

# BoardTalk

## President's Report

Over the past twelve months the Board and office have continued working diligently, collaboratively, and productively as a regulator to not only meet our legislative requirements but also to engage with the veterinary profession and consumers as we continue to refine our processes, procedures, and interactions.

The Board is acutely aware of the sustainability and workforce shortage issues facing the veterinary profession and actively engaged with the Veterinary Workforce Shortage in New South Wales parliamentary inquiry announced 9 June 2023. Our submission was evidence-based and focused on the need to review our primary legislation to ensure it is fit for purpose, to allow a more modern approach to management of complaints and health concerns, after-hours requirements, and paraprofessionals.

The Board values and continues to develop relationships with NSW Health, NSW Department of Primary Industries, animal sporting organisations, the Australian Veterinary Association, and all our stakeholders.

Our complaints process, under current legislation, remains focused on the individual though it is clear from investigations in recent years that many consumer concerns could be better classified as systems or practice problems.

The focus of our hospital inspection program continues to shift to a supportive role and the Board recently employed a second hospital inspector with a plan to ensure premises are visited once every three years. Our objective is to support practices to have appropriate policies and procedures in place to minimize complaints but more importantly to enhance animal health and welfare outcomes and improve consumer confidence and satisfaction.

The Board remains a highly engaged, high performing and compassionate team and I thank them for their dedication, commitment, and hard work. I highly value their friendship and passion for animal welfare, protection of the public, and regulation of the veterinary profession.

As a Board we are extremely fortunate to have a highly skilled and dedicated team in the office and out on the road to implement our strategy.

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

[AVA Workforce Survey](#)

[Evaluating recent graduates' perceptions of competency in behavioural medicine](#)

The Board's office will close from  
5.00 pm Thursday 21 December  
2023 and will re-open 9.00 am  
Monday 8 January 2024.

## Veterinary workforce shortage inquiry

The [Veterinary Workforce Shortage Inquiry](#) was established 9 June 2023 and received over 200 submissions.

The [submission](#) from the Veterinary Practitioners Board noted that despite overwhelming evidence from the profession for a shortage of veterinarians in NSW, the total number of veterinarians in NSW was increasing at an average annual rate of 3%.

In order to better capture workforce capacity the Board will be collecting data on hours worked in future Annual Returns.

A discussion of workforce supply and companion animal demand was provided in the [June issue](#) of BoardTalk this year.

The Board's submission provided three recommendations to the government:

1. A review of veterinary practice legislation to ensure it is modernised and fit for purpose
2. Research to develop valid and reliable measures of workforce capacity
3. Facilitation of stakeholder discussions to address the financial and emotional burden on veterinarians caring for stray companion animals and wildlife.



## Spectrum of care

With advances in knowledge and technology, and the growth of specialisations, there are more diagnostic and treatment options available than ever.

These advances have undoubtedly provided great benefit for many patients. However, they also raise ethical and legal challenges for veterinarians, particularly where a client is unable to pursue a recommended diagnostic and/or treatment plan.

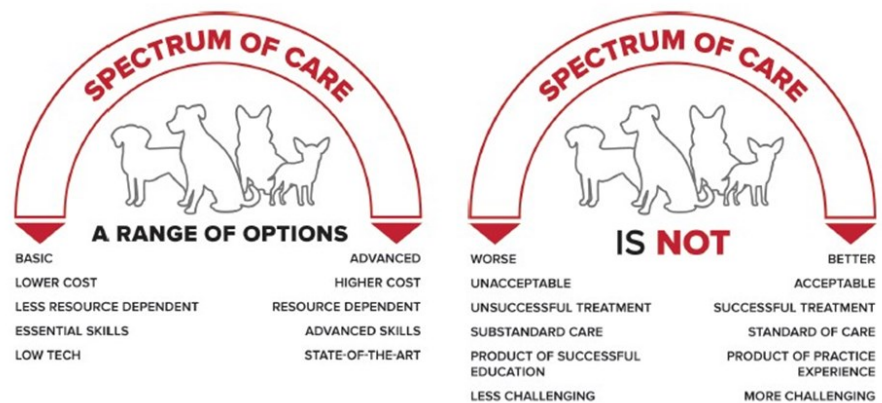
Mullan and Fawcett (2017) note a number of barriers to veterinary treatment, including the:

- Human and technical resources available within a practice
- Costs associated with diagnostics and treatment
- Knowledge of both the veterinarian and the client
- Patient's temperament
- Impact that veterinary intervention may have on that patient (hospitalisation, administration of medication, recovery, confinement etc.).

Access to veterinary care impacts animal welfare and client financial limitations are one of the most common ethical challenges encountered by veterinary teams (Quain et al, 2021).

The concept of the "Spectrum of Care" (SoC) may provide a way to address some of these challenges and increase access to veterinary care (Brown et al, 2021). It has been argued that the profession should make spectrum of care the standard way to practice (Boatright, 2022).

Figure 1 Concept of SoC



Source: Ohio State University. [Available](#).

Brown et al (2021) describe the cornerstone of SoC as "providing a **continuum of acceptable care** that considers available evidence-based medicine while remaining responsive to client expectations and financial limitations" (our emphasis).

Under an SoC approach, the options presented by a veterinarian must be viewed as "viable and potentially desired choices" such that a client does not feel that they are failing their pet if they are unable to afford the more technically advanced and expensive options (Brown et al, 2021).

SoC is about finding the best fit for the client and patient within the continuum of options available that "meet the patient's medical and quality-of-life needs within the client's limitations and goals while maintaining the veterinarian's moral, ethical, and legal obligation" (Boatright, 2022).

### Additional Resources:

1. Brown et al, 2021, 'Spectrum of care: more than treatment options', *JAVMA*, 259, 712-717, [Available](#).
2. Boatright, 2022, 'What is the spectrum of care?', *NewSTAT*. [Available](#).
3. Mullan and Quain, 2017, 'Veterinary Ethics: Navigating tough cases', 5M Publishing.
4. Quain, Ward and Mullan, 2021, 'Ethical Challenges Posed by Advanced Veterinary Care in Companion Animal Veterinary Practice', *Animals*, 11 (11) 3010. [Available](#).

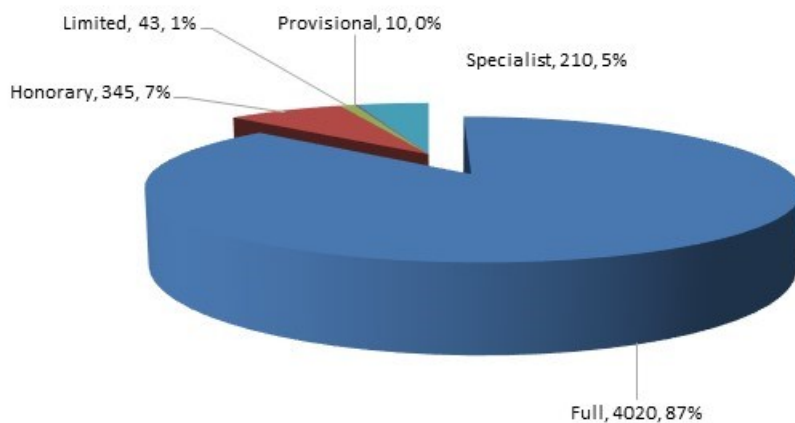
## Activities of the Board

The main activities of the Board are registration of veterinarians, licensing of veterinary hospitals and investigation of complaints against veterinarians. The Annual Report 2023 includes a series of graphs summarising these activities for the year ended 30 June.

