enforcement. The single national law would be coupled with a broad scoping, national licensing system for chemical user groups.

The Commonwealth government will submit their response to the report to the Minister for Agriculture in late 2021.

In the interim, the Commonwealth government has been discussing the report with each of the states and territories, prior to formulating their response to the report.

APVMA to review anticoagulant rodenticides

On the 2 November 2021, the APVMA announced that they are commencing a [review of anticoagulant rodenticides](#).

The review will consider environmental safety, including primary and secondary poisoning of non-target domestic animals and wildlife, human health including worker exposure and public health and residues including livestock and edible wildlife exposure, consumer safety and trade. The review will also consider whether product labels carry adequate instructions and warning statements.

The APVMA will be accepting information relating to any of these issues until 2 February 2022. See the notice and workplan relating to the review from page 24 of [the gazette](#) for details about how to submit information to the review.

Prepared by
Jenene Kidston | Technical Specialist Farm Chemicals
Biosecurity and Food Safety | NSW Department of Primary Industries
Email: jenene.kidston@dpi.nsw.gov.au or phone 02 6391 3625





Importing veterinary chemical products

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.

With some exceptions, before an agricultural or veterinary chemical product can be [legally imported](#), supplied, sold, promoted or advertised in Australia the APVMA must register it.

Registered chemical products must meet safety, efficacy and trade criteria set out in the Agricultural and Veterinary Chemicals Code (Agvet Code) and unregistered products may cause harm to humans, animals, plants and the environment.

Veterinarians may for example be alerted to suspicious ivermectin requests during the current pandemic and this could be reported to the APVMA.

[Reports of suspected non-compliance](#) by veterinarians and the community can assist APVMA in this important role.



Recall of veterinary products

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.

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.

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.

Compliance statistics

The APVMA regularly undertakes compliance and reinforcement activities and reports [compliance statistics](#) to the public.

Veterinarians are also able to subscribe to [receive notifications](#) by email about APVMA enforcement outcomes.

Veterinary Medicines Regulatory Newsletter

In addition to subscribing to enforcement notifications veterinarians are also able to subscribe to the [Veterinary Medicines Regulatory Newsletter](#) and other publications and notifications from the APVMA.



Have you heard of the AMR Vet Collective?

And its associated Online Vet AMS Course?

The mandate is simple:

- to translate the science around antimicrobial resistance (AMR) and antimicrobial stewardship (AMS) into meaningful and practical information that veterinarians can call upon to make informed, evidence-based decisions in their daily practice.
- to provide free, easy learning opportunities, with associated CPD points, around AMR and AMS.

Please visit us at:

www.amrvetcollective.com

www.vetams.org

Follow us on facebook, LinkedIn, twitter and Instagram (search for AMR Vet Collective).

We all need to work together to protect our antimicrobials. This is a team sport, and you are a key player...



Help keep antimicrobials effective—veterinarians are part of the solution!

Antimicrobial resistance is a global health emergency and antimicrobial stewardship is a veterinary responsibility.

Veterinarians are invited to share their knowledge and opinions through **two questionnaires**.

Please note the two questionnaires are very different and are delivered by different research groups, but both funded by the Department of Agriculture, Water and Environment. We value your response to both questionnaires and thank you for the time taken to do so.

Questionnaire 1:

Researchers at The University of Melbourne are seeking Australian veterinarians to participate in a research project exploring:

What factors influence the antimicrobial prescribing behaviours of veterinarians in Australia?

Participation in the first questionnaire involves:

Completing a **15–25-minute online survey** about the factors that influence how you make your antimicrobial prescribing decisions.

[Optional] At the end of the survey, you can **choose whether you'd like to be invited for a 45-minute interview**. The interview will be recorded, and the recordings will be analysed to find common and unique themes in vets' responses.

The results of this project will be used to design targeted resources to support vets in optimising their antimicrobial choices.

