

# Boardtalk

December 2019

Issue 51



## President's Report

Welcome to the latest edition of BoardTalk.

I am sure many of you will head straight to the Complaints Committee Report but I believe, as always, that there are many articles in this issue which may be of benefit to you now or in the future.

We have contributions from the Department of Primary Industries, Department of Local Government, Racing NSW and the Greyhound Welfare and Integrity Commission with important information for the profession and the Board greatly appreciates the opportunities available to work with other authorities to assist all veterinarians.

Continuing professional development is something we think about year round and in this issue there is information on courses in relation to emergency diseases, wildlife treatment and antimicrobial stewardship and I am sure many of you will want to follow up these opportunities.

We have recently redeveloped guidelines on the use of compounded medications and hospital requirements. The Board's new compounded medication guideline is available

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*President's report continued*

on its website and within this issue is a re-release of its Compounding FAQs which I encourage everyone to read carefully. It is vital that veterinarians update their protocols and procedures to ensure they are compliant with the relevant legislation and this guideline.

Glenn Lynch notes in his report that we have released a new Self Assessment Checklist for Hospital Superintendents. I strongly recommend you download a copy and complete it before he inspects your hospital and together discuss any concerns, deficiencies and achievements.

We held our Annual General Meeting (AGM) Monday evening 11 November in Campbelltown this year and in addition to the standard discussions on activities of the Board, finances of the Board and fees there were presentations on complaint investigations and the demographics of the profession. All these materials are available from our website under the News section AGM.

Through an obscure course of events around the time of our AGM I realized that I have now been a member of the New South Wales Veterinary Practitioners Board for a decade. I have enjoyed the opportunities to grow personally from this experience and to witness improvements in the processes of the Board over that time but it is the collegiality and friendships that I will treasure most of all.

I do hope you manage to spend some time with loved ones during the holiday season and on behalf of all Board members and staff I wish you a very merry Christmas and a happy and safe New Year.

Mark Simpson



## **From the Registrar's Desk**

We do collate some of the data provided in annual returns each year and place this in a section in the Annual Report which I have mentioned previously. If you are interested in numbers of veterinarians, work locations, type of practice, age groups and gender there will be something for you in this report.

You will also find a summary of complaint investigations for the financial year to 2019 in the Annual Report.

For those of you particularly interested in these types of data there are also some presentations under Resources, Statistics. This year, in addition to a summary of numbers of complaints we have some information on decisions by registration type, gender and location of employment (remoteness index). The remoteness index is a standard tool which describes the accessibility (or remoteness) of a place to a range of services.

Each year I visit veterinary schools in Wagga Wagga and Sydney to provide information on registration, licensing and complaints to the students and presentations covering these topics are also available from the Resources, Statistics section of the website.

Students take on the role of the Board to discuss and determine de-identified complaints so that they can become more familiar with the processes adopted by the Board.

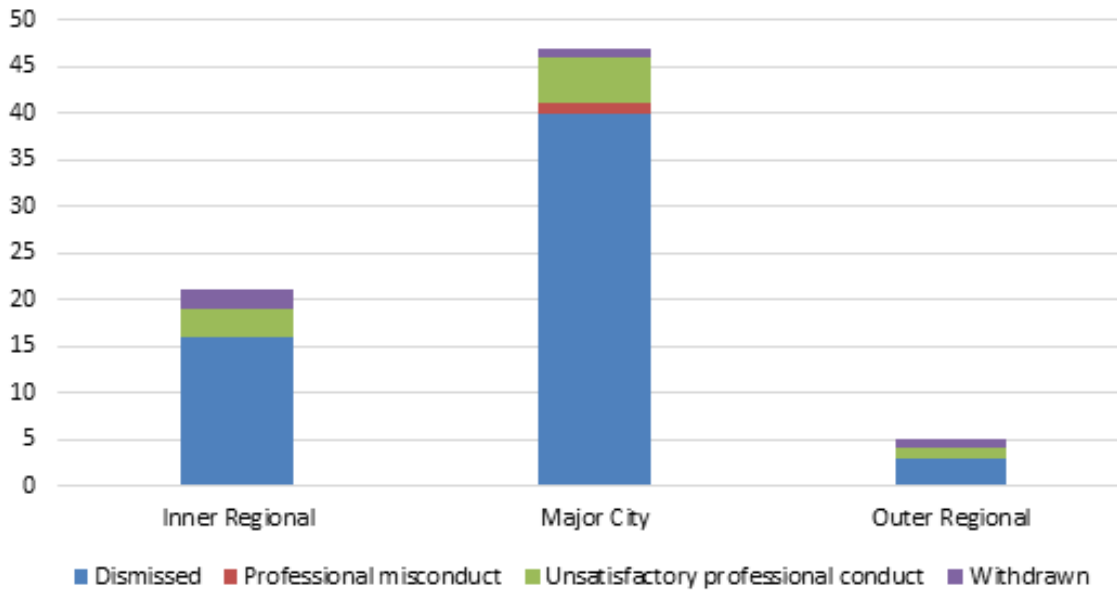
**Doctors Health Advisory Service Helpline  
02 9437 6552**