### Registration of Veterinarians

As at 30 June 2023, there were 4,628 registered veterinarians in NSW (see Figure 1). From 2007, the total number of veterinarians in NSW grew by 3.2% annually from 2007 and 5.1% annually over the last 5 years. .

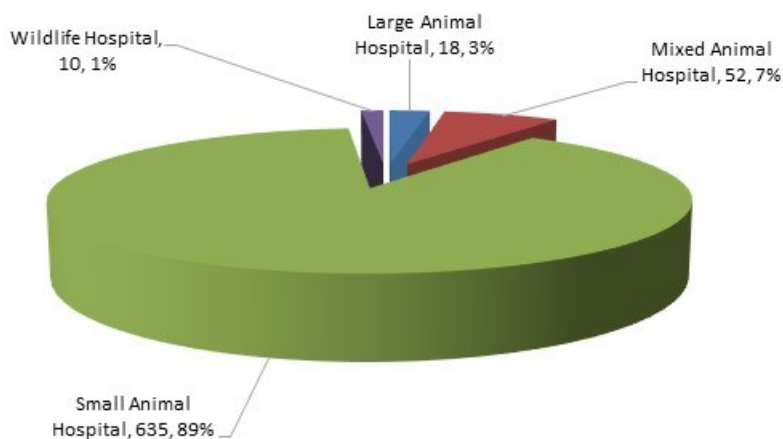
Figure 1 Registered veterinarians by division



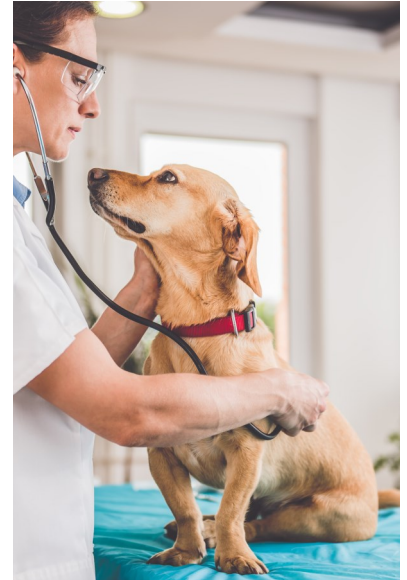
### Licensing of Hospitals

There were 715 hospitals in NSW as at 30 June 2023 (see Figure 2) and the total number of hospitals in NSW grew by 0.9% annually from 2007 and 0.5% annually over the last 5 years.

Figure 2 Veterinary hospitals by licence type



[Continued p. 20](#)



### Annual General Meeting

The Board held its Annual General Meeting (AGM) of the veterinary profession in Port Macquarie on Monday 20 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 demographic trends in the profession.

The Board presented its audited financial statements and recommended an increase in some fees and Board remuneration aligned with inflation.

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

## Complaints Committee Report



Between May and October 2023, the Board reviewed and determined 57 complaints, marking a significant increase compared to the previous reporting period. However, it is important to note that more than 80% of these complaints (46 out of 57) were ultimately dismissed, which aligns with historical data on complaint outcomes.

### Unsatisfactory professional conduct

Findings of unsatisfactory professional conduct were made in 8 complaints. Three veterinarians were required to undertake continuing professional education. One of these veterinarians was also required to provide the Board with copies of clinical records for review after their CPD was completed.

#### Lack of care, skill, knowledge or judgment (s 35(k))

Findings of unsatisfactory professional conduct were made against four veterinarians who demonstrated a lack of care, skill, knowledge or judgment, in breach of the *Veterinary Practice Act 2003* (s 35(k)).

One veterinarian failed to remove a testicle during a castration procedure. The veterinarian was issued with a caution and the hospital superintendent was directed to implement a protocol to ensure that surgical procedures are completed before a patient is recovered from anaesthesia.

Another veterinarian provided inappropriate advice to a client concerning the admission of a cat with hypertrophic cardiomyopathy (HCM) for overnight fluid therapy without monitoring. The veterinarian did not appreciate the risk profile associated with this treatment plan.

Of the 57 new complaints considered, 46 were dismissed. These numbers align with historical data on complaint outcomes.

### Consequences of a breach

Where a veterinarian is found guilty of unsatisfactory professional conduct or professional misconduct, the Board may issue a caution or reprimand, fine, or impose conditions.

The Board may also refer serious matters to the NSW Civil and Administrative Tribunal (NCAT) for a determination.

The Board generally looks to determine whether a finding relates to performance, conduct or health.

Performance matters often lead to CPD requirements whilst conduct matters often lead to a fine. Health matters typically lead to referral to the Board's Health Program.

In another case involving feline cardiac disease, a veterinarian provided incorrect information about the risks of general anesthesia for cats with heart murmurs. The veterinarian was required to undertake CPD in relation to the management of feline cardiac disease.

Another veterinarian failed to provide direct supervision for a non-veterinarian who was labelling and supplying a restricted substance. The non-veterinary staff member labelled the incorrect medication when the prescribing veterinarian was not present in the clinic. Non-veterinarians, including veterinary nurses and other staff, are only able to access, label and supply restricted substances for veterinary treatment under the [direct supervision of a veterinarian](#).

#### Current standards (clause 4)

Findings of unsatisfactory professional conduct were also made against 4 veterinarians for breaches of clause 4 of the Veterinary Practitioners Code of Professional Conduct:

A canine patient with a historical, suspected heart arrhythmia and tachycardia immediately prior to general anaesthesia was administered atropine as part of its premedication. The Board was concerned that the veterinarian involved had a poor understanding of anaesthetic protocols that are safe for potential cardiac patients. This veterinarian was required to undertake CPD in relation to sedation/anaesthesia for cardiac patients and to submit records detailing the veterinarian's anaesthetic protocols from a variety of cases for review by the Board.

A young dog presented with clinical signs of vomiting and diarrhoea and was treated on an inpatient and outpatient basis over the ensuing 10-day period for suspected renal and hepatic disease. Despite several blood tests being performed during the patient's treatment, electrolyte testing was not performed until 10 days after the initial presentation. The veterinarian involved was required to undertake CPD.

A veterinarian was found to have failed to identify a dental malocclusion during examination of a puppy. The veterinarian's record keeping was also found to have fallen short of the legislative standard.

A veterinarian failed to recommend or perform appropriate investigations or treatment for a canine patient and incorrectly reported blood test results, ultimately leading to euthanasia.



## Unsatisfactory professional conduct (cont'd)

### Estimates (clause 16)

A veterinarian was found to have failed to provide a client with an estimate for diagnostics and treatment provided to a dog with gastrointestinal signs. No verbal or written estimate was documented.

## Professional misconduct

Three veterinarians were found to have demonstrated conduct of a sufficiently serious nature to make a finding of professional misconduct.

These cases included inappropriate treatment recommendations and failure to adhere to current standards of veterinary practice:

A veterinarian recommended an exploratory laparotomy to manipulate a suspected caudal oesophageal foreign body into the stomach. This treatment plan was inappropriate given that endoscopy is a preferred treatment modality for oesophageal foreign bodies and the availability of endoscopy within a reasonable distance from the practice involved.

- During the exploratory laparotomy, the veterinarian was unable to locate the foreign body.
- The veterinarian was concerned about infection, so instilled antibiotics into the peritoneal cavity in formulations that were contraindicated.
- There was also evidence the surgery itself was not completed in accordance with current standards.

The cumulative effect of the veterinarian's behaviour and treatment choices was deemed to be professional misconduct. A condition was placed on the veterinarian's registration preventing them from performing surgery unless they were under the immediate and direct supervision of a registered veterinarian or until a competency examination was passed. The veterinarian was also required to undertake CPD regarding antibiotic use in small animals.

