

Boardtalk

May 2013

Issue 38



President's Report

Welcome to an unusually weighty Boardtalk. Boardtalk always contains articles generated from phone calls to the Board office and from complaints to the Board about unsatisfactory outcomes or incorrect processes.

Under the legislation, complaint handling is a major part of Board work. But education is also part of our brief. While tightening of Board funds has led to the Board not continuing with the *Practitioner In Residence* program at the universities, the Board feels that special education items in Boardtalk will assist the wider profession.

The subjects of these “inserts” are driven by the issues raised in the Complaints Committee and this issue sees two of the areas which cause the Board and the profession some degree of angst... “Ticks” and “Non-Steroidal medications”. We hope that you find these useful and invite you to share them with other staff in your practice.

Next issue Glenn Lynch will put together a “Hospital Checklist” to assist you to maintain those standards you would be proud of at your hospital.

Practitioners might like to look at drug dispensing procedures in their practice this week. Sometimes the things that go wrong are the very simple things.

1. Is the eye ointment I have written in the records for the client to receive, the one the client is actually given at the front desk?
2. Is the 100mg tablet of drug A dispensed instead of the 30mg tablet, because

Inside This Issue

President's Report.....	1
Hospital Licence Renewals	2
From the Registrar's Desk	2
Who Should Regulate Equine Veterinarians?	2
What Is Happening With Proposed Changes To The Veterinary Practice Regulation 2006?.....	2
What are the Trends in Numbers Of Vets and Hospitals in NSW?.....	3
From the Hospital Inspector's Car.....	4
Complaints Committee Report - April 2013	4
National Recognition of Veterinary Registration	6
Complaint Handling Processes.....	7
Report from the Faculty of Veterinary Science - The University of Sydney	8
News From the Veterinary School at Charles Sturt University	9
Informed Consent	10
Registration Renewals	10
Updates from the Department of Primary Industries NSW (DPI).....	11
Does My Veterinary Hospital Or Clinic Require A PIC?.....	11
Transmissible Spongiform Encephalopathy Freedom Assurance Program (TSEFAP)	11
Soil And Tissue Testing.....	12
Improving Department Of Primary Industries Communications To Veterinarians.....	13
Your Feedback Is Wanted!	13
Reporting Emergency Animal Diseases.....	14
Staff Changes In Department Of Primary Industries	14
Practitioner in Residence Program	15
University of Sydney – Dr Amy Pepper.....	15
Charles Sturt University – Dr Randi Rotne.....	16
Annual General Meeting	17
Signing Certificates	17
Confidential Help for Veterinarians.....	17
Stray Dogs And Cats And The Role Of The Vet	18
When Is a Dog a “Stray”?	18
When Is a Cat a “Stray”?.....	18
Some Examples Of When a Dog or a Cat is a “Stray”?.....	18
What Does a Person Do With a Stray Or “Seized” Animal?	18
What Do The Public Do With an Injured Animal?	18
Do Councils Have To Collect Stray Dogs and Cats?	19
Do Councils Have To Have An After Hours Service For Stray Cats and Dogs?.....	19
Australian Veterinary Association's Position Statement on Vaccinations.....	20
Board Staff.....	20

President's report continued

the bottles look almost identical on the pharmacy shelf?

3. Am I using a higher than recommended dose and therefore I need to explain to the client what side effects might be seen?
4. Have I in fact recorded a weight for the animal to show the dose I am using is appropriate?

Increasingly when animals are unwell, clients look to the internet and are sometimes quite upset to find information about the medication that was not discussed with them by their professional, or that the dose was not according to the manufacturer's recommendation. This uncertainly then leads them to think "well, if the vet got this wrong, what else did they get wrong?"

This time last year we were in discussions with the EVA and members of the NSW Racing Industry about proposals to license veterinarians who were involved in the racing industry and, as we go to print, those negotiations are still taking place.

As a Board we continue to feel we are the body equipped with appropriate legislation to investigate complaints about veterinary conduct. We are endeavouring to see how we can satisfy the perceived special needs of this industry while not sacrificing the well tested and fair procedures used by the Board. One complaint has been lodged by the Racing authorities since the new legislation gave the Board more powers over 7 years ago and no complaints have been lodged in the last 12 months. It's a case of "watch this space".

Ruth Thompson
President

Hospital Licence Renewals

Hospital licence fees (\$250) are due by 31 May 2013 for the licensing period 1 July 2013 to 30 June 2014. Please contact the Board if you have not yet received your offer to renew a hospital licence.

Any premises where a procedure is undertaken that according to current standards requires the administration of a general anaesthetic must be licensed. This does not apply in an emergency, if it is impractical to move the animal or if it is dangerous to the health of the animal to move it to a hospital

From the Registrar's Desk

Since starting in this role one year ago, I have seen the Board deal with, or at least be asked to comment on, a number of issues. Three of the most interesting have been licensing of equine veterinarians by Racing NSW, review of the *Veterinary Practice Regulation 2006*, and the growing numbers of veterinarians.

Who Should Regulate Equine Veterinarians?

Racing NSW has suggested that the processes used by the Board to regulate equine veterinarians are too slow, the penalties for infringement too light and they are better placed to regulate veterinarians involved in racing as they regulate trainers and jockeys. The Board has the statutory authority to regulate all veterinarians in NSW and its processes have been tested by the Supreme Court of NSW.

Equine Veterinarians Australia (EVA) sought opinion from its members and the overwhelming majority expressed a preference for continued regulation by the Board and against licensing of veterinarians by Racing NSW.

EVA, Racing NSW and the Board have held numerous discussions during the past year and EVA have developed a proposal for investigation of complaints against equine veterinarians initiated by Racing NSW which is aligned with Board processes and within the constraints of the *Veterinary Practice Act 2003*.

The EVA proposal (please contact EVA if you have not seen their proposal) has not been approved by Racing NSW. If a special Racing Complaints Committee is established by the Board, the Board will consider feedback from all stakeholders after the first year of implementation.

Whilst this issue was specific to veterinarians involved in racing, it is worthwhile remembering that clause 14 of the Code of Conduct requires all veterinarians to maintain knowledge of and obey any code or rules of an animal sporting organisation when working within the respective industry.

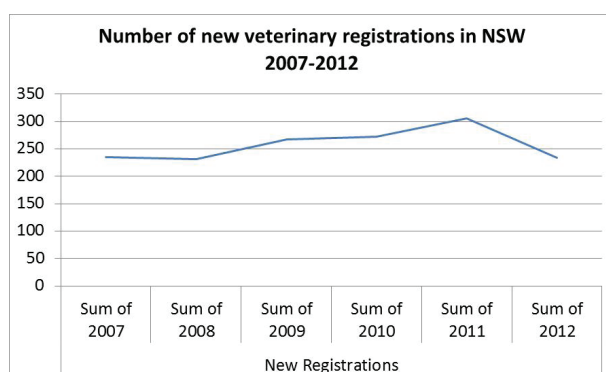
What Is Happening With Proposed Changes To The Veterinary Practice Regulation 2006?

I have been working with the President, officers from the Department of Primary Industries and the Minister's Office on potential changes to create the *Veterinary Practice Regulation 2013* under the staged repeal program. The new Regulation will be available for public comment from the Department of

Primary Industries website and I strongly recommend that all veterinarians in NSW spend time looking at the proposed changes when the public consultation draft is released. We will place a notification and link on our website when the draft Regulation is available for comment. The consultation period typically runs for 28 days.