**LIFELINE**

**24 hour Crisis Support:  
Suicide Prevention**

**131114**

## 2019 Complaint decisions by remoteness (hospital location)



As you will see from the above complaint statistics, we received 59 complaints in the last year involving 81 individual veterinarians. With approximately 3,000 veterinarians working in clinical practice there is around a 1:40 chance of receiving a complaint notification each year but the important message for the students is that in most of these complaints (around 70%) the Board will not find evidence of a breach of the legislation.

In addition to these topics you will also find presentations on two hot topics for the moment:

the movement of veterinarians in the last 12 months and telemedicine or technology-based patient consultations.

Finally, I would like to thank the Board members, and staff members Mary, Glenn, Melanie, Des, Kathryn and Kate for their valuable contributions to the work of the Board during this past year.

Wishing you a safe and happy Christmas.

John Baguley

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## Welcome Kate Drew

Dr Kate Drew has been appointed as the Board's Complaints Support Officer. This new role has been created by the Board to support its work in preparing documentation during the complaints review process.

Kate is a small animal general practitioner, working part-time in Sydney's inner west. In a past life, she was a corporate lawyer at a top 10 Australian commercial law firm.

Kate is a passionate advocate for animal welfare and is looking forward to utilising her skills

in legal drafting and veterinary science to support the Board's important work. To say she is excited by the opportunity this role presents to combine her skills is an understatement.

Kate has two small children, so her interests currently include watching Peppa Pig on repeat, playing hide and seek and colouring in. Her long-term goal is to have her own hobbies and interests again (although she has found colouring in to be very relaxing).

## From the Hospital Inspector's Car

In the June 2019 edition of Boardtalk, I mentioned that the minimum requirements for veterinary hospitals were being reviewed by the Board.

A link to a draft of those requirements was also included in that edition, with a request from the profession for comment. The Board has now ratified the new requirements and a 'Self assessment checklist for veterinary hospital superintendents' is available under hospital licensing on the Board's website. I would strongly encourage practice owners, practice managers and hospital superintendents to print off the checklist as soon as possible and conduct an in-house inspection.

As well as physical attributes such as equipment and facilities, there is also an emphasis on procedures and processes that require compliance to meet the minimum requirements of a licensed veterinary hospital.

There are a number of provisions in the new requirements that were not in place some years ago when a licence may have been first granted, such as 'an area for personal pre-surgical preparation separate from the surgical room' and 'a separate area suitably equipped for the pre-surgical preparation and treatment of hospitalised patients'.

The Board has grandfathered these hospitals and therefore the licence remains. However the new minimum requirements are the current benchmark and all hospitals should strive to comply with them.

In addition, the Board will not grant a new licence without meeting these minimum standards.

In June this year, I responded to a request from the ACT Board to inspect the hospitals in their jurisdiction – they were generally very good and compared similarly to good hospitals in NSW.

I've just started a new 4 year inspection cycle (at my part time pace and approx. 680 NSW hospitals).

I enjoy frank discussions with all veterinarians; many points are often taken back to the Board meetings for policy review and ways that we can improve our processes.

I wish all readers of Boardtalk a very Merry Christmas and Happy New Year (and an end to the drought).

Glenn Lynch

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## Free Antimicrobial Stewardship Course

A free online course on antimicrobial stewardship has been developed by all Australian and New Zealand veterinary schools (led by Professor Jacqui Norris at the University of Sydney) and funded by the Department of Agriculture.

The course can be found here: [www.vetams.org](http://www.vetams.org)

The course has been developed to be relevant to all prescribing veterinarians.