A second veterinarian recommended crown reductions for the lower canine teeth of an adult dog with a class II malocclusion. The veterinarian had not appropriately advised the client of the risks associated with this treatment plan and had reported that the risk of infection was low. The crown reduction was performed using rongeurs, resulting in pulp exposure and necrosis.

- This approach was not in accordance with current standards of veterinary practice.
- The veterinarian also failed to make a record of the procedure performed that met the legislative standard.

The Board determined that this complaint involved both the veterinarian's performance as well as their conduct and therefore rose to the level of professional misconduct. The veterinarian was required to undertake CPD in small animal dentistry, including a wet lab component and a condition was imposed on their registration preventing them from performing small animal dentistry until the CPD condition was met.

A third veterinarian recommended tail amputation for a dog with evidence of self-trauma.

- Amputation in this circumstance without consideration and management of underlying behavioural causes is not in accordance with current standards.
- Pre-anaesthetic blood testing revealing an elevated creatinine level was not correctly interpreted or further investigated and the client was not advised of the blood results prior to the general anaesthetic.
- The veterinarian also administered Tolfejec post-operatively. Tolfejec is not registered for use in dogs and should not have been provided to a patient with elevated serum creatinine.

This veterinarian was required to submit validation for the completion of Board approved CPD in the diagnosis of renal disease.

### 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.

## Disposal of clinical waste

Waste generated by veterinary premises includes contaminated animal waste.

Clinical waste under [EPA guidelines](#) means any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence, and includes waste containing any of the following:

- human tissue (other than hair, teeth and nails)
- bulk body fluids or blood
- visibly blood-stained body fluids, materials or equipment
- laboratory specimens or cultures
- animal tissue, carcasses or other waste from animals used for medical research

Clinical waste must be disposed of at a facility which is authorised to accept special waste for disposal.

You should contact your local Council or waste facility operator to ensure that any facility you choose to dispose of your waste has the necessary approvals to accept and dispose of special waste.



*With thanks to Dr Amy Lam for providing this information from the EPA.*

## Hospital Inspections Report

The Board encourages all veterinary hospital licence holders and superintendents to review the minimum requirements for veterinary hospitals guideline to ensure their premises are maintaining levels of facilities and equipment expected, and reviewing and continuously improving processes.

When purchasing or transferring a hospital licence, the Board encourages veterinarians to review the minimum requirements document and self-assessment checklist.

Any suspected deficiencies can then be discussed with the current licence holders prior to purchase. Any questions can be posed to one of our hospital inspectors.

If a hospital is found to not be meeting minimum standards at the time of inspection, licence transfer, or inspection, the Board may impose a condition on the licence holder to address deficiencies within a specific period of time.



If you are building or purchasing a hospital please also remember that a **licence holder cannot be a trust**. Only an individual veterinarian, partnership or company where one or more veterinarians have a controlling interest, or an exempt body under the Act (s 14(5)), can be a licence holder.

The inspection process also reviews current licence holders, ABN details and business name.

If the details of the licence holder have changed, including new veterinarians with a controlling interest or if a veterinarian with a controlling interest is no longer registered, under the Act (s 69), the licence holder is required to notify the Board (transfer licence) within 14 days.

As noted in previous editions of BoardTalk, the inspection process is largely based on working through the [self-assessment checklist for hospital superintendents](#) which should be completed prior to the inspection.

It would be helpful for all superintendents to complete this before notification of an inspection to ensure any potential issues are being pro-actively addressed.

## Welcome Jennelle Ferrier

The Board has updated its commitment to inspecting both licenced (hospitals) and unlicensed premises to once every 3 years.

To achieve this goal, the Board has now employed two hospital inspectors: John Rota and Jennelle Ferrier.

Many of you will have met John already and Jennelle has been inspecting premises since August 2023.

Jennelle graduated from the University of Sydney with a Bachelor of Veterinary Science and worked in mixed and small animal practice both here and in the UK. She then spent several years working for a veterinary pharmaceutical company in technical services.

After some time off raising a family, she had a stint at the AVA and has also worked in veterinary practice management.

Jennelle currently lives in Sydney. Her many hobbies include travelling, golf, bridge, hiking and walking her precious labradoodle called Edge.

Jennelle is enjoying her new role at the Board and is looking forward to working collaboratively with NSW veterinarians.



## Centenary of the veterinary profession in NSW

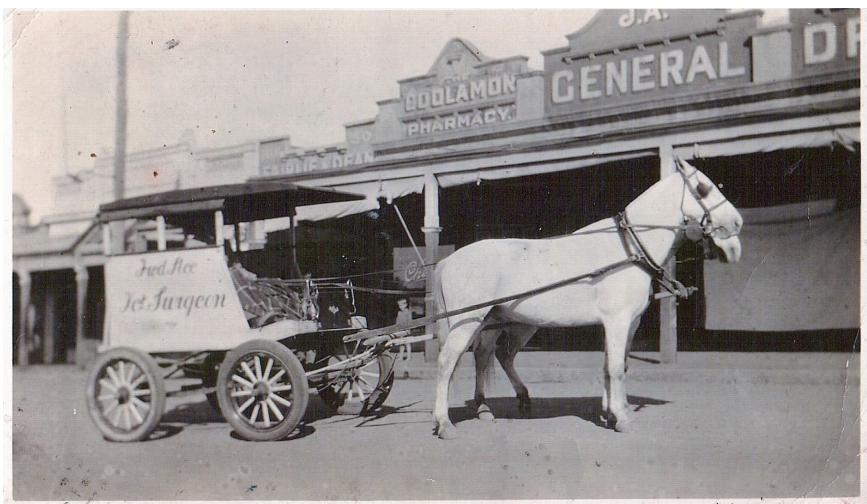
The *Veterinary Surgeons Act 1923* was assented to 5 December 1923 and commenced 1 January 1924. The first meeting of the Board of Veterinary Surgeons of New South Wales was held 4 February 1924.

### **This legislation marked the beginning of the veterinary profession in NSW.**

This legislation provided two options for a person to register and therefore able to use the term veterinarian:

1. Graduate with a diploma, degree or licence from a recognised Australian veterinary school or the Royal College London
2. Satisfy the first NSW Veterinary Surgeons Board that you were a fit and proper person, suitably qualified (for example, passed the certificate of the Stock Board of Examiners) and could demonstrate the majority of your income came from veterinary practice work.

To mark this event the Board will be introducing an awards program to celebrate contributions to the profession by veterinarians registered in NSW.



The Board would like to showcase reflections and images to celebrate this occasion and is looking for your help.

If you have an image or a short story that you would like to share that positively reflects the history of the veterinary profession in NSW [please email](#) it to us.

The Board has created a history page on its website to recognise this milestone.

In addition, to mark this event the Board will be introducing an awards program to celebrate contributions to the profession by veterinarians registered in NSW. The awards will be partly modelled on the RCVS Honours and Awards Program.

A committee established by the Board will be reviewing significant events over the last 100 years and searching for contributions 'above and beyond' from members of the profession.

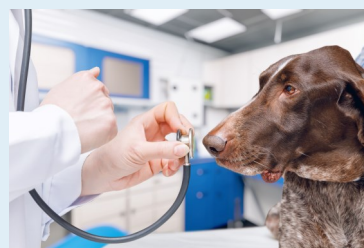
We will be sharing some of these stories during 2024 and looking for other opportunities to celebrate this event.

### **Please help with these surveys**

[Evaluating recent veterinary graduates' perceptions of competency in behavioural medicine.](#)

For this study, we are seeking veterinarians in Australia with up to 3 years of experience in companion animal practice, as well as graduating final-year veterinary students, to complete an anonymous survey that takes no more than 5 minutes to complete.