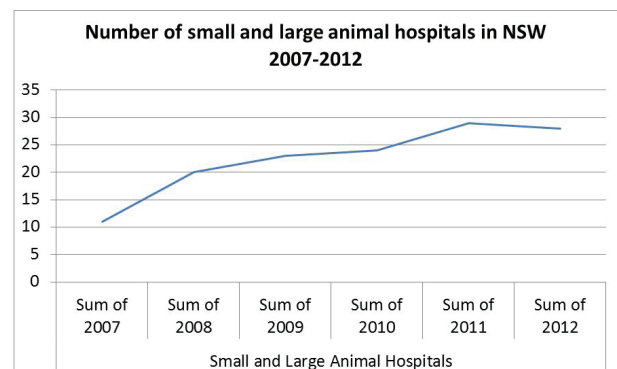
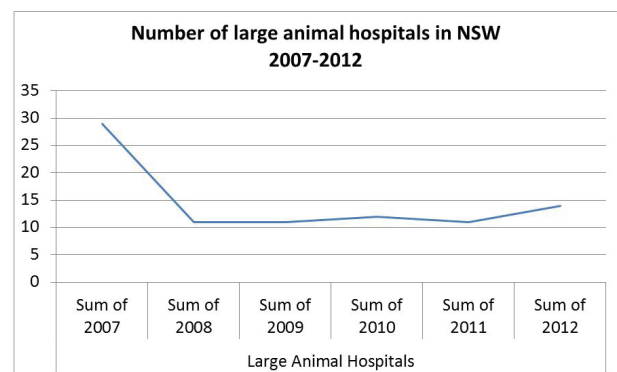
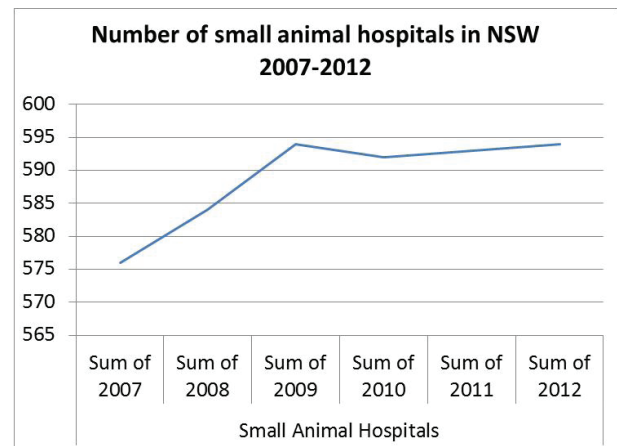
What are the Trends in Numbers Of Vets and Hospitals in NSW?

There has been some debate in recent years about the number of vets in Australia and NSW and the number of hospitals. Whilst it is not really an area for the Board, the Board does keep these statistics and reports on them each year in the Annual Report. You can view copies of Annual Reports from our website. The number of registered vets in NSW as at 30 June has been relatively steady over the last few years. Whilst there was a small reduction in 2012, it should be noted that this coincided with the move to National Recognition of Veterinary Registration (NRVR) and the Board no longer has a category of secondary registration. A similar drop in the number of registered specialists occurred last year.



A licensed hospital is required to perform surgery and the Board licenses small animal hospitals, large animal hospitals, and hospitals for both small and

large animal surgery. The numbers of small animal hospitals and large animal hospitals have remained steady over the last few years but there has been some growth in the number of hospitals licensed to perform surgery on both small and large animals.



John Baguley
Registrar

From the Hospital Inspector's Car

Well I'm rattling through the inspections at a good clip, well over half way through the 650 odd now.

It's been a real eye opener to revisit practices that I have not been to in over 10 years.

Generally speaking most have really improved their level of equipment, facilities and record keeping systems. I understand that it's an expensive exercise keeping up with the demands of the public, but rest assured, if a practice does not invest, the neighbouring practice probably is!

A big thank you to all the staff of the veterinary hospitals that I have inspected to date for the spirit in which they have absorbed the process.

The vast majority of practitioners really appreciate the fact that the Board itself is investing considerable money 'at the proactive end' of practice standards, to ensure compliance with the legislation and in turn, provide the public with the confidence that licensed veterinary hospitals do in fact meet specific standards.

In the next edition of Boardtalk, I shall be providing a 'guide to self-inspection'.

Role of the nominated Hospital Superintendent

Section 67 of the *Veterinary Practice Act 2003* states:

The holder of a veterinary hospital licence must ensure that:

- a) The premises the subject of the licence are managed by a superintendent who is a veterinary practitioner, and
- b) The Board is notified in writing of the person's name before that person assumes the duties of a superintendent.

The Board requires notification when there is a permanent change in superintendent. During short term periods of absence of more than one week, such as annual leave, a temporary superintendent must be appointed but the Board does not expect notification of temporary, short-term changes.

The Board has developed the guideline, '**Responsibilities of a Superintendent**' to assist superintendents understand what the Board expects. This guideline and others are available from the Board's website under 'Publications' then 'Veterinary Practitioner Guides'.

In short, the guidelines refer to matters such as qualified staff, procedures, consents, estimates, record keeping, equipment, facilities, the code of conduct, contagious diseases, drug responsibilities, emergency care and availability for ongoing care.

Whenever a new hospital licence is granted or the Board is notified in writing that there has been a change in superintendent, the Board provides the guidelines to the superintendent. The Board has also posted the guidelines to existing superintendents in the past.

The underlying and important principle is that someone, the superintendent, is ultimately responsible for what happens in the practice. Obviously individual vets are responsible for the work they perform but the superintendent is responsible for providing the staff, equipment, facilities, and systems so that practitioners can perform their job within expected standards.

As always, I'm happy to take any enquiries regarding veterinary hospital matters.

Glenn Lynch

Complaints Committee Report - April 2013

Since the last Complaints Committee report in the December "Boardtalk", sixteen complaints against veterinary practitioners have been investigated by the Complaints Committee and determined by the Board. At the time of writing this report, an additional twenty four complaints were being processed and investigated.

Of the sixteen complaints finalised, two resulted in the practitioner being reprimanded and five practitioners were cautioned for unsatisfactory professional conduct. Four complaints were dismissed with a recommendation and six complaints dismissed.

A practitioner was found guilty of professional misconduct and reprimanded for supplying large volumes of a sheep testosterone product, on a number

of occasions, to a client. He did not physically examine the animal(s) nor supply the steroids on the authority of another veterinarian who had examined the animals, but accepted the client's assertion that she traded sheep and had a problem with sheath rot in her wethers. As well as a number of breaches of the Veterinary Practitioners Code of Professional Conduct, the Board decided that he performed actions that, if repeated or continued, were likely to adversely affect the safety or health of a person. As well as a reprimand, this practitioner received the maximum fine of \$5000, and had the condition on his registration that he could no longer prescribe, supply or possess injectable anabolic steroids.

All practitioners must be aware of their responsibilities concerning the use of anabolic steroids as mandated under Order 1998/1 made under section 46 of the *Stock Medicines Act 1989* (NSW).

Our licence to prescribe drugs of addiction and anabolic steroids is a privilege we gain when we become registered veterinary practitioners in NSW. Many of the drugs in common usage in veterinary practice are in great demand in the sporting and drug-taking communities, for example ketamine, anabolic steroids and opioids. In recent months there has been a great deal in the press regarding the use of performance enhancing drugs in sport. Often "horse drugs" or "vet drugs" are mentioned which may cast suspicion that these drugs have been supplied by veterinary practitioners.

Our privilege to prescribe these drugs must be jealously guarded by strict adherence to the legislation.

Hospital inspections have revealed that safe storage of S8 and anabolic steroids in some practices is less than adequate. Also recording of their usage has occasionally not been fully compliant with the legislation. The relevant legislation regarding our responsibilities in handling these drugs can be viewed on the Board's website.