If you would like to participate, [please go to this link](#), where you can read the participant information leaflet and complete the survey.



Questionnaire 2:

This questionnaire is led by CSIRO and explores:

Attitudes of veterinarians towards recording and reporting antimicrobial use

Participation will involve completion of a short (estimated **5 minutes**) online questionnaire that consists of 14 questions covering antibiotic recording and reporting. There will also be an option for further discussions by telephone at the end of the questionnaire which is voluntary.

The outcomes of this study will be used to help inform a review and recommendations around methods for estimation of antibiotic use in Australian companion and production animals.

[Please follow this link](#) to read the participant information sheet and complete the questionnaire

Please note:

- Participation is entirely voluntary.
- Participants who are interviewed for questionnaire 1 will be given a \$50 voucher as partial compensation for their time, and an enormous amount of gratitude.

Interviews will be conducted at a time that suits you and will be on zoom or by telephone.

Thank you so much for helping with this important research.

Wildlife rehabilitation resources

The NSW National Parks and Wildlife Service (NPWS) has developed a range of resources including codes of practice for sick and injured wildlife and guidelines for the initial treatment and care of native animals.

Their purpose is to improve standards of wildlife care in the wildlife rehabilitation sector.

Published documents are available for a range of species including koalas, macropods, wombats, sea turtles, possums and gliders, birds of prey and birds (general) on the [Department of Industry Planning and Environment](#) website.

NPWS has also recently published a [wildlife rehabilitation data dashboard](#). This interactive dashboard shows data from wildlife rehabilitation providers around New South Wales. It can be used to explore trends in wildlife rescues for selected species, including threatened species.

NSW Wildlife Rehabilitation Annual Report

The [NSW Wildlife Rehabilitation Annual Report 2019/20](#) is a compilation of rescue data from the 2019-2020 year of fire, drought and flood.



**TARONGA VETERINARY
PROFESSIONAL TRAINING in
WILDLIFE TREATMENT and CARE**

This new course presented by Taronga will support veterinarians and veterinary nurses to develop knowledge and skills in native wildlife triage, including first aid, initial treatment and emergency care.

- Course supported by the Australian Government's investment in bushfire recovery for species and landscapes
- AVA and VNCA certified
- Online Course (20 CPD points)
- Hands-on Workshop (12 CPD points) - delivered at Taronga Zoo Sydney, Taronga Western Plains Zoo Dubbo and Interstate (see website for details)
- Full subsidised positions available to eligible applicants nationally. See website for more information.

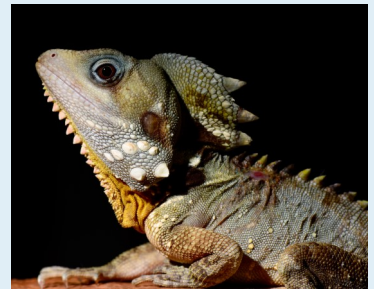
APPLY NOW!

tarongaprofvet@zoo.nsw.gov.au
taronga.org.au/vet-professional-training

Australian Government | NSW GOVERNMENT | TARONGA CONSERVATION SOCIETY AUSTRALIA For the Wild

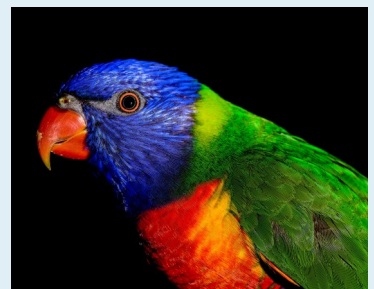
Clients keeping native animals as pets

For your clients to keep most [native animals as pets](#) in NSW they will need to hold a biodiversity conservation licence under the *Biodiversity Conservation Act 2016*.



There are three types of licences available:

1. Companion Animal Keeper Licence (one animal)
2. Class 1 Native Animal Keeper Licence
3. Advanced Class Native Animal Keeper Licence





Remember to update your details

Recently we have had a number of queries about missing pets and the details of the veterinarian haven't been updated.