[Complete the survey](#)



### [AVA Veterinary Workforce Survey](#)

The 2023 AVA Workforce Survey is open for veterinarians to provide feedback on their experiences and highlight issues for discussion. This will be the 7th workforce survey the AVA has undertaken.

These surveys are an essential temperature check of the status of the profession and are used in the advocacy work the AVA undertakes.

The 2021 workforce survey, which focused on health and job satisfaction of veterinarians, has been used extensively to inform advocacy activities.

[Complete the survey](#)

## Tattooing of desexed female dogs and cats

The [\*Companion Animals Act 1998 \(s 86A\)\*](#) introduced a requirement for veterinarians to ear mark or tattoo female companion animals (dogs and cats) at the time of desexing.

Veterinarians must only perform this procedure whilst the animal is **under general anaesthetic**.



### Veterinarians must not tattoo desexed female dogs and cats if:

1. If it is not considered by the veterinarian to be **safe and humane**
2. If the owner or **client has not consented** to the procedure



## Informed consent

A common cause for complaints that appear before the Board involves misunderstandings between clients and veterinarians over costs and treatments; both treatments given and those offered.

At the heart of these complaints lie the issues of communication and informed consent and we would all like to see these types of complaints reduced as they cause unnecessary grief for both veterinarians and clients.

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 7) states:

*A veterinary practitioner must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal.*

For a veterinarian, informed consent means that information relevant to the treatment of an animal is made available to allow the client to make the best decision for their animal within their individual limitations.

It is important to note that the legislation requires informed consent to be obtained from the person responsible for the care of the animal and this may not be the owner of the animal.

Informed consent is also addressed in the Code (cl 16) which states:

*A veterinary practitioner must, where it is practicable to do so and before providing veterinary services in relation to an animal, inform the person responsible for the care of the animal of:*

- a) *The likely extent and outcome of the veterinary services, and*
- b) *The estimated costs of those services*

Wherever possible this should include an explanation of the diagnosis, possibilities for treatment, expected and unexpected outcomes (risks) and costs. Risks should include anaesthetic risks, negative outcomes such as death, treatment failure or complications.

The Board accepts that often costs are not fully known, complex medical or surgical conditions may be difficult to explain, or a definitive diagnosis may not yet be made. Under these circumstances it is important that continuing communication with the client occurs and that changes in treatment, outcomes or costs are fully explained when they become known.

Consent is not something that is given once at admission, but requires us to ensure that where practicable the client consents to any changes in the treatment or costs.

Verbal consent is acceptable but written consent ensures that there is a record of the communication between the parties and this can reduce the likelihood of future misunderstandings. If a complaint does arise it is an invaluable defence for the veterinarian.

When changes in treatment or costs occur conversations regarding informed consent should be recorded in the history.

So next time you are admitting a patient you might say to yourself have I:

1. Explained my tentative diagnosis?
2. Explained a diagnostic plan when needed?
3. Explained treatment options generally considered appropriate by the profession?
4. Explained likely outcomes for the treatment options, including reasonably foreseeable complications?
5. Explained the costs associated with treating the patient, and when those costs are to be paid?
6. Ensured I can contact the client to gain consent for deviations from the treatment plan, changes to costs, or to discuss complications?
7. Asked the client if they have any questions or concerns regarding the current diagnosis, treatment and costs?



## Records

A frequent concern in the complaints assessment process is the adequacy of clinical records provided. Good records facilitate optimum management of cases both within an individual veterinary practice and by other veterinarians who may be required to continue the care of a patient.

The advent of computerised record keeping systems has reduced some of the time required in the writing of records however templates may lead to incorrect entries including examinations not performed and drugs not administered. It is important that all medical record entries are checked and are accurate.

The Veterinary Practitioners Code of Professional Conduct (cl 15) requires that a detailed record of any consultation, procedure or treatment is made as soon as practicable and that this record must be legible and in sufficient detail to enable another veterinarian to continue treatment of the animal. It must also include the results of any diagnostic tests, analysis and treatment.

### What should be recorded for a consultation?

#### *Reason for presentation*

- History of clinical signs including abnormalities noticed, onset, for how long, and any changes (static, improving, deteriorating)
- Other pertinent history depending on presentation
- Other pertinent past history if relevant

#### *Physical examination findings*

- What is examined and findings both normal and abnormal
- If a particular examination has not taken place it should be recorded as not examined

#### *Assessment*

- Listing of problems determined on history and physical examination.
- Most likely causes of abnormalities detected on examination and a formulation of what, if any, diagnostic testing is recommended for further investigation
- Possible treatment recommendations and alternative treatments/procedures or management and advantages, risks, and costs involved for each
- Prognosis should also be discussed if this is appropriate to the condition

#### *Plan*

- Based on discussion with the client and informed consent from the above, record any diagnostic testing planned
- Record any medication supplied including name, formulation, prescribed dose, length of treatment, quantity dispensed, instructions for use, and possible side effects or special precautions if indicated
- Plan for recheck or further treatment if clinical signs do not resolve

### What should be recorded daily for hospitalised patients?

1. Descriptions of procedures and treatments provided
2. Clinical assessment and interpretation of any diagnostic testing performed
3. Updated care plan
4. Update of communications with the client about treatment/management options, including ongoing costs and consent for further treatment
5. Discharge instructions for the client including any possible signs that would necessitate further assessment or emergency treatment.

A [guideline](#) and exemplar for a consultation of a dog presenting with vomiting is available on the Board website.

## Animal handling

A theme around animal handling has emerged in recent complaints.

Any animal handling comes with a risk of animal-related injury.

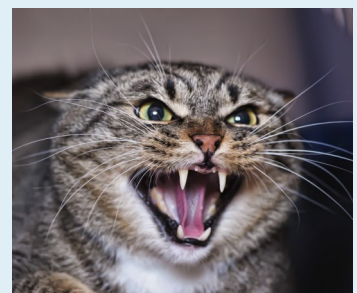


A survey of injury among Australian veterinarians reported that 51% of respondents had sustained a significant work-related injury (that is, an injury requiring hospitalisation or the veterinarian not being able to work at the usual pace for greater than or equal to 5 days).<sup>1</sup>

The handling required for veterinary examinations, treatments and procedures can be unpleasant or painful for the animal.

The Board has created a [BoardTalk insert](#) that gives an overview of the current standards expected in relation to animal handling.

All veterinarians are encouraged to review this document and share it with their teams.



1. Fritschi, Day, Shirangi, Robertson, Lucas and Vizard, 2006, 'Injury in Australian veterinarians', *Occupational Medicine*, 56, 199-203, available [here](#)

## Workforce capacity

The Board recognises that workforce capacity will be a significant issue in any response to an emergency animal disease outbreak and has developed a [Workforce Capacity Emergency Response](#) policy to ensure all available and willing veterinarians are able to participate if required.



All veterinarians currently working in Australia whose registration is not subject to restriction conditions will be able to participate in a biosecurity emergency or natural disaster.

In addition, retired veterinarians with honorary registration and non-practising conditions will be able to complete prescribed CPD to have these conditions varied such that they can be employed and perform restricted acts of veterinary science required in a response to a biosecurity emergency or natural disaster.

Similarly, people with veterinary qualifications and previously registered in Australia or New Zealand with either full or specialist registration will also be able to be restored to the register to participate in a response as above after completing prescribed CPD.

Prescribed CPD will be determined by the Board in consultation with state and commonwealth government authorities.