A \$2000 fine and a reprimand for unsatisfactory professional conduct was issued to a practitioner for striking a dog with a closed fist. This veterinarian was also required to develop a practice policy and procedures for dealing with fractious animals using alternate methods of restraint other than excessive force and catching poles. The Board recorded that this behaviour was completely counter to the basic ethics of the veterinary profession. The welfare of animals committed to our care is our primary consideration.

Five practitioners were cautioned for unsatisfactory professional conduct:

- The superintendent of a veterinary hospital was cautioned for failing in one of the responsibilities of a practice superintendent which is to ensure that the practice has procedures to enable accurate record keeping of consultations, treatments, tests or procedures. As a result of this failure in record keeping, the practitioner responsible for an unsatisfactory surgical procedure could not be identified.
- A practitioner was cautioned for failing to carry out professional procedures in accordance with current standards by dispensing restricted medications that were not labelled as required by the *Poisons and Therapeutic Goods Act 1966*.
- Two practitioners treating a dog were cautioned for failing to consider all diagnostic possibilities and failing to offer referral to a specialist for a complex medical case not responding to treatment.
- A practitioner was cautioned for failing to instigate an appropriate diagnostic workup, or to offer referral to a specialist, when the dog being treated was not responding to antibiotic treatment.

Two of the recommendations made to practitioners concerned the recording of communication with clients, in person or electronically, and documenting this discourse as soon as practicable. These records can be invaluable in defusing an accusation made by a client.

It is particularly important to document a client's refusal to accept advice given by a practitioner. Staff records of phone conversations can be of great value and many practices have commented on the benefit of having instigating a "phone log" to document calls and their content.

The basis of many complaints is what the complainant sees as the absence of true informed consent; for example a realistic fee estimate, specifics about the procedure, alternative treatments, what is included in the estimate, availability of staff during the night, the level of after-hours care available and, especially, the likely outcome of the treatment.

It is very important to use language appropriate for the client and explain any clinical or technical terminology in a way that is understood. Also, listen to the client and note their comments. Remember too, that many clients will seek a second opinion from Dr Google, and time spent discussing and explaining at this stage of the treatment is time well spent.

National Recognition of Veterinary Registration

National Recognition of Veterinary Registration (NRVR) has extended a little more... Tasmania has now joined New South Wales and Victoria. NRVR works in a similar way to your drivers licence. So what does this mean in practical terms?

1] Interstate vets visiting NSW

Veterinary practitioners who reside outside of NSW, but within Australia, and who are registered in another State or Territory can travel to work in New South Wales on a part-time or locum basis and do not require secondary registration in New South Wales. In NSW these vets have “deemed registration”.

The NSW Board does not check the registration details of these veterinarians and will not typically be aware that they are working in NSW. However these visiting vets will need to be fully aware of all the relevant legislation in NSW and will be subject to the NSW Board’s disciplinary processes if a complaint is received about their actions while in NSW.

2] New South Wales vets visiting Tasmania or Victoria for locum or short term placements

NSW registered veterinary practitioners and veterinary specialists who undertake short term visits or locum placements in Tasmania or Victoria are no longer required to hold registration in Tasmania or Victoria. Their NSW registration is automatically ‘recognised’ for the purpose of practising in Tasmania or Victoria.

NSW vets are reminded that while working in Tasmania or Victoria, they must comply with the obligations, requirements and conditions as set out in Tasmanian or Victorian legislation. They will be subject to the local veterinary Boards should a complaint arise from their work in the respective jurisdiction.

3] Employers

The implication for veterinary practices is that if you are employing a locum from another State or Territory, it is your responsibility to verify their identity and ensure that they hold current registration with their respective State or Territory registration Board.

Any conditions, limitations or restrictions placed on an interstate registration will also apply in NSW. It is suggested that an employer sight a copy of a

locum’s current registration certificate or registration card and check their status via the relevant Board’s register.

4] Categories other than “full registration”

Some categories of registration, for instance in NSW “honorary”, “honorary with conditions”, or “limited” or the Tasmanian category of “non-practising”, may not be recognised by the local Board. An equivalent class of registration must be available for it to be recognised by the other Board. Limited registration in NSW typically restricts employment to NSW.

5] New Zealand vets

NRVR does not extend to New Zealand registered vets, unless they are registered in another Australian State or Territory. As has previously been the case, visiting vets from New Zealand will need to apply for registration in New South Wales if they wish to live and work here, even for a short period.

6] When does an interstate vet need to apply for registration in New South Wales?

Once an interstate registered vet’s principal place of residence is NSW, the vet has 3 months to register in NSW.

7] What happens in the transition to NRVR across Australia?

Under NRVR, vets register in the State or Territory in which they reside.

In jurisdictions where NRVR applies vets may therefore be registered in one State or Territory where they live but work in a different State or Territory where they have deemed registration. For example, a vet living in ACT (NRVR not yet applicable) and working in NSW (NRVR applies) is required to register with the ACT Board under NRVR.

In jurisdictions yet to introduce NRVR, vets register in the jurisdiction in which they practise. For example, a vet living in NSW and working in ACT is required to register in ACT.

Complaint Handling Processes

When the Board receives a complaint in writing from a person about a veterinary practitioner working in NSW the Board must notify the veterinarian (some exceptions) and give that veterinarian at least 7 days to provide a written response to the complaint.

The Board has adopted the process whereby this first response from the veterinarian is sent to the complainant and the complainant's response is then sent to the veterinarian. This concludes the first stage of complaint investigation.

The Board is able to consider if there is any merit to the complaint at this stage. This process also provides an opportunity for the complainant and the veterinarian to further consider each other's perspective and some complaints are withdrawn as a result of this process.

The Board members and staff of the Board appreciate that the first letter from the Board notifying the veterinarian of a complaint can result in significant stress; the circumstances surrounding a complaint are no doubt stressful for all parties. This first letter focuses on collecting details, mostly the records of the case, from the veterinarian so that the Board can determine if the complaint has merit.

The Board staff are available for the veterinarian and the complainant to discuss the complaint handling process and hopefully assure all parties that the complaint will be handled effectively and with empathy.

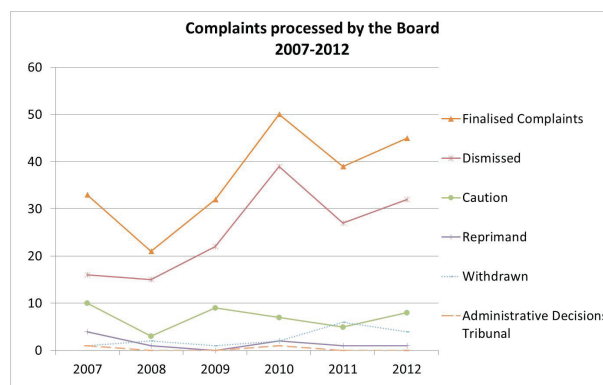
The material collected at the completion of this first stage is examined by the Complaints Committee (Committee). The Committee will then either recommend to the Board that the complaint is dismissed (lacking in merit) or will particularise the complaint if the Committee believes the veterinary practitioner has a case to answer.

For the latter, the veterinarian is notified of the particulars and is required to provide a written or oral representation to the Board answering these particulars. Particulars address specific allegations of potential breaches of the legislation; most commonly they refer to specific clauses of the Veterinary practitioners code of professional conduct (Code).

After examination of this final response from the veterinarian, the Committee may either recommend

to the Board that the complaint is dismissed or may recommend that the Board find the veterinarian guilty of unsatisfactory professional conduct or professional misconduct.

The full Board carefully considers all the material collected by the Committee together with the recommendations from the Committee and determines the outcome of the complaint investigation process.



A veterinarian found guilty of unsatisfactory professional conduct or professional misconduct may be cautioned, reprimanded (more serious), and fined. The Board may impose a fine of up to \$5,000.