## **The Complaints Committee Report**

The Board reviewed and determined 34 complaints made against veterinarians between April and October 2019. Of these, 26 complaints were dismissed. Five veterinarians were found guilty of unsatisfactory professional conduct with four of these receiving a caution and fine and three receiving a caution only. One veterinarian was found guilty of professional misconduct, reprimanded and fined.

One complaint was withdrawn by the complainant after receiving the veterinarian's response.

### **Unsatisfactory professional conduct**

One veterinarian was cautioned and fined after being found guilty of unsatisfactory professional conduct in breach of Veterinary Practice Act 2003 (s 35(k)) - lack of skill, judgement and care - when failing to consider other possible causes of continued inappetence in a dog presenting with gastrointestinal signs that was continuously treated with maropitant. Repeated treatment with maropitant (Cerenia) - for example, every day for several days - is not recommended unless a definitive diagnosis has been made and diseases that require treatment other than antiemetics, including obstructive GI disease, have been ruled out.

Maropitant is a potent antiemetic and can mask clinical signs, therefore delaying the diagnosis of a GI obstruction, particularly if the patient is only treated symptomatically and no further diagnostics are pursued. Some animals will continue to vomit "through" the maropitant, but this is not always the case.

A second veterinarian was cautioned and fined after being found guilty of unsatisfactory professional conduct in breach of Veterinary Practice Act 2003 (s 35(k)) - lack of skill, judgement and care - in that he performed

a partial amputation of a cat's tongue without the informed consent of the person responsible for the care of the cat. The partial glossectomy was performed at the same time as a dental procedure, yet no contact and communication took place with the client regarding this surgery prior to it being carried out. Where practical and before providing veterinary services, the client must be informed of the likely extent and outcome of any treatment or procedure. The veterinarian in question's records were also considered to be in insufficient detail to enable another veterinarian to continue treatment of the cat. A third veterinarian was cautioned after demonstrating a lack of skill, judgement and care in the restraint of an aggressive patient. Anxious and aggressive patients present a significant health and safety concern for veterinarians and options to lessen anxiety and the cost and risks associated with them should be discussed with clients.

A fourth veterinarian was cautioned after failing to assess the neurological status of a dog (initially presented with spinal pain) prior to discharge. The major problem leading to this complaint was a lack of communication, including a lack of formal hand over and hospital protocol procedures. These deficiencies were consequently all identified and addressed by the veterinary hospital involved.

A fifth veterinarian was cautioned because his records were in insufficient detail to enable another veterinary practitioner to continue the treatment of a dog. Discharge instructions and communication with the client form important parts of a clinical record.

### **Professional misconduct**

A veterinarian was found guilty of professional

misconduct, reprimanded and fined after operating on a 19 week old dog for the purpose of preventing the dog from being able to bark in breach of the Prevention of Cruelty to Animals Act 1979 (POCTA) (s 12(1)). The veterinarian performed this procedure without being provided with:

- a. a copy of an order issued under the Companion Animals Act 1998 (s 21) requiring the owner of the dog to prevent it from engaging in nuisance barking, and
- b. a statutory declaration from the owner of the dog to the effect of the following:
  - i. all reasonable steps other than the operation, have been taken, without success, to prevent the dog engaging in nuisance barking
  - ii. unless the operation is performed, the dog will be destroyed.

The legislation is very clear about the steps that need to be followed in order for a debarking procedure to be performed on a dog. Failure to follow these steps is both a breach of POCTA and the Code of Professional Conduct in that it is not in accordance with current standards of practice (cl 4).

The veterinarian additionally did not make a detailed record of the consultation, procedure and treatment of the pup, and these records were not in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal.

### **New staff to handle increased complaint numbers**

The number of complaints received by the Board continues to steadily increase. The reasons for this may include the increased numbers of veterinarians and companion animals being treated, societal attitudes, and increased expectations of clients.

With the increase in complaints received by

the Board against veterinarians, the Board resolved to employ an additional staff member to aid in the processing and investigation of these complaints. We congratulate and welcome Dr Kate Drew, veterinarian and lawyer, on her appointment as Complaint Support Officer.

Mary Lydamore remains the first port-of-call for all veterinarians and complainants through the complaints process, in her role as Deputy Registrar and with her training in counselling.

Veterinarians can be assured that each complaint continues to be fully investigated by the Complaints Committee (a sub-committee of the Board) who then make a recommendation to the full Board, where the ultimate outcome of a complaint is determined.