## 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.

DHAS offers confidential and independent advice and operates 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 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](http://www.dhas.org.au)

## 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](http://www.dhas.org.au)



## Meloxicam guidelines

The ANZCVS VAA Chapter and Boehringer Ingelheim Animal Health have collaborated to produce new clinical recommendations for the peri-operative use of meloxicam injection in cats.

This advice has come in response to the association between off-label parental use and acute renal failure and death in cats.

You will need to create a login to access the document on the [Animal Health Academy](#) website or you can view the document on the Board's website [here](#).



## Issuing prescriptions—important things to remember

### A veterinary practitioner:

- may only issue a prescription for S4 or S8 medicines for veterinary treatment.
- cannot issue a prescription for humans.
- must not issue a prescription for or supply any S2 S3, S4 or S8 medicine in a quantity or for a purpose that does not accord with the recognised therapeutic standard of what is appropriate in the circumstances.
- must allow the customer choice of pharmacy (no closed loop arrangements).

### Prescriptions:

- must bear the name, address and telephone number of the veterinary practitioner.
- must include the species of animal and the name and address of the animal's owner (or client).
- must be endorsed with the words "FOR ANIMAL TREATMENT ONLY".
- cannot be issued on stationery bearing the name of a pharmacy.
- cannot be entered into an online portal to be submitted to a pharmacy.
- must bear the veterinary practitioner's 'wet signature' - i.e., an electronic signature cannot be used.
- there must be a direct pharmacist-client relationship, i.e., a veterinary practitioner cannot act as a 'middle-man'.
- if a prescription is sent directly to a pharmacy (of the client's choice), it should not also be given to the client.

### Images of prescriptions/faxed prescriptions

- a pharmacist must ALWAYS receive a hard copy prescription.
- a pharmacy is NOT permitted to dispense a medicine from an image/copy of a prescription, or faxed prescription in any circumstances other than an emergency (see below).

### Emergency situations:

- in the case of an emergency, a veterinary practitioner may via telephone, email or facsimile, direct a pharmacist to supply a S4 or S8 medicine, however a hard copy original prescription must be written and sent DIRECTLY to the pharmacist within 24 hours.
- The client MUST NOT be given the hard copy prescription, and it is advised that they are not given a copy of the prescription either.
- for S4 medicines, the prescription must be endorsed with words that indicate the prescription has been issued in confirmation of a direction under clause 36 of the Regulation.
- for S8 medicines, the prescription must be endorsed with words that indicate the prescription has been issued in confirmation of a direction under clause 81 of the Regulation.

## Digital signatures, prescriptions and compounded medications

Digital 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.

General requirements for handwritten prescriptions are available from the NSW Health publication [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#).



Further information on computer generated prescriptions is available from the NSW Health publication [Criteria for Issuing Non-Handwritten \(Computer Generated\) Prescriptions](#).

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.



## Glovebox guide

### Biosecurity, Emergency Animal Diseases and preparing livestock for transport

This guide is designed to provide clear, digestible, contemporary information on the main issues all livestock owners, producers and those involved in the market chain need to be familiar with: biosecurity, EADs, and requirements relating to the transport of livestock.

[View the Glovebox Guide online version.](#)

Want copies for your staff, your clinic or to hand out to your clients?

If you would like hardcopies of the Glovebox Guide contact  
[helen.schaefer@dpi.nsw.gov.au](mailto:helen.schaefer@dpi.nsw.gov.au)



**Glovebox  
Guide**  
Biosecurity, Emergency Animal Diseases  
and preparing livestock for transport.



## Brucella suis in NSW

Veterinary staff are advised to be aware of increased and wider distribution of *Brucella suis* in dogs in NSW.

*B. suis* is a bacterial infection, usually acquired through contact with feral pigs or feral pig meat, or through close contact with infected dogs.

*B. suis* can be transmitted from dogs to people, with the highest risk of transmission during birth, lactation, and invasive veterinary procedures. Clinical signs in dogs include pyrexia, lethargy, abortion, swollen testes, lameness, and back pain, however a large proportion of dogs that are testing positive for *B. suis* are asymptomatic.

Dogs located in cities such as Sydney and Newcastle have been diagnosed in 2022-2023, a change from the usual trend of rural/remotely located dogs being affected.

Pig hunters may travel large distances across the state to hunt so *B. suis* infection should be considered in any pig hunting dog, regardless of location of veterinary care. Some positive detections have also occurred in dogs with no known history of contact with feral pigs.



To protect yourself and others:

- Include potential exposure to feral pigs, feral pig meat or infected dogs in clinical history collection, especially prior to any invasive procedures on any dog.
- Test dogs suspected of being infected with *B. suis* or dogs in the same household as a positive case. Laboratory costs for testing suspect cases and dogs in the same household as positive cases is covered by NSW Department of Primary Industries.
- Counsel owners regarding the zoonotic risk of an infected dog.
- Euthanise or desex and treat any positive dogs with appropriate antibiotics.
- Isolate and use appropriate biosecurity measures for any dogs undergoing treatment.
- Treat seropositive dogs with appropriate antibiotics prior to any elective surgery or invasive procedures.
- Use Personal Protective Equipment, including mask, goggles, and gloves for all procedures on any hunting dogs.
- Exclude vulnerable personnel from high-risk procedures, e.g. caesarean sections on hunting dogs.
- Ask owners of positive dogs if they have domestic pigs. If so, the pigs may also need a diagnostic investigation.

For more information, please see:

The [DPI Primefact for Brucella suis in dogs](#):

The [NSW Health fact sheet on Brucellosis](#)

[Cecily Moore]



## Free emergency response training

### Earn 5 structured CPD points

Are you interested in participating in an emergency response? Do you know what is involved in a response and what your role and responsibilities are?

With summer upon us and the forecast for more hot, dry weather, emergency responses to bushfires are likely to be more prevalent this season.

Participating in an emergency response is not like your normal day to day work. If you want to participate safely and effectively in an emergency response, understanding how a response works, the management processes used and your role within it is important.

NSW Department of Primary Industries is **currently offering free enrolment** into the Australasian Interagency Incident Management System (AIIMS) Awareness course until June 30, 2024.

This is the management system that is used nationally for emergency responses (emergency animal disease, bushfire, flood, drought etc.). This course is highly recommended for any veterinary professionals that want to participate in an emergency response.

### Who should enrol?

Anyone working in NSW in the veterinary profession with an interest in participating in an emergency response (emergency animal disease, bushfire, flood, storms etc.) should enrol.

This includes vets, vet nurses, practice managers, researchers, academics, industry professionals etc.

### Course Format

The course is run completely online, once you enrol you can work at your own pace. There are seven e-learning modules which you can complete one at a time over several weeks or in one sitting.

The course takes students, on average, 5 hours to complete the entire course. You will need to successfully complete 2 multiple choice theory assessments and a final assessment scenario.

All successful participants achieve a nationally recognised certificate upon completion.

### How to register

[Register your interest](#) for the course or scan the QR code. You will then be contacted via email with further information on how to enrol in the course with the external training provider.

### More information

If you have any questions or require further information, please email [biosecurity.vetinfo@dpi.nsw.gov.au](mailto:biosecurity.vetinfo@dpi.nsw.gov.au)



Foot and Mouth Disease (FMD)

### NSW Chief Veterinary Officer

Minister for Agriculture, Tara Moriarty announced the appointment of Dr Joanne Coombe as the NSW Chief Veterinary Officer 30 June 2023.



Jo moved to Australia from her country of birth Wales in 2001, completed undergraduate, doctorate and post-doctorate studies at Melbourne University, and worked for several years as a dairy vet in rural Victoria.