More serious cases of professional misconduct are referred to the Administrative Decisions Tribunal (ADT) as the Board typically seeks to either suspend or remove the veterinarian from the Register. The ADT will determine the appropriate level of discipline.

If a veterinarian is unhappy with the decision of the Board, the veterinarian may appeal this decision to the ADT. Decisions of the ADT can be appealed to the Supreme Court of NSW.

The Board carefully and thoroughly investigates each complaint in writing against a veterinarian to fulfil its obligations to the profession (maintenance of standards), the public (protection) and to promote animal welfare.

The complaint handling process must ensure procedural and distributive justice. Moreover, the complaint handling process is designed to ensure the Board maintains the trust of the public, the profession and government.

Report from the Faculty of Veterinary Science - The University of Sydney

Firstly, as mentioned in the December 2012 issue of Boardtalk, the Faculty of Veterinary Science graduation celebration was the last formal event for the Chancellor, Professor Marie Bashir. Chancellor Belinda Hutchinson was appointed in March, replacing the much-loved Professor Marie Bashir. Despite 2012 being a challenging year, it was a time in which the Faculty achieved a turnaround, with some key outcomes.

Research

- Faculty of Veterinary Science at the University of Sydney was the only veterinary school awarded 5/5 ERA (Excellence in Research Assessment) rating by Federal Government in 2012
- 12% growth in funding for our diverse Australian and International research programs
- High impact research including: Johnes disease, equine biosecurity, oyster health, rural poverty alleviation in Africa, working dog behaviour, Tasmanian devil facial tumour genomics, novel fungal infections in cats, equine influenza outbreak control, koala conservation, automated dairying, foot and mouth disease control in SE Asia, poultry nutrition and bone strength, sow welfare, and cancer genetics

Teaching

- Global accreditation – RCVS, AVMA, VSAAC – 7 years
- Growth in demand from highly talented students in both undergraduate degree programs, exceeding targets for indigenous, rural, disadvantaged student access
- More than 30% students undertook a substantial honours project during their degree
- University supported change to DVM curriculum
- Veterinary Students Society Centenary, awarded Sydney's best student society (again!). University of Sydney was again voted the best on-campus experience for all Australian universities
- Launched clinical masters programs to train future veterinary specialist/academics
- Reviews of the Centre for Veterinary Education and Wildlife Health and Conservation Centre

External relations

- "Pets in Need" fund launched
- First Veterinary Alumni Association in Australia was launched and their first alumni awards announced

- Dairy and Poultry Research Foundations secured major industry research support
- High client satisfaction at our teaching hospitals
- Veterinary oncology and cardiology programs launched

Council of Veterinary Deans of Australia and New Zealand (CVDANZ) launched

The Australian Veterinary Boards Council hosted a 2 day veterinary education forum with employers, the AVA, veterinary school representatives and the state boards. The overriding concerns were:

1. The economics of the veterinary profession and business skills of graduates (linked to impact on students of the lack of commercial focus of veterinary teaching hospitals)
2. New graduate numbers and employment opportunities- concerning trends
3. Unsustainable and unfunded costs of providing veterinary education that meets global standards
4. Impact on profession, particularly rural veterinarians, of increasing support for training students

Similar issues were raised with the Association of AVMA Accredited Veterinary Medical Colleges (AAVMC) at its annual meeting, with extensive media exposure on escalating student debts. AAVMC has convened a veterinary business curriculum group.

Animal Health Australia (AHA)

Faculty endorsed the **Draft National Animal Biosecurity RD&E Strategy**, convened by Animal Health Australia. Its vision of ***world leading science-based systems and capability for managing animal biosecurity risks*** and strategy were developed after extensive consultation with a Steering Group of University, Government, Industry stakeholders

Veterinary Profession Partners

In the Australia Day Honours 2013, the Medal (OAM) of the Order of Australia in the General Division was awarded to **Dr Artis Visvaldis MEDENIS**. On behalf of the Faculty I congratulate Dr Medenis on this Award and extend our thanks to him for his significant contributions to the profession, the education of veterinarians and the community.

The Veterinary Science Alumni Association

Nominations for alumni awards were due 12 April and the Alumni Awards Committee will review these over the next few weeks with the winners announced shortly.

The Alumni Association will host a cocktail evening on Monday 27 May during the AVA National Conference in Cairns. We look forward to seeing a large number of alumni at this event.

The Association is working closely with VetSoc to develop a “wrap around” mentoring program for students, from enrolment through their years of study and professional placements to post-graduation. This will build up on the success of the existing Student Orientation and Leadership Experience (SOLE), student buddy system, peer assisted tutoring and year 5 mentoring program.

Events

27 May	AVA Alumni cocktail evening, Cairns
17 July	JD Stewart lecture on global food security - Robyn Alders
18-19 July	Partners in Veterinary Education 2 day conference, focusing on pain and orthopaedics
27 September	University Alumni Awards Presentation, the Great Hall
2 August	Beveridge address on One Health, Webster Theatre, VSCC
25 October	Animalia – VSF fundraising night, Doltone House, City
6-7 November	Faculty of Veterinary Science, Postgraduate Conference Camden, 6-7 November

Professor Rosanne Taylor
Dean, Faculty of Veterinary Science
The University of Sydney

News From the Veterinary School at Charles Sturt University

In common with other veterinary schools demand for places remains strong at CSU. Last November 150 interviews were undertaken to select the best 60 candidates. Members of the profession assist with the interviews and we thank those practitioners who have assisted last year and in the past. Their input is essential in keeping us relevant to the industry. Graduate destinations are primarily in rural practice and the next crop, our fourth, due to graduate in August, will be no exception.

The School has been busy consolidating aspects of the curriculum and bringing new facilities on line.

The curriculum review of the veterinary degree, which is part of a normal cycle, has just finished. These processes include external input and also consider feedback on our students and graduates from the profession. The purpose is to better align aspects of the curriculum with our goals and expectations of the profession and to match activities to our facilities and people.

The result is a slight reshuffling of subjects and a closing of some perceived gaps. The professional aspects, practical experience along with Problem Based Learning are retained.

Importantly, the nature of the external rotations including time with practitioners and government were strongly endorsed and remain unchanged. We have also realigned animal welfare with a view to making it more practical. Our students also have the

option to gain overseas experience and we have a number of exchange agreements in place. Norwegian students, in particular, spend time in our clinics and ours in Oslo.

The CT machine has been installed at the Veterinary Clinical Centre and is ready for service. The first patients to be imaged will be small animals, but the research and equine capacity will be realized later in 2013. This facility will service clients from the south of the state and greatly enhance our diagnostic capacity.

The image quality and capacity for manipulations and visualization is remarkable and the facility will also enhance anatomy and physiology teaching. The CT will also be used to teach human radiographers studying on campus. The facility complements our capacity in radiography and ultrasound.

A new animal house is also available. This adds to our capacity to hold sheep, cattle and horses.

Ironically, student accommodation for overnight service at the Veterinary Clinical Centre will be located nearby, also close to the clinic and stables, to ensure optimal patient care and student learning experiences.

Professor Nick Sangster
Head of School of Animal and Veterinary Sciences
Charles Sturt University, Wagga Wagga

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.

Clause 7 of the Veterinary practitioners code of professional conduct (Code) 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 all 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 therefore important to also refer to clause 16 of the Code when discussing informed consent:

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.

Informed consent implies not just that the client was given this information, but also that they were given it in a way they could understand and explanations were offered to clarify areas of confusion. Ideally informed consent will also help vets avoid biasing treatment options to match what they think a client wants or can afford.

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 of course acceptable. Written consent has the benefit that it protects both the veterinarian and the client, ensuring a record of the communication between the parties is created, which reduces the likelihood of future misunderstandings. If a complaint does arise it is an invaluable defence for the veterinarian and shows that informed consent was sought and obtained.