### **Medical records**

Medical records are the primary source of information regarding an animal's care if a complaint against a veterinarian is investigated. Medical records should be made as soon as practicable, and this is defined as the contemporaneous record. Medical records should also include a record of client communications and the substance of those communications.

Record-writing may sometimes feel onerous, but contemporaneous records provide veterinarians with the best form of defence against allegations made in a complaint.

The Board requires that any alteration or addition to a medical record should be identified as to when that addition or alteration is made. An audit of any medical record with respect to alterations and additions may be requested in the investigation of a complaint.

## Use of Compounded Medications

The Board has released a new guideline on the use of compounded medications. To assist with understanding this guideline we have also reviewed our previous frequently asked questions on this topic.

So, here are some answers to frequently asked questions received by the Board regarding the use of compounded pharmaceuticals:

1. *Is the veterinarian able to supply the compounded medication to the client directly rather than the medication going straight to the client from the compounding pharmacy?*

Yes. There is a provision for indirect dispensing to the client by the compounding pharmacy. So, if it is more convenient for your client the compounding pharmacy may dispense the medication to the client via your veterinary practice. However, the compounding pharmacy must be able to demonstrate a direct pharmacist-client relationship.

Please note that the veterinarian is not dispensing the compounded medication in this circumstance. The compounding pharmacy is a pharmacy and not a wholesaler so this is different to you supplying a product you have purchased from a wholesaler.

2. *Can the veterinarian put a dispensing fee on the price of the compounded medication or mark up the cost of the compounded medication when supplying to the client?*

No. Unlike medication received from a wholesaler the veterinarian is not dispensing the product. You cannot treat medication from the compounding pharmacy the same as medication from a wholesaler. The veterinarian is best able to deal with the costs and time involved with supplying a compounded pharmaceutical through a prescription fee. If the veterinarian is supplying the medication indirectly then a freight fee may also be applicable.

3. *Can the veterinarian provide an*

*additional label to the compounded medication (so that it does not obscure the pharmacy label such as on the outer package)?*

No. It is illegal in NSW for a veterinarian to place an additional label on prescription medicine dispensed by a pharmacy (this includes a compounded medication).

4. *Can the veterinarian provide additional written instructions to the client to augment the information provided by the pharmacy generated label?*

Yes. This may also be a good place to remind the client of the potential time delays in providing further supply of medication as this is medication specifically compounded for their pet and therefore there are no stocks of the medication kept on the premises.

5. *If a client has a question or problem with a compounded medication the label will typically provide contact details for the compounding pharmacy but it might be equally important to discuss an adverse event or other problem with the veterinarian as well. How can this issue be addressed?*

Compounding pharmacists are able to discuss the problem with the client and provide either specific advice about the medication or refer the client to the veterinarian as the veterinarian's contact details are linked to the label and prescription. Alternatively, as there is a direct veterinarian-client relationship, the client may choose to contact the veterinarian initially and the veterinarian can attempt to resolve the issue or refer the client to the pharmacist as appropriate.

6. *The compounding pharmacy may need more than 24 hours to fill the prescription. If the client is late requesting a repeat there is a gap in medicating the animal. Is the vet able to prescribe and store any quantity of compounded medications?*

No. Compounded medications are prepared for an individual animal by the compounding pharmacy and therefore they cannot be stored in the practice or treated as if they were provided by a wholesaler. Compounded medications provide a number of benefits to

clients but this is one potential disadvantage that you should discuss with the client to try to avoid periods where the animal is not medicated.

7. *Is the veterinarian able to titrate the dose of the compounded medication? For example, can the directions for use on the prescription state: "Give 3 mL twice daily or as directed by your veterinarian"?*

Yes. For compounded products, the veterinarian is responsible for providing instructions to the pharmacist for compounding of the products and the required label directions for use. You can also provide additional written information to assist your client.

Please note however that the compounding pharmacist may not be able to guarantee the accuracy of dosing beyond a certain point hence it is best to discuss the individual needs of your patient with the compounding pharmacist.

8. *Does the veterinarian have to provide a prescription or can the veterinarian order for in-clinic use?*

A compounding pharmacist may only commence compounding for an animal medication on the instruction or a prescription from a veterinarian. The instructions do not have to be in writing, but it is best practice to provide instructions in writing where possible.