She has held roles within Dairy Australia, has consulted to various universities and animal industries and is an invited member of the Australian Strategic and Technical Advisory Group on antimicrobial resistance.

Jo is looking forward to working with government, industry and the community to strengthen and protect NSW primary industries.

Minister Moriarty also thanked outgoing Chief Veterinary Officer Sarah Britton. Sarah led the State through a number of emergency disease responses and had been instrumental in improving our preparedness for emergency animal diseases.

## Exercise Phoenix

NSW DPI conducted an emergency animal disease (EAD) preparedness exercise (Exercise Phoenix) with the NSW poultry industry in September 2023.

The objectives achieved from the exercise include:

- Increased awareness of the roles and responsibilities of key poultry industry and government stakeholders in an EAD response,
- Tested the existing EAD response plan and other plans with industry and government,
- Development of a communications and engagement plan, and
- Enhanced relationships between industry and government.

Participants in the exercise included the EAD response agreement (EADRA) poultry signatories, NSW based poultry veterinary and technical consultants, QLD and VIC biosecurity representatives and NSW DPI personnel.

The NSW poultry industry is vitally important to the domestic food chain and both government and industry are keen to minimise the impact of any EAD on supply.



## NSW footrot program changes

### Background

Virulent footrot (VFR) of sheep and goats has been the subject of an eradication program in NSW since 1988, and the prevalence of VFR has been maintained at less than 1% of sheep flocks in NSW since August 2009.

The purpose of the NSW Footrot Program (the Program) is to minimise the negative impact of VFR on:

- animal welfare
- sheep and goat enterprise productivity
- social wellbeing of NSW sheep and goat producers.

The Program has not undergone a review since 2008.

An appetite for Program change has emerged from industry and Local Land Services (LLS) consultation in 2022, to address weakness, mitigate threats and improve Program delivery.



### DPI actions to address the issue

An analysis and review of the current NSW Footrot Program was completed in February 2023 to ensure that controls remain fit for purpose. Program evaluation was conducted using stakeholder surveys and a Peak Industry Body workshop. Cost Benefit Analysis (CBA) was undertaken to assess the net return on investments of the current NSW Footrot Program and inform the future management of VFR across NSW.

The recommendations of the Program review were:

- Retain a coordinated disease management program, where management of VFR is transferred to producers and industry, with a less regulated government response and strong government advisory role.
- Shift focus away from compulsory eradication to include optional control depending on the virulence of disease and enterprise structure.
- Empower producers and increase conversation around footrot to decrease stigma.

A procedural review has commenced to move toward implementing the recommendations of the Program review:

- Reassessing diagnostic thresholds for virulence
- Investigating more options for footrot management (including vaccination)

### What does this mean for veterinary practitioners in NSW?

- Footrot will remain a notifiable disease in NSW and retain a coordinated Footrot Program.
- A detailed engagement plan will be developed to ensure that stakeholders affected by changes to the NSW Footrot Program are well-informed prior to changes taking effect.
- Keep an eye out for further communications of Program changes in 2024 in BoardTalk and other veterinary publications.

Contact NSW DPI Animal Biosecurity at [animal.biosecurity@dpi.nsw.gov.au](mailto:animal.biosecurity@dpi.nsw.gov.au)

## Cane toad incursions in NSW

In NSW there are laws, regulations, and standards in place to help ensure good animal welfare outcomes.

NSW Department of Primary Industries (DPI) is asking vets to help manage cane toad incursions by reporting any toads found in the toad free area and helping us with determining the sex and reproductive status of cane toads when/if we bring one to your clinic.

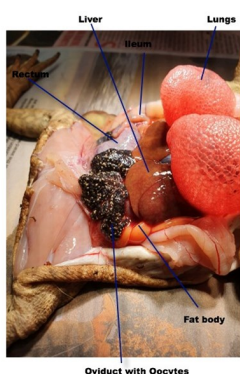
While there is no broadscale method to control the cane toad, maintaining awareness of the pest and reporting (and preferably catching) toads found outside of their established zone will help slow the spread and further establishment of cane toads in NSW.



The [Cane Toad Biosecurity Zone](#) covers all areas of NSW except a portion of the north-east of the state where surveys indicate cane toads have established endemic populations. These zones are currently under review to reflect the current distribution.

Since the beginning of the year, confirmed reports have identified 38 individual toads in the red cane toad free zone. This has been attributed largely to community travel and the transport of goods around the state.

NSW DPI and LLS have an ongoing surveillance program in the Kenthurst area where cane toads have been continually brought into the area on pot plants associated with the nursery industry. This is not an isolated case and surveillance activities are being undertaken in several other parts of the state.



NSW DPI has recovered individual toads from West Wallsend, Coffs Harbour, Wyong and Nowra. The University of Newcastle performed the post-mortem on the toad recovered from a garage in West Wallsend.

The results indicated a female gravid toad only a week away from laying up to 20,000 eggs. These post-mortems assist by informing establishment risk assessments.

DPI is currently conducting an eradication program for an isolated population of cane toads in Mandalong in the Hunter region. Since September 2022, 52 cane toads have been collected from two properties. Night surveillance and listening devices continue to help us ensure that all the animals have been collected. So far it appears that there has not been a local breeding event.

It is believed there has been a mass accidental introduction, possible in feed or a horse blanket from northern NSW or Queensland.

The cane toad management program would not be nearly as successful without the help of local government agencies, private vets and community members. A dissection and identification guide can be [found here](#).

Humane euthanasia practices have been tested and approved, you can [read about it here](#). This document outlines what is currently known about the relative humaneness of cane toad euthanasia methods based on objective scientific research.

If you think you've seen a cane toad in the biosecurity zone, or receive one at your clinic, or see another unusual non-native animal, report it using the [NSW DPI online report form](#) or if the animal is in front of you call 1800 680 244.

### Minor use permit for cattle tick

NSW DPI has secured a minor use permit (PER93321, expires 31-Oct-2026) to allow for the use of 40g/L Permethrin spray/rinse formulation on horses for the control of cattle tick (*Rhipicephalus microplus* or *R. australis*).

The permit allows for use on horses in complying with horse movement requirements from QLD to NSW.



Proprietary formulations included in the permit are:

DERMCARE PERMOXIN  
INSECTICIDAL SPRAY AND RINSE  
CONCENTRATE FOR DOGS AND HORSES

FIDO'S PERMETHRIN RINSE  
CONCENTRATE FOR DOGS AND HORSES

VETSENSE PERMETROL  
INSECTICIDAL SPRAY AND RINSE  
CONCENTRATE FOR DOGS AND HORSES.

The permit is available at [Agricultural And Veterinary Permits Search](#)

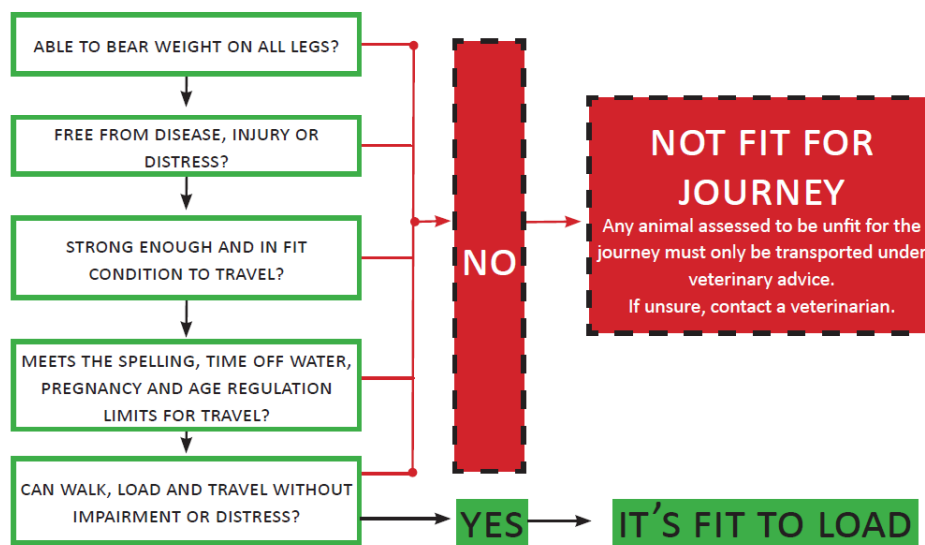
## Certification of cattle for travel under veterinary advice

The livestock transport legislation of all state and territories is based on the [Australian Animal Welfare Standards and Guidelines for Land Transport of Livestock Ed.1 2012 \(S&G\)](#).