It is not necessary to obtain written agreement when changes in patient treatment or costs occur, but the conversation should be recorded in the history.

So often we run through check lists in our minds but don't run through it with our clients. As 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 all treatment options considered appropriate by the profession generally?
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, costs, or to inform the client of complications?
7. Asked the client if they have any questions or concerns regarding the current diagnosis, treatment and costs?

Registration Renewals

Registration fees (\$250) and Annual Returns are due by 31 May 2013 for the registration period 1 July 2013 to 30 June 2014. Please contact the Board if you have not yet received your offer of registration renewal.

Veterinary practitioners who reside in NSW and who perform acts of veterinary science in NSW are required to be registered with the Board. To register with the Board you must pay the registration fee (unless Honorary) and submit an Annual Return

Updates from the Department of Primary Industries NSW (DPI)

Does My Veterinary Hospital Or Clinic Require A PIC?

Lisa Davison, DPI

This was an enquiry recently received by DPI and is a good question!

Clause 37 of the *Stock Diseases Regulation 2009* requires anyone who keeps livestock in NSW to obtain a property identification code (PIC) for the land on which the stock is kept. This has been the case since 1 September 2012.

Stock is defined as bison, buffalo, camelids, cattle, deer, equines, goats, pigs, poultry and sheep.

Camelids means members of the family camelidae, including camels, alpacas, llamas, vicunas and guanacos

Poultry means chickens, turkeys, guinea fowl, ducks, geese, quails, pigeons, pheasants, partridges, emus or ostriches

Equines means members of the family equidae, including horses, donkeys, asses, mules and zebras

However, there are still some exemptions if the person is:

- the owner or person in charge of less than 100 poultry (excluding emus or ostriches), and there are no other stock kept on that property
- the owner or person in charge of less than 10 emus or ostriches, and there are no other stock kept on that property
- **the owner or person in charge of a veterinary practice where stock are treated but do not stay overnight at the veterinary practice**
- **the owner or person in charge of a veterinary laboratory which receives live animals to be euthanased, and carcasses for testing and post-mortems**
- the owner or person in charge of stock lawfully held or exhibited at an animal display licensed under the *Exhibited Animals Protection Act 1986*

This means veterinary hospitals that keep stock overnight or longer, and veterinary practices which are also artificial breeding (AB) centres and keep stock overnight or longer, need to have a PIC.

The National Livestock Identification System (NLIS) requires that **movements of cattle, sheep and goats** to and from an AB centre or veterinary practice that requires a PIC **must be recorded on the NLIS database within 7 days**. It is the responsibility of the **owner or person in charge of the stock** to do this unless there is an agreement that the AB centre or veterinary practice does it as a service for the owner of

the stock. However, the bottom line is that the owner of the stock is responsible for ensuring that the NLIS transfers are done.

Lisa Davison, Biosecurity Intelligence and Traceability, lisa.davison@dpi.nsw.gov.au

Transmissible Spongiform Encephalopathy Freedom Assurance Program (TSEFAP)

Dermot McNerney, DPI

We are in the last quarter of the financial year and we need more submissions from both sheep and cattle. Please continue to be alert to eligible cases in both species.

Here is a summary refresher on the incentives for both species:

Sheep: The owner incentive is \$50 and the veterinary incentive \$100, in addition to a collection/documentation fee of \$100 and freight incentive \$20.

Cattle: The owner incentive is \$300, the veterinary incentive \$200, in addition to a collection/documentation fee of \$100 and freight incentive \$20.

But WAIT, there's more! An additional bonus for both owner and veterinarian is that the laboratory costs of identifying the cause of death/sickness are waived!

Veterinarians are encouraged to use the TSE programme wherever possible on eligible animals.

Age criteria: Please note that the age of the animal **MUST** be specified in years or months on the submission form.

For sheep, the eligible age is 18 months or older. For cattle the eligible age is 30 months - 8 years. (Please note that cattle 9 years or older cannot be accepted as eligible for TSE funding).

For a free DVD on brain extraction techniques, email Dermot McNerney at dermot.mcnerney@dpi.nsw.gov.au

Thanks to those who are already regular submitters.

Dermot McNerney, Veterinary Officer Western Division, State Residue Coordinator and State TSE Coordinator, phone 03 5019 8411

Soil And Tissue Testing

Dermot McNerney

The Department of Primary Industries' Wollongbar laboratory closed its organic chemistry section on 1 March 2013. The table below contains a summary of NATA accredited laboratories which you may wish to consider as alternatives for soil and tissue testing. I suggest you review the list and choose one of these laboratories.

Each of these laboratories has been asked to quote prices and Turnaround Times (TAT) for each test. Some require credit applications to be completed so if your chosen laboratory requires that, I suggest that this is completed before you need to send samples.

If you require more information on each of the labs, I can send you the documentation which I received from them.

Please note, only one lab on this list will do fat organochlorine (OC) testing. This test is seldom required, but it is worth recording their contact details for this purpose also.

Dermot McNerney, Veterinary Officer Western Division, State Residue Coordinator and State TSE Coordinator, phone 03 5019 8411

		LOR m g / kg	LOR m g / kg	LOR mg/kg	TAT Working days	Fat	CONDITIONS
Laboratory	Location	OC	OP	Arsenic			
NMI (National Measurement Institute)	Nth Ryde, NSW	0.01	0.1	0.5	5 to 7	NO	
PRICE (excl GST)		50	50	29			
105 Delhi Rd, North Ryde, NSW 2113							Handling fee \$30 on each invoice
PO Box 138, North Ryde, NSW1670							Appropriate Containers will be supplied. Allow time for container delivery
Contact: Geoff Thurtell 029449 0138							Account application form completion
www.measurement.gov.au							
geoffrey.thurtell@measurement.gov.au							
ALS Environmental Division	Smithfield NSW	0.05	0.05	0.1	5 to 7	NO	
PRICE (excl GST)		50	50	20			
Australian Laboratory Services Pty Ltd							Handling fee \$30 on each invoice
277-289 Woodpark Rd Smithfield NSW 2165							Appropriate Containers will be supplied. Allow time for container delivery
Contact: Saman Taeidi or Barbara Hanna							Payment terms 30 days from date of invoice.
saman.haeidi@alsglobal.com							
02 8784 8504 or 8784 8555							
www.alsglobal.com							

Hunter Water Laboratories	Warabrook NSW	0.05	0.5	0.5	10	NO	
PRICE (excl GST)		54.5	54.5	41.31			No additional charge per invoice
23 Rosegum Dr Warabrook NSW 2304							Appropriate Containers will be supplied. Allow time for container delivery
P.O. Box 317 HRMC 2310							Credit application required.
Ph: (02) 4935 0501							
Fax: (02) 4935 0505							
www.hwa.com.au							
kim.smith@hwa.com.au							
Symbio Alliance	Brisbane QLD	0.02	NYA	NYA	7	YES*	* TAT for tissue sampling 3 days
PRICE (excl GST)		77.97				96.54	
PO Box 4312, Eight Mile Plains Qld 4113							
52 Brandl St, Eight Mile Plains, Qld 4113							Sample preparation fee of \$12 applies to each sample.
Contact Sue Avery, Account Manager							Payment to accompany sample. Cheque or Credit card.
07 3340 5706, 0409 276 567							Soil samples to be packed in clean zip lock bags. Tissue similarly and wrapped in foil
savery@symbioalliance.com.au							
www.symbioalliance.com.au							

NYA: Not yet available

Improving Department Of Primary Industries Communications To Veterinarians Your Feedback Is Wanted!

The Department of Primary Industries is looking to improve the current avenues of communication to the veterinary community. To assist in this process we are asking for your feedback.