In order to meet the Board's requirement that compounded medication only be prepared and supplied for the treatment of a specific animal, the compounding pharmacist should not dispense the compounded product until a prescription has been issued that identifies the owner, the specific animal and quantity of compounded product sufficient to treat the animal.

9. *What about emergency supply under the Poisons and Therapeutic Goods Regulation 2008 (cl 46)?*

The Board's advice is that the *Poisons and Therapeutic Goods Regulation 2008* (cl 46) is a means by which a prescription-only drug can legally be supplied to a health practitioner without an actual prescription (identifying the patient, dosage etc.) in order that the drug is on hand should it be required for emergency treatment. Its operation is limited to 'emergency use' and for example would enable doctors to store a small quantity of drugs used to resuscitate patients who have a cardiac arrest.

Compounded medications are not subject to the same efficacy, safety, and quality assurance testing of registered medications and hence the potential for harm to animals and animal carers is greater when compounded medications are prescribed. Accordingly, in the veterinary context, compounded medications should be limited to individual doses for specific patients.

It is also important to note that the provision of a compounded medication for general use in animals for possible future emergency treatment would be in breach of Pharmacy Board guidelines<sup>1</sup> which state:

Compounding veterinary pharmaceutical products containing scheduled or unscheduled medicines for individual animal patients may be carried out by a pharmacist, provided that instructions have been received from a veterinary practitioner as outlined in the Agricultural and Veterinary Chemicals Code (AgVet Code).

The quantity of compounded medicine to be supplied should be a single unit of issue for the treatment of a particular patient. For prescribed medicines, if the quantity is not specified by the prescriber, this must be confirmed with the prescriber.

Accordingly, the Board is of the opinion that veterinarians should not order compounded veterinary pharmaceutical products for general use in animals at a later date.

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<sup>1</sup> Pharmacy Board of Australia 2015, Guidelines on Compounding of Medicines, Updated content issued August 2017, Pharmacy Board of Australia



## Consent for euthanasia

Euthanasia in veterinary practice can be a stressful experience for pet owners and veterinary staff alike. Additional stress can occur where the circumstances around a request to euthanise an animal cause a veterinarian to question who can actually provide the required consent.

In considering the issue of consent, the overall aims for a veterinary practitioner should be:

1. to avoid a situation where a pet is euthanised without the required standard for consent being met; and
2. to ensure that animals for whom euthanasia has been requested do not experience any unnecessary pain or suffering.

Under Clause 7 of the Veterinary Practitioners Code of Professional Conduct (the Code), *veterinary practitioners must, where it is practicable to do so, obtain informed consent of the **person responsible for the care of an animal** before providing veterinary services to the animal.*

It is important to note that the legislation **does not** require that informed consent is obtained from the **owner** of the animal.

This means that consent does not need to be obtained from the owner listed on the pet's microchip or registration record, for example. Rather, a veterinary practitioner needs to satisfy themselves that the person who has provided consent for euthanasia is the person responsible for the care of that animal.

Whilst verbal consent is acceptable, written consent ensures that there is a record between the parties.

Given that euthanasia is an irreversible procedure, veterinarians are also encouraged to explain this to any clients requesting euthanasia. It is important to clarify any questions the person may have about the procedure and explain the costs involved **before** euthanasia is carried out (Clause 16 of the Code).

The Board recommends that euthanasia consent forms are completed prior to an animal being euthanised and suggests that the wording of such forms include a statement that the person providing consent is "responsible for the care of the animal" and that the procedure is irreversible. If a complaint does arise, this is an invaluable defence for the veterinarian.

A veterinarian can decline a request to euthanise an animal. A veterinarian may also offer to take responsibility for an animal that they do not wish to euthanise. Documentation supporting the transfer of ownership in such circumstances should be very clear. If the animal has not been microchipped it is best to discuss this situation with the local pound or the Office of Local Government on 02 4428 4100.

If a veterinarian is not satisfied that the person requesting euthanasia is a person responsible for the animal's care, the euthanasia should be postponed or declined. An example of this may be where a person requests euthanasia for an animal that has not been previously seen by a particular veterinary hospital, where there are requests for euthanasia of multiple animals simultaneously or a person "drops an animal off" to be euthanised.

When requests for euthanasia are postponed or declined, veterinarians are reminded that under Clause 2 of the Code *a veterinary practitioner must at all times consider the welfare of animals when practising veterinary science*. Unfortunately, there may be situations where a veterinarian's refusal to euthanise an animal may cause them to fear for that animal's ongoing welfare.