Under SA4.1, these S&G state that an animal “...must be assessed as fit for the intended journey at every loading by a person in charge. An animal is not fit for a journey if it is:

- i. unable to walk on its own by bearing weight on all legs; or
- ii. severely emaciated; or
- iii. visibly dehydrated; or
- iv. showing visible signs of severe injury or distress; or
- v. suffering from conditions that are likely to cause increased pain or distress during transport; or
- vi. blind in both eyes; or
- vii. known to be, or visually assessed to be near (within two weeks) parturition, as specified in the species requirements, unless time off water and journey is less than four hours duration to another property.

### Fit to load - Decision flow chart



It is further stated in SA4.2 that: “Any animal assessed to be not fit for the intended journey must only be transported under veterinary advice.”

In the interest of enabling veterinarians to provide such advice in a documented, professional, well considered, and informed manner, in accordance with the intent of this provision, the Australian Cattle Veterinarians of the Australian Veterinary Association developed a “Certificate to Transport Cattle Under Veterinary Advice” and Explanatory Notes document, available only to members of the ACV for the last few years.

It has been identified recently that these documents meet the need for a nationally consistent veterinary certificate template that facilitates compliance with legislation and thereby benefits livestock, veterinarians, and all those along the livestock market chain.

With permission from the ACV, the documents have been amended and are now available to all veterinarians via the AVA website at [Certification of Cattle for Transport Under Veterinary Advice](#).

All veterinarians who choose to provide advice for the transport of cattle who do not meet the requirements of transport legislation of their jurisdictions are strongly advised to utilise this readily available Certificate and to read the accompanying Explanatory Notes to ensure they are meeting legislative requirements, and the welfare interests of the relevant livestock.

Note: The provision for transport of livestock under veterinary advice in NSW legislation is found in clauses 13 and 14 of the [Prevention of Cruelty to Animals \(Land Transport of Livestock\) Standards 2013 \(nsw.gov.au\)](#).



## Euthanasia of registered greyhounds

The Greyhound Welfare and Integrity Commission (GWIC) wish to inform all practitioners of the unique rules relating to the euthanasia of NSW registered greyhounds.

As of 1 May 2023 the revised GWIC Greyhound Rehoming Policy came into effect. This was undertaken as part of the Commission's responsibility to promote and protect the welfare of greyhounds, including an obligation to the NSW government in targeting unnecessary euthanasia.

Under the new policy a registered greyhound belonging to a greyhound racing industry participant cannot be euthanased unless:

- a veterinarian certifies that euthanasia is necessary for the welfare of the greyhound (medical euthanasia)
- it has been declared a dangerous dog under s 34 of the Companion Animals Act or by court order
- there is history of the greyhound biting a person (including medical evidence)
- it has failed a temperament assessment by an approved veterinary practitioner or other person approved by GRNSW



Please be aware that owners seeking to euthanase a registered greyhound outside of these circumstances may be subject to disciplinary action.

The GWIC Greyhound Rehoming Policy applies to greyhounds registered with greyhound industry participants (e.g. trainers, breeders, owners). This policy does not apply to pet greyhounds owned by members of the public and registered under the *Companion Animals Act 1998*.

Further information regarding the Re-homing policy, including links to printable Temperament Assessment referral forms can be found at:

[Re-homing Policy | Greyhounds Welfare Integrity Commission](#)

Printable GWIC euthanasia certificates can be [accessed via this link](#). This form must be lodged within 2 days from the date that a greyhound is euthanased.

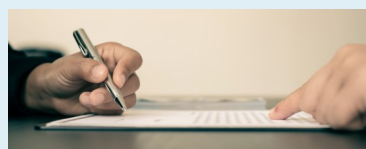
### Confidentiality and release of records

Under the Code (cl 12) a veterinary practitioner must maintain the confidentiality of information obtained in the course of professional practice, unless the disclosure of the information is:

(a) authorised or required by this code of conduct or a law of this State or of the Commonwealth, or another State or Territory, or

(b) to an officer under the *Prevention of Cruelty to Animals Act 1979* or an approved charitable organisation within the meaning of that Act and relates to an alleged offence under that Act or an alleged offence relating to animal cruelty under the *Crimes Act 1900*, or

(c) to 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*.



Veterinarians should seek their own legal advice prior to producing records in particular circumstances but disclosure pursuant to a notice issued under the *Greyhound Racing Act 2017* (s 70) would not be in breach of the Code (cl 12).



### Supply of restricted substances

The Veterinary Practitioners Code of Professional Conduct (cl 20) states that a veterinarian may only supply restricted substances (S4 and S8 medications) to the client:

- a) For an animal that the veterinarian has physically examined or has under their direct care, and only in respect of that animal, or
- b) For an animal, with the written authority of another veterinarian who has physically examined the animal concerned or has it under their direct care, and only in respect of that animal.

Direct care enables supply to multiple animals without the need to examine every individual animal in the herd, flock or group.

The Board has defined direct care in its [Technology-based Patient Consultations](#) guideline.

## Veterinary clearance certificates

Racing NSW recognises the critical role of equine veterinarians in protecting horse welfare and ensuring racing safety, integrity, and public trust in the industry.

In addition to working with owners and trainers in the care and management of racehorses, equine veterinarians provide Racing NSW Stipendiary Stewards with advice on the suitability of horses to return to racing after they have been identified as being affected by veterinary conditions.

In providing this advice, veterinarians must:

- Have had the opportunity to perform a thorough clinical examination.
- Be satisfied the horse has received adequate treatment, rest, and time for recovery.
- Ensure that the horse has not undergone any recent treatments or procedures that could mask an injury or illness, thus affecting the legitimacy of the examination.
- Ensure that a horse is at an adequate level of training to accurately evaluate its suitability for racing.

Be satisfied there is no reason for further testing or diagnostic evaluation.

It is crucial for veterinarians to remember that providing a veterinary certificate entails legal and ethical responsibilities as defined by government legislation. As a veterinarian, you are accountable for ensuring that all information on the certificate is accurate and truthful. Providing incorrect or deceptive information is a serious offence that may be subject to professional misconduct allegations and proceedings, which could affect your professional livelihood.

In an effort to standardise the evaluation and documentation of the return of horses to racing, Racing NSW has created an interactive Veterinary Clearance Certificate template.

Please be advised that as of 1 January 2024, all Veterinary Clearance Certificates must be submitted using this form. If supplemental information is required, it must be submitted in addition to the Racing NSW Veterinary Clearance Certificate.

The Racing NSW Veterinary Certificate template is available through the Stewards at [steward@racingnsw.com.au](mailto:steward@racingnsw.com.au).

## Provision of Schedule 4 restricted substances

During recent stable inspections, Racing NSW has identified large quantities of Schedule 4 medications that veterinarians are dispensing to trainers.