Your input will help shape future department communications and ensure you are getting the most relevant information, though the most useful channels.

Please take a minute from your day to complete the brief online survey. Your contribution would be greatly valued. No identifying information is required and all data collected will remain confidential.

https://www.surveymonkey.com/s/DPI_veterinarian_communications

Staff Changes In Department Of Primary Industries

Due to the retirement of Drs George Arzey and Belinda Walker, we are providing an updated contact list of animal biosecurity species and program coordinators within the Department of Primary Industries.

N S W C h i e f Veterinary Officer	Ian Roth	02 6391 3577	ian.roth@dpi.nsw.gov.au
Alpaca health	Diane Ryan	02 4640 6378	diane.ryan@dpi.nsw.gov.au
Avian (poultry and bird) health	Amanda Lee	02 4640 6308	amanda.lee@dpi.nsw.gov.au
Cattle health	Graham Bailey	6391 3455	graham.bailey@dpi.nsw.gov.au
Chemical residues	Dermot McNerney	03 5019 8411	dermot.mcnerney@dpi.nsw.gov.au
Deer health	Diane Ryan	02 4640 6378	diane.ryan@dpi.nsw.gov.au
Goat health	Diane Ryan	02 4640 6378	diane.ryan@dpi.nsw.gov.au
Honeybee health	Bronwyn Hendry	02 6191 3101	bronwyn.hendry@dpi.nsw.gov.au
Horse health	Paul Freeman	02 6626 1214	paul.freeman@dpi.nsw.gov.au
Pig health	Amanda Lee	02 4640 6308	amanda.lee@dpi.nsw.gov.au
Sheep health	Sam Allan	02 6763 1103	sam.allan@dpi.nsw.gov.au
Surveillance	Rory Arthur	02 6391 3608	rory.arthur@dpi.nsw.gov.au
TSE Coordinator	Dermot McNerney	03 5019 8411	dermot.mcnerney@dpi.nsw.gov.au
Wildlife health	Greg Curran	08 8088 9336	greg.curran@dpi.nsw.gov.au

*Any questions about any of the contributions from the Department of Primary Industries NSW need to be directed to
Bronwyn Hendry
Veterinary Officer Animal Biosecurity
Biosecurity NSW
161 Kite Street Orange NSW 2800
T: 02 6391 3101 | F: 02 6361 9976 | M: 0400 123 456 | E: bronwyn.hendry@dpi.nsw.gov.au
www.dpi.nsw.gov.au*

Reporting Emergency Animal Diseases

Seen anything unusual? If you suspect an emergency animal disease you must call the emergency animal disease hotline – **1800 675 888** – which is monitored 24 hours a day. Emergency animal diseases include most of the exotic diseases, any new diseases (or new presentations of existing diseases) and serious endemic diseases such as anthrax.

Emergency - Animal Disease Watch Hotline

1800 675 888

Report Unusual Disease Signs, Abnormal
Behaviour or Unexplained Deaths

Practitioner in Residence Program

The Board has established an Education Project Fund for the purpose of facilitating and promoting continuing professional development for veterinary practitioners with primary registration in NSW or students undertaking veterinary studies in NSW.

Previously the Board used these funds to sponsor Practitioner in Residence Programs at the University of Sydney and Charles Sturt University. The Board recently resolved to call for submissions when surplus funds are available for educational projects. This allows the Board to consider a broader range of possible projects or targeted projects to promote, provide for or facilitate the professional development of veterinary practitioners.

The following are excerpts from reports by the most recent Practitioner in Residence Programs at the University of Sydney and Charles Sturt University.

University of Sydney – Dr Amy Pepper

The final year interns thoroughly enjoyed having a non-threatening, accessible sounding board with whom they could discuss case management. This happened on a day to day informal basis however I also provided support and assistance during their formal case presentations for student rounds on Thursdays and Fridays.

I believe that I was able to be a role model to the students and provide some mentorship during their placement at the University Veterinary Teaching Hospital Sydney (UVTHS). By being involved so closely with the students I hope I was able to instil the value of lifelong learning and the continuing pursuit of excellence within the profession. Having the Practitioner in Residence (PIR) at the university gives the students a greater awareness of the value of, and need for, continuing professional development in their career as a veterinarian.

I was able to provide numerous tutorials to the students and was often guided by them on what they wanted or needed to learn from me. I conducted tutorials on antibiotic use and selection, otitis externa, dental procedures, individual case management, case discussions, physical exam practical sessions and managing cases in general practice.

I provided two lunchtime seminars for the students – dealing with difficult clients and medico-legal aspects of veterinary work; in particular when a client cannot afford veterinary treatment, and secondly, shelter and forensic medicine. I received some excellent feedback from both the students and staff at the UVTHS.

I was able to impart my clinical experience and provide advice on how to manage similar cases in general practice. I was able give the students options when clients cannot afford referral and how to deal with these situations.

Finally having the PIR at the UVTHS helps smooth the transition from university into clinical practice. Gaining knowledge first hand from the PIR in relation to applying for your first job, what to look for when finding a new graduate friendly practice, practical tips when dealing with animals, client communication skills and also dealing with the financial aspects of veterinary medicine are all important to the new graduate veterinarian.

The students also had a thirst for basic practical day to day information such as names, types and uses for veterinary products, nutraceuticals, pharmaceuticals and general day to day running of a veterinary practice and their role as a new graduate.

Taking that step from being the student to being the veterinarian can be daunting. All the responsibility suddenly falls on you the practitioner. I hope by providing a listening ear, practical advice and personal advice on how to survive the first 12 months in practice the students will be able to comfortably, and with a little less trepidation, take on the busy life of a new graduate veterinarian.

Summary of comments from students on Dr Pepper

- *Great to hear how similar cases would be handled in practice where owners have less money and cannot afford sophisticated diagnosis and treatment*
- *Amy was always approachable and friendly*
- *I loved Amy's shelter medicine seminar and reinforced my desire to do shelter medicine – an awesome role model*

- *Need greater access to some of her tutorials*
- *Need more people like Amy working at the university*

Charles Sturt University – Dr Randi Rotne

The end of 2011 was the start of a new project for me: Practitioner in Residence in the Veterinary School of Charles Sturt University (CSU), Wagga Wagga Campus. The aim was to work with the students as an experienced veterinarian and then report back to the veterinary profession.

The best way to work with the school's teaching program and semester breaks resulted in a different format to the one we had initially planned. Instead of 3 consecutive months at CSU, we split the weeks into 3 sections that spanned almost 10 months. This meant that I could be busy the entire time I was at the University and could see the progress of students we had worked with.

We were almost forced into this situation the second time I visited the campus when Wagga turned on a spectacular flooding event for 2012. Many people were evacuated including the lovely staff member I was staying with. Flexibility became more important!

Initially, parts of final year small animal clinical rotations were allocated to me, and for a practitioner this was a comfortable role to take on. Assisting students with critical thinking in consultations and being comfortable with small surgical procedures was great fun. I felt I could allow them more challenges than I could when supervising final year students in my own practice as clients of the school's clinic expected students to be performing procedures. It also made me think carefully about my own critical analyses of patients and the advice I was giving, making me "almost a student again".

During this time, there was also the opportunity to work as a tutor in dermatology practical classes and in small group clinical rounds, where cases are discussed and scenarios are presented to learn about individual body systems. The veterinary course at CSU follows a very different format to the traditional system I was taught with and so it took a while for me to be able to participate in teaching activities. Students are unable to come to these sessions unprepared and expect to pass. It

was the same for me as we guided them through their information rather than directly giving the answer, as was my tendency. The process of thinking through a problem, recognizing individual changes and then piecing it all together to arrive at a sound conclusion could easily be seen.