In such a circumstance, veterinarians are encouraged to contact their relevant animal protection agency or consider if they are able to exercise their power under s26AA of the *Prevention of Cruelty to Animals Act 1979* (POCTA). Under s26AA, a veterinary practitioner may euthanise an animal that is "so severely injured, so diseased or in such a physical condition that it is cruel to be kept alive and the animal ... is about to be destroyed in a manner that will inflict unnecessary pain upon the animal".

Decisions around euthanasia are fraught with legal, ethical and emotional considerations. If decisions around euthanasia are causing difficulties for you, the Board encourages you to seek assistance from one or more of the following services available to veterinarians:

**Doctors Health Advisory Service:**

dhas.org.au

02 9437 6552

**Beyond Blue:**

www.beyondblue.org.au

1300 224 636

**LifeLine:**

www.lifeline.org.au

131 114

## **Emergency animal diseases – A field guide for Australian veterinarians**

This field guide was jointly developed by the Department of Agriculture and Australia's Animal Health Laboratory and funded by the Australian Government's Agricultural Competitiveness White Paper, the government's plan for stronger farmers and a stronger economy.

It is available from the Outbreak ([www.outbreak.gov.au](http://www.outbreak.gov.au)) website.

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

Veterinarians are on the front line for exotic animal diseases and this resource strengthens their toolkit for early identification and reporting – critical to minimise the harm these diseases can pose.

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## **Ownership of records**

With respect to the ownership of records the Board has previously discussed in previous editions of Boardtalk. The courts have determined that medical records are either owned by the practice or by the individual medical practitioner.<sup>1,2,3</sup> Privacy legislation makes it clear that a person has the right to access all personal information about him or her but animal health information is not covered by privacy legislation and these cases continue to provide general principles and guidance for questions of ownership of veterinary and animal health records.

<sup>1</sup> <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/HCA/1996/57.html?stem=0&synonyms=0&query=breen>

<sup>2</sup> <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/nsw/NSWCA/2000/56.html?stem=0&synonyms=0&query=health%20services%20for%20men>

<sup>3</sup> <http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/nsw/NSWSC/2006/844.html?stem=0&synonyms=0&query=zahedi>

## Report from the Department of Primary Industries

### Emergency Animal Disease Watch Hotline

Report suspect exotic,  
notifiable or emergency  
animal diseases and pests  
or biosecurity events to the  
24 hour Emergency Animal  
Disease Watch Hotline

**1800 675 888**

### Stock Welfare Panels

Stock Welfare Panels are established under the Prevention of Cruelty to Animals Act 1979, at the request of an enforcement agency, usually RSPCA, to respond to stock animal welfare cases. The Panel process involves assessing and reporting on the welfare of the stock. An official warning can be issued to the owner giving directions for the care of the stock and if these are not complied with and the stock remain at risk, an order can be issued to seize and dispose of the stock.

A Stock Welfare Panel is made up of an RSPCA NSW Inspector, an officer of the Department of Primary Industries (DPI) with expertise in animal welfare or livestock management, a representative from the NSW Farmers' association and a representative from Local Land Services (LLS), who in most cases is a District Veterinarian. The legislation requires that at least one member of the Panel is a veterinarian.

Stock Welfare Panels are not automatic, in most cases the RSPCA and LLS District Veterinarians are able to work successfully with stock owners to improve the animal welfare situation. Despite the severe drought ongoing conditions that much of NSW has been experiencing, the relatively low number of Panels indicates that most stock owners are making the right decisions.

In 2017/18 and 2018/19 there have been 23 Stock Welfare Panels which have improved the welfare situation for over 15,000 head of stock

(6615 cattle, 8228 sheep, 184 horses). There are currently 10 active Panels in operation. Generally, in 1/3 of Panels the stock owner will comply with the Panel's recommendations and address the welfare situation relatively quickly, in 1/3 the stock owner will partially comply and the welfare issues will be adequately dealt with over a slightly longer period and 1/3 will not comply and result in stock being seized.

As drought conditions continue the Panels will remain an important tool in addressing stock animal welfare situations.

### Animal Health Surveillance Newsletter

The Animal Health Surveillance Newsletter is a quarterly report on a portion of the animal disease investigations conducted by the government veterinary service of NSW. It contains case reports and information provided by the District Veterinarians of Local Land Services and the NSW Department of Primary Industries (DPI), who together form the government veterinary service of NSW.