Stables have been found to hold significant volumes of restricted substances, including antibiotics, sedatives/tranquilisers, non-steroidal anti-inflammatory drugs, and corticosteroids.

Moreover, the review of Horse Medication Records indicates that these drugs are being used with an extremely high frequency on horses in training – and often at the sole discretion of the trainer.

While Racing NSW accepts these treatments have legitimate and valuable clinical indications, the supply and use are not without risk – to the veterinarian, the horse, and the personnel handling and riding these animals.

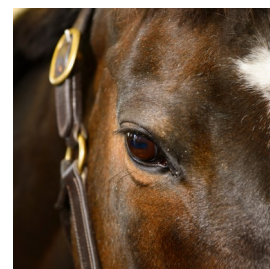
Over the page are *some* of the industry's concerns regarding unrestricted access to Schedule 4 medications dispensed in significant quantities by veterinarians to horse owners and trainers.

## Provision of schedule 4 restricted substances (cont'd)

### Sedatives and tranquilisers

The administration of a sedative or tranquiliser is a restricted act of veterinary science.

Veterinarians supplying these medications need to carefully consider their obligations under the appropriate legislation, their responsibilities to the safety and welfare of horses, and their responsibilities for the safety and welfare of those handling and exercising horses under the effects of any of these drugs, including acepromazine.



### Antimicrobials

In the context of a training stable, antibiotics should only be administered to horses if a veterinarian has confirmed the existence of a bacterial disease or if a veterinarian has reasonable grounds to suspect that the horse's clinical symptoms are caused by bacterial infection.

It is widely recognised that the indiscriminate use of antimicrobials is associated with the selection and spread of resistance. Additionally, the administration of antimicrobials can clearly pose significant risks to horses themselves.

The use of antibiotics in stables not under veterinary instruction or direction may cause delays in proper investigation, management, and treatment of injuries and diseases and has the potential to result in the death of horses due to inadequate or inappropriate care, as well as adverse drug reactions caused by seemingly improper administration.

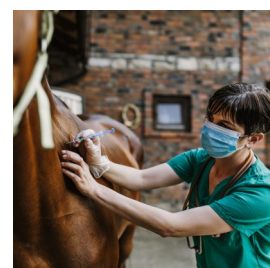
Accordingly, veterinarians are asked to be conscious of the volumes of antibiotics they dispense.

They are advised to caution owners and trainers against the temptation to use leftover medication from past prescriptions without explicit veterinary consultation and advice - given such treatments may not be appropriate for the horse's current condition, may be contraindicated, and may cause serious adverse effects.

Further, it is important to note that trainers and owners are not authorised to supply antimicrobial medication to any horse unless a veterinarian has provided it for the care of a specific horse.

In summary, veterinarians supplying medications, including sedatives and tranquilisers, must consider their obligations under the appropriate legislation and their responsibilities to the safety and welfare of horses and those who interact with and ride them.

Using medications without proper veterinary oversight can be detrimental to horses and may put riders at risk. It can lead to injured or sick horses being forced to continue training, which may increase the chances of severe injury, have profound negative welfare implications, and limit the longevity of a horse's racing career or prospects for a successful secondary career after retirement.



Veterinarians are reminded that they may be held responsible for any adverse outcomes arising from prescribing and dispensing Restricted Substances – and that this liability can come from both the Veterinary Practitioners Board and civil proceedings.

### Intra-articular medication with corticosteroids

Intra-articular corticosteroids are an extremely useful therapeutic aid in managing various joint conditions.

Nevertheless, the potential of long-lasting analgesic effects means that these medications may alleviate the clinical signs of injury before the pathology itself has safely resolved, which may result in underestimating the significance of the disease process and, hence, could negatively impact the welfare of the horse and horse and rider safety.

Studies in racehorses have shown an increased risk of musculoskeletal injury in horses treated with intra-articular corticosteroids six to eight weeks after treatment, with this risk increasing with the number of treatments.

Furthermore, the vast majority of catastrophic musculoskeletal injuries in racehorses are the end stage of fatigue processes, some of which are associated with prodromal signs and subtle findings on diagnostic imaging.

Accordingly, veterinarians must satisfy themselves that no significant underlying pathology exists before administering any intra-articular medication. This would ordinarily necessitate a comprehensive clinical and lameness examination and a detailed x-ray examination of the joint(s) to be treated.

This screening helps identify any significant pathology that may not yet be apparent clinically and enables veterinarians to recognise those horses that may benefit from or require a period of rest.

Racing NSW recommends that veterinarians perform diagnostic imaging prior to administering intra-articular corticosteroids. Veterinarians should also provide trainers with clear guidelines on the appropriate period for exercise restriction after treatment.



## 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

Veterinary Practitioners Board  
Suite 7.09, 247 Coward St  
Mascot NSW 2020

T: +61 8338 1177  
E: [admin@vpb.nsw.gov.au](mailto:admin@vpb.nsw.gov.au)  
W: [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.

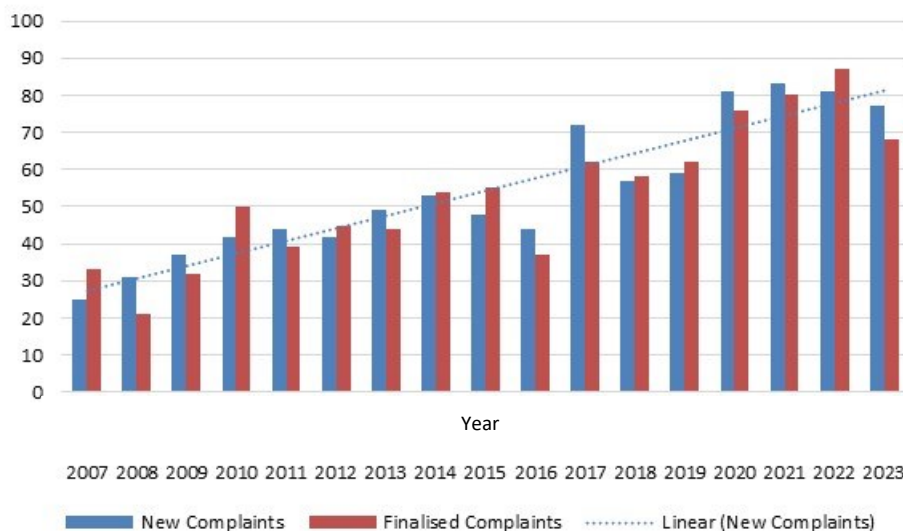
## Activities of the Board (continued)

### Investigation of Complaints

Last financial year, the Board finalised 68 complaint investigations involving 89 veterinarians. There were 77 new complaints against veterinarians and the number of new complaints against veterinarians has grown by 6.9% annually over the last 5 years.

Almost all complaints against veterinarians involve veterinarians working in clinical practice. Approximately 75% of veterinarians are working in clinical practice suggesting 3.5% of veterinarians will be involved in a complaint investigation during the year (approximately 1:30).

Figure 3 Number of complaints against veterinarians 2007-2023



Further information and statistics on complaints against veterinarians are available from the [statistics page](#) of the Board's website.

The Board noted the importance of complaint management in its [submission to the Veterinary Workforce Shortage Inquiry](#) and continues to review its approach to complaint investigations and explore options for a more sustainable, compassionate and effective complaint processing approach for all stakeholders.

A review of veterinary practice legislation in 2024 will provide an opportunity to provide the framework for a modern approach to complaint investigations.

## 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 (7 days)  
[www.dhas.org.au](http://www.dhas.org.au)