By 2012, I was working with the students in much broader areas including large animal pathology and parasitology as well as small animal surgery tutoring and the round table problem-based modules that this University runs for mid-stage students.

In discussing their case reports and general veterinary problems, it was possible to show the students the practical nature of their learning experience and provide more relevance to their work than they could recognize themselves. It also gave me the chance to speak with some students regarding their concerns about veterinary science and the fear of graduating and being considered a professional.

The final stage of my residence involved helping to construct a program for a 4 week course called "Transition to Practice", then being available to the lecturer and students throughout the course and even in marking their essays at the end.

These were 4th year students ready to embark on their final year as veterinary interns in clinics. It became a real highlight of my time at CSU as the students began to relax with me and ask questions about approaching their private practices for supervision, what to expect when they arrive in the practices and what to do if they feel they are not going as well as they hope to.

We had a vast range of lecture topics for these few weeks and as some of them involved legal, ethical and accounting topics, it wasn't always easy for the students to understand the relevance of the topics. As a practitioner, it was much simpler for me to guide the students and sometimes show the practicality of a lecture. Hopefully this could prepare the students so that practitioners who take them on as interns and later as young graduates will benefit from a more "rounded" veterinarian.

There were 62 fourth year students in Transition to Practice and 41 of them submitted answers to a University questionnaire on the topic, including the effect of having a Practitioner in Residence

present. Two students stated they did not gain benefit from the Practitioner in Residence and 6 were either unsure or did not comment. The remainder had overwhelmingly positive responses and felt that it gave them a person they could use as a mentor and open their eyes to some of the situations they may come across over the next year.

The program also provided some of them with feedback on how they were progressing in their veterinary knowledge. For myself, it was a great experience to be allowed to assist the students and quite surprising to see some of the quality that was produced with their ethics essays at the end.

The Practitioner in Residence program was a great learning experience for me. I used my critical thinking more than I had previously in practice (and will continue to) and it gave me insight to the methods of teaching used at CSU. As with any teaching facility, there are small areas that need to be reviewed and upgraded but the wonderful staff are constantly addressing these.

As an individual, I gained a huge amount of satisfaction from helping the students and working with an academic institution. The students also appeared to gain something from having a practitioner with them and maybe this will translate to better veterinarians of the future and make integrating these students into clinics easier? I suspect though, that is a large thing to ask from only 3 months work.

I feel the limitation of this program is that it is maybe too individually based to really assist the veterinary profession as a whole on any more than a small scale. A wider-reaching program is really needed.

Another possible limitation is that the amount gained from the practitioner, the students or the veterinary profession, is very dependent on the person and institution chosen each year. It can be quite daunting to suddenly work within a teaching environment after working for many years in private practice.

As mentioned, however, for me it was a wonderful experience and I thank the students and staff of CSU for welcoming me so well and providing me with such wonderful feedback. Thanks must also be given to the Veterinary Practitioners Board who provided me with the grant to visit CSU.

Signing Certificates

A veterinary practitioner must not certify to any fact within his or her professional expertise or knowledge, or that a veterinary service has been provided, unless the veterinary practitioner has personal knowledge of the fact or has personally provided, or supervised the provision of, the veterinary service concerned. Any certification by a veterinary practitioner must contain such detail as is necessary to ensure that it is complete and accurate and that the meaning is clear

Annual General Meeting

The Annual General Meeting of the Board will be held the evening of 19 November 2013. Notification will be sent to all NSW registered veterinary practitioners in October and further information will be placed on the Board's website prior to the meeting

Confidential Help for Veterinarians

Doctors Health Advisory Service

Independent and confidential service staffed by specially selected and trained medical practitioners who are able to offer personal and health assistance as well as referral to specialists. Veterinary practitioners / their families / their colleagues are able to make calls to the Help Line. Issues vary and all calls are unique but may involve depression, alcohol abuse, drug use, work related stress or marriage difficulties. This highly respected and leading health care advisory organization aims to assist veterinarians to maintain full personal, professional and social capability

The dedicated telephone service is available

24 hours a day.

(02) 9437 6552

Stray Dogs And Cats And The Role Of The Vet

The *non injured cat and dog* is the legal responsibility of Local Government and not the responsibility of vets. Consequently if the non injured 'stray' is surrendered by a member of the public to a vet, the vet needs to contact the council pound or equivalent and arrange for the animal to be transferred as soon as practical (unless mutually agreeable arrangements have been made eg a vet saying I will keep it overnight or over the weekend).

The *Companion Animals Act 1998* (and this is not an Act the Board administers) does not spell out who is responsible for the movement of the dog/cat to the pound but the Guidelines 2010 speak of the vet 'making arrangements for movement.' No council has a right to refuse to accept a stray animal. Local councils have a legal obligation to keep the animal for 7 days if not microchipped and 14 days if chipped.

If the vet is an approved person under section 62A and therefore authorised to have access to the Register, they should search the Register and make any necessary enquiries to find out who the owner of the animal is and reunite the animal with its owner. Vets who are not 'approved persons' can apply to the Department of Local Government to become an approved person.

The Questions and Answers below have been provided by the Department of Local Government

When Is a Dog a "Stray"?

Under the *Companion Animals Act 1998* any dog which is in a place (other than where it is ordinarily kept) unaccompanied by a responsible person is a "stray". Any person (including a council officer) may seize a stray dog in the following circumstances as provided under the Act:

- If a dog is found in a public place and is not under the effective control of some competent person (section 13)
- If a dog is in a public place prohibited under the Act (eg children's play area or food preparation/consumption area) (section 14)
- If seizing the dog is reasonable and necessary for the protection of any person or animal or to prevent damage to property (section 22)
- If the dog has attacked a person or animal and the dog is on property owned or occupied by the person seizing the dog (section 18)
- In addition, council officers and police have powers to seize a dog which has attacked from the owner's property if the owner is not present and the dog cannot be adequately secured on the property (section 18).

When Is a Cat a "Stray"?

Unlike dogs, cats are allowed to roam public places and onto private property.

Under the *Companion Animals Act 1998* a cat may only be seized in the following circumstances:

- If a cat is in a public place prohibited under the Act (eg food preparation/consumption area or wildlife protection area) (section 30)
- If seizing the cat is reasonable and necessary for the protection of any person or animal (section 32).

Some Examples Of When a Dog or a Cat is a "Stray"?

- A dog which is walking along the footpath unaccompanied

by a person, not causing any threat to anyone, may be seized as a "stray" under section 13; a cat doing the same thing may not be seized as there is no offence under the *Companion Animals Act 1998*.

- A dog which comes onto your own property and digs up the garden (damaging property) may be seized under section 22; a cat doing the same thing may not be seized as there is no offence under the *Companion Animals Act 1998* (however a nuisance order could be issued).
- A dog which is on the road in the way of traffic may be seized under section 22 (as it may cause an accident resulting in either injury to persons or to itself); a cat doing the same thing may be seized under section 32 (as it may cause an accident resulting in either injury to persons or to itself).

What Does a Person Do With a Stray Or "Seized" Animal?

A person who seizes a dog or cat under the *Companion Animals Act 1998* must cause it to be delivered as soon as possible to its owner (if the owner can be identified) or to the council pound or other authorised council officer (eg ranger) (section 62). A person who does not comply with this is guilty of an offence and may be liable for a penalty of up to \$2,200. It is acknowledged that in practice many people deliver animals to their local vet surgery because it is not practicable for them to deliver the animal to a pound (eg they can walk to the vet and may not have a car to transport the animal to the pound). In this circumstance, a vet may choose to not accept or accept the animal. Under the former, the vet should advise the person to call the council ranger or take it to the council pound. If the vet does choose to accept the animal, they do so in the same context as "any person" under the Act, and must return the animal to its owner or contact the council as soon as possible. Vets should not undertake to hold the animal and re-house it themselves – there is no legal basis for the vet to give the animal to a new owner and if the original owner should come forward at some future time, a vet may find themselves subject to civil legal action.