The NSW DPI is obliged under the Biosecurity Act 2015 to detect and manage notifiable animal disease outbreaks. This obligation is met by government veterinary officers being required to investigate potential notifiable disease outbreaks and unusual diseases that may be new, emerging or difficult to diagnose. They also conduct targeted surveillance projects, inspections of stock at saleyards and monitoring of compliance programs.

The desired outcome is the early detection of notifiable diseases, including exotics, and thus minimisation of negative impacts, and accurate, verifiable data on the animal disease and pest status of NSW. Reports are collated at the state level, for subsequent official reporting to the National Animal Health Information System (NAHIS), which is managed by Animal Health Australia.

The NSW surveillance program is supported by Laboratory Services at Elizabeth Macarthur Agricultural Institute (EMAI) and by research

staff who design and improve diagnostic tests and, working with field veterinarians, investigate the epidemiology of diseases that may have significant biosecurity impacts.

If you would like to receive a snapshot insight into what's happening on the ground in animal health surveillance around NSW, please email [ofir.schwarzmann@dpi.nsw.gov.au](mailto:ofir.schwarzmann@dpi.nsw.gov.au) to be added to the mailing list. Please advise if you would prefer to receive a hard copy or electronic version and provide relevant details accordingly.

### **Successful partnership helps deal with invasive red-eared slider turtle**

A research project led by the Department of Primary Industries (DPI) in collaboration with Local Land Services and Centennial Parklands, is providing valuable information for the future management and control of the red-eared slider turtle, *Trachemys scripta elegans*.

The red-eared slider turtle is an invasive animal which originates from the USA but has been intensively bred, transported and traded internationally.

It is now ranked in the top 100 most invasive species in the world and has established feral populations in many parts of the world including areas of NSW.

Vertebrate Pest Research Unit Technical Officer, Emma Sawyers said the research, which has been running since late September, involves the trapping of a known feral population of the turtle and using the information collected to inform the community on management approaches for the species.

The research is a part of the DPI's larger pest species control program, which will build frontline pest management skills and improve pest animal management procedures and policy for use in NSW. The information will be made readily available for land managers and community groups to use in the future and will assist in ensuring that red-eared slider turtle management programs are undertaken successfully and humanely.

Ongoing community assistance is essential in the future management of this and other

species such as the American corn snake, African hedgehog and other unusual non-native invasive species that have recently been detected in NSW.

As NSW heads into the warmer months, veterinarians are asked to report any sightings of red-eared slider turtle immediately. The red-eared slider turtle can be easily distinguished from native turtle species by the distinct yellow and red stripes on its head.

For further information and to report any sightings, visit [www.dpi.nsw.gov.au/RES](http://www.dpi.nsw.gov.au/RES)



### **Transmissible Spongiform Encephalopathy (TSE) Surveillance Program**

Important information for Production Animal Veterinarians:

- The TSE Program is an important for market access
- Some years ago, NSW and Australia struggled to meet the targets for surveillance of clinical animals, particularly sheep
- District and private veterinarians in NSW have done an excellent job in promoting the program with farmers and submitting samples for TSE exclusion
- Animal Health Australia have placed limits on the number of submissions from NSW (and other states)
- The DPI web site has some important updated information regarding eligibility that production animal veterinarians looking to submit samples for the TSE program need to comply with.

## Johne's Disease vaccination of cattle

Veterinary practitioners are reminded of the requirements regarding Johne's disease vaccination of cattle.

In NSW, Silirum® Vaccine can only be supplied on the authority of the NSW Chief Veterinary Officer to approved people or their approved veterinarian.

All animals vaccinated with Silirum® Vaccine MUST be positively identified as Silirum® vaccinated animals by application of a 3 hole punch preferably administered in the right ear.

The person administering the vaccine MUST inform the National Livestock Information System (NLIS) database of animals which have been vaccinated.

To apply for an authority to vaccinate, go to the NSW DPI web site (<https://www.dpi.nsw.gov.au/animals-and-livestock/beef-cattle/health-and-disease/bacterial-diseases/bjd>)

## Messages from the Farm Chemicals group

### New Stock Medicines Regulation

While the Farm Chemicals group sits in Plant Biosecurity and Product Integrity, we work across all areas of NSW DPI. Some