All vets are reminded to update their profile details to ensure they are registered under the correct veterinary practice.

You can quickly update:

1. Navigate to the [NSW Pet Registry website](#)
2. Select the Login tab at the top right hand side of page.
3. Login as Authorised Vets/ Authorised Identifiers from the drop down list.
4. Enter your existing "V" number as your username, your existing password then select the BLUE login button.
5. Select PROFILE page, your details will appear.
6. Enter in any new details as required always remember to SAVE.
7. A message will then display to confirm the changes have been saved.



The importance of updating an animal's desexed status

Since the introduction of annual permits for non-desexed cats on 1 July 2020, the date of desexing is a required field in the CAR and Registry.

It is important that vets update the desexed status and date (including where desexing is not recommended) as soon as possible following the procedure so that pet owners aren't then liable for additional fees/permits imposed for non-desexed animals when they visit the Registry or a council to pay.

Where desexing is not recommended by vets, these exemptions need to be updated in the NSW Pet Registry prior to cats being 4 months of age and prior to dogs being 6 months of age.

If you are providing a Letter of Not Recommendation, it must also be dated prior to the pet being of registration age.



Additional fees apply for companion animals desexed after the relevant age

Vets are reminded that desexing a dog after six months does cause the registration fee for that animal to be higher in most circumstances.

Desexing a cat after four months will still require the owner to pay for an annual permit for the first year only, in addition to the one-off lifetime registration fee.

For animals that can't be desexed by the relevant age for medical reasons, the additional fee or annual permit will not apply if a vet has specified in the Registry, **by using the 'Desexing not recommended' function (DNR)**, before the animal reaches the relevant desexing age that it is not recommended for desexing either temporarily or for life.

Further information about how to use the 'DNR' function is available in the NSW Pet Registry User Guide for Veterinarians and Authorised Identifiers at www.petregistry.nsw.gov.au/#/faq.

Pet owners need to provide desexing certificates to councils

Before processing a registration payment, councils must ensure that an animal is recorded on the Registry as being desexed, or if relevant, sight proof of desexing, such as a letter, certificate or clear receipt from a veterinarian showing the microchip number and date of desexing.

Vets are encouraged to remind pet owners to keep a copy of this proof so that they can provide it to councils when registering.

This record of desexing is also important should the animal transfer to a new owner in the future.

Annual Permits—FAQs

The [Annual Permits – Frequently Asked Questions for Veterinarians](#) has been updated to reflect the change in free lifetime pet registration for people who adopt a rescue pet from council pounds and animal shelters.

NSW Pet Registry forms

Please note that a range of NSW Pet Registry forms and Information is available for printing from the OLG website:

Forms

[Application for Annual Permit](#)

[NSW Companion Animal Register – Approved Person Application Form](#)

[Change of Owner/Details – C3A](#)

[Change of Owner processed by an Animal Welfare Organisation or Council Pound – C3B](#)

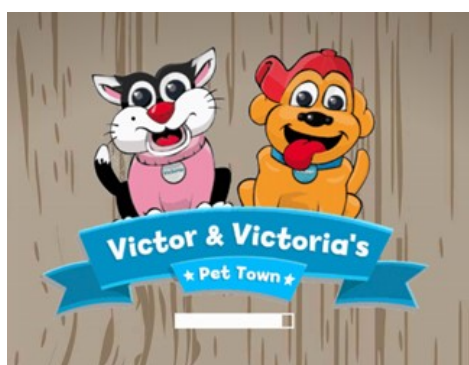
[Permanent Identification Form – P1A](#)

[Verification of Existing Microchip – M1](#)

[Order request form for companion animal identification and registration forms](#)

Brochure

[Pet Registration Fact Sheet](#)



Pet Town—Responsible pet ownership education programs

[Victor and Victoria's Pet Town](#) was developed by the NSW State Government to help young children learn about responsible pet ownership and living safely with dogs.