What Do The Public Do With an Injured Animal?

Any animal which is injured is not seized under the *Companion Animals Act* but under the *Prevention of Cruelty to Animals Act 1979 (POCTA)*. POCTA provides that where a cat or dog has been injured in a vehicle accident, the driver of the vehicle is responsible for ensuring that it receives appropriate treatment to alleviate pain. The driver must also, as soon as practicable, inform the owner of the animal, or an officer of the RSPCA, AVL or a police officer (section 14).

In any circumstance where an animal is injured (for example, as the result of an attack by another animal), if a person seizes or takes charge of the animal, that person is responsible for ensuring that the animal receives any necessary veterinary treatment (section 5(3)). Where an animal is so severely injured that a vet takes possession of the animal to euthanase it, the vet may recover from the owner of the animal the reasonable costs incurred in euthanasing the animal (section 26A).

If the owner of an injured animal cannot be located, under the *Companion Animals Act 1998*, the council should be notified. Once the animal's condition is stabilised and it no longer requires veterinary supervision, the animal should be transferred to the council pound. Council is not liable for any costs of treatment

up to this point in time (unless of course it was council who delivered the injured animal to the vet in the first place). Nor is council under any obligation to inform the vet of the owner's details if they succeed in locating the owner (in fact this could be a breach of privacy legislation). As a courtesy council could inform the owner that the animal was treated by a particular vet and there are outstanding costs – but there's no obligation to do so; and if the owner chooses to ignore this information there's nothing more a council can do.

Do Councils Have To Collect Stray Dogs and Cats?

The *Companion Animals Act 1998* requires a council to accept into the pound any cat or dog which is delivered to the pound or other authorised person of the council (such as a ranger). However, the Act does not require a council to collect a "stray" animal from any public or private place. Some councils do provide this as an additional service to their community, others do not. It is a discretionary matter for the particular council to decide. Whether an individual council provides a "pick up" service for animals, and if so, in what circumstances, should be indicated in a formally adopted council management plan (this may be a specific animal management plan or be part of an environmental management plan or council's general management plan). Councils should ensure that local vets, animal welfare organisations and other relevant groups are informed of what is in their plan.

Do Councils Have To Have An After Hours Service For Stray Cats and Dogs?

The *Companion Animals Act 1998* does not require a council to have an "after hours" service for accepting cats and dogs. Again, this is a discretionary matter for council to determine. However, the majority of local councils do have some form of general "after hours" contact for their rangers. What "after hours" arrangements council has, and when and how they operate, again should be included in a council management plan. Councils should ensure that local vets, animal welfare organisations and other relevant groups are informed of what is in their plan.

For further information go to the;
Department of Premier and Cabinet and then Division of Local Government and search for Companion Animals
http://www.dlg.nsw.gov.au/dlg/dlghome/dlg_index.asp
Other contacts for the Division of Local Government are
Email: pets@dlg.nsw.gov.au
Telephone: (02) 4428 4181 and Fax (02) 4428 4199
Postal: Locked Bag 3015, Nowra, NSW 2541 Australia

So if the animal is sick or injured the vet needs to make a professional decision:

[1] Do the extent of the injuries necessitate euthanasia?

If so, we would recommend keeping full records including a description of the animal as well as details of the illness/wounds. Under the *Prevention of Cruelty to Animals Act 1979*, a veterinary practitioner has specific powers;

Powers of veterinary practitioners to destroy animals

26AA Powers of veterinary practitioners to destroy animals

- (1) *Where, in the opinion of a veterinary practitioner:*
(a) *an animal is so severely injured, so diseased or in such*

- a physical condition that it is cruel to keep it alive, and*
(b) *the animal is not about to be destroyed, or is about to be destroyed in a manner that will inflict unnecessary pain upon the animal, the veterinary practitioner may:*
(c) *take possession of the animal,*
(d) *remove the animal to such place as the veterinary practitioner thinks fit, and*
(e) *destroy the animal, or cause it to be destroyed, in a manner that causes it to die quickly and without unnecessary pain.*
(2) *The reasonable costs incurred by a veterinary practitioner in the exercise of the powers conferred upon the veterinary practitioner by subsection (1) in respect of an animal may be recovered from the owner of the animal as a debt in a court of competent jurisdiction by the veterinary practitioner.*

While under the *Veterinary Practice Regulation 2006*, Schedule 2 Veterinary practitioners code of professional conduct

2 Welfare of animals must be considered

A veterinary practitioner must at all times consider the welfare of animals when practising veterinary science.

3 No refusal of pain relief

- (1) *A veterinary practitioner must not refuse to provide relief of pain or suffering to an animal that is in his or her presence.*
(2) *In this clause, **relief**, in relation to pain or suffering, means:*
(a) *first aid treatment, or*
(b) *timely referral to another veterinary practitioner; or*
(c) *euthanasia, as appropriate.*

2] Can the animal be treated for the illness/wounds and then sent to the council pound / facility?

The costs for this would be borne by the vet unless negotiated beforehand with the local council.

3] While no one would expect a vet to for instance plate a fractured femur of a stray dog, ask yourself if the dog/cat could be kept comfortable for a couple of days with conservative treatment giving the owner a chance to claim the animal. An example would be a very well groomed and cared for dog with a suspected fracture which could be managed with pain relief and a splint for a day or so would be quite different from the cat which has a fracture but is dramatically under weight with advanced dental disease and signs of chronic ill health perhaps or visa versa.

At the end of the day a veterinarian is simply the best person to decide on welfare issues for the animal.

Regarding care overnight or on weekends when councils are shut and associated financial issues such as payment for medications....discussions need to take place with your local council. Most councils have an Animal Committee and vets need to be associated or familiar with that committee to have input with the making of policies.

The Department would like Council and veterinary practices to develop closer ties -vets and staff becoming approved premises and approved persons. If you are interested then call the Department of Local Government 02 - 4428 4181 or email pets@dlg.nsw.gov.au

Australian Veterinary Association's Position Statement on Vaccinations.

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Vaccination protocols should be determined within a veterinarian–client–patient relationship, based on attributes such as duration of immunity of available vaccines and an individual animal's requirements.

Every animal should be immunised and each individual animal only as frequently as necessary. Current scientific consensus recommends that adult cats and dogs should be vaccinated with core vaccines triennially where applicable.

Informed consent is important.

Core vaccines should be administered to all animals to protect them against severe, life-threatening diseases that have a global distribution.

Dogs: Canine distemper virus, canine adenovirus and canine parvovirus.

Cats: Feline parvovirus, feline calicivirus and feline herpesvirus.

The background to this position statement may be found at <http://www.ava.com.au/policy/67-vaccination-dogs-and-cats>

Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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Facsimile: (02) 8338 1077

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General enquiries admin@vpb.nsw.gov.au
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Registrar enquiries registrar@vpb.nsw.gov.au

Website: <http://www.vpb.nsw.gov.au>

Board Members:

Dr Ruth Thompson (President)
Dr John Alexander
Dr Georgina Child
Dr Andrew Hansen
Dr Jacob Michelsen
Mrs Lisa Minogue
Dr Mark Simpson
Mrs Bronnie Taylor

IMPORTANT:

The information contained in this newsletter reflects the policies of the Veterinary Practitioners 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.

Board Staff



John Baguley is
Registrar

Mary Lydamore is
Deputy Registrar
and Complaints
Officer



Glenn Lynch is
Hospital Inspector
and Investigator



Clare Nathan is
Administrative
Support and IT
Officer

Des Lyttle is
Registrations and
Financial Officer