This educational program is designed to support the NSW Government's Responsible Pet Ownership Program for children in grade levels K-2.

The program is supported by comprehensive Parents' and Teachers' sections which incorporate extensive curriculum materials and are supported by a range of engaging student resources.

Please encourage use of the program in your local community to ensure young children learn how to be responsible and safe with pets.

[The online program and resources can be accessed here.](#)

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:

Steven Ferguson (President)
Peter Alexander
Magdoline Awad
Georgina Child
Sarah Hunter
Paul McGreevy
Kate Mills
Lisa Minogue

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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.

Veterinarians leaving the profession (cont'd)

Reasons for removal from the Register are generally reflective of gender (Figure 3) and age (Figure 4) trends in the profession. Approximately 60% of veterinarians removing themselves were female (60% of veterinarians are female), the majority moving were younger females, and the majority retiring were older males.

Figure 3 Reasons for removal by gender 2019-2021

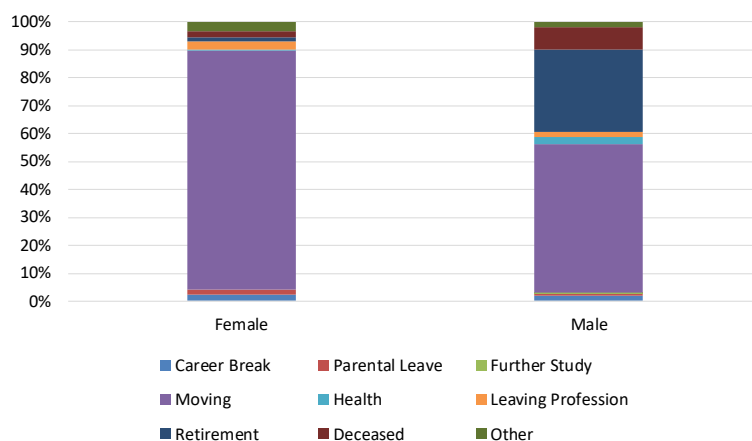
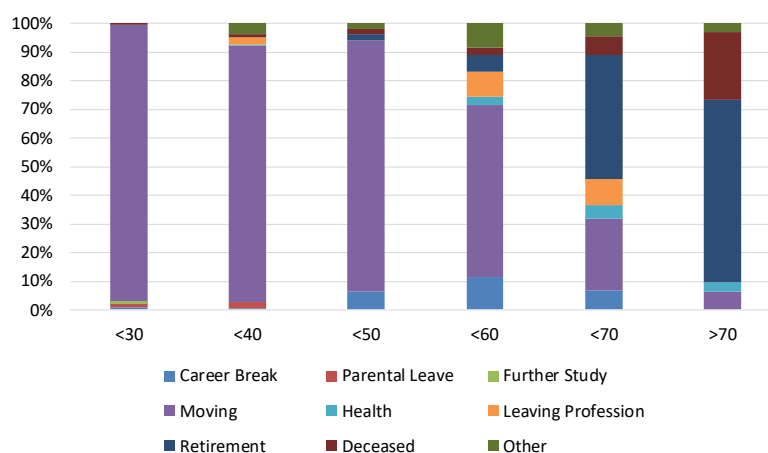


Figure 4 Reasons for removal by age group 2019-2021



Finally, with respect to type of work at the time of removal from the Register, approximately 66% were in clinical practice (slightly less than the overall percentage of 70%) and a further 16% of those removing themselves described their current work as not practicing, retired, other veterinary pursuit or non-veterinary pursuit.

In summary, over the last 3 years, data from removals are generally reflective of the demographics of the veterinary population in NSW with respect to gender, age and type of practice. On average for this period, 4.3% of all veterinarians removed themselves from the Register each year. Veterinarians moving interstate or overseas accounted for 75% of this total (3.2%) with retirement being the next largest category (0.5%).

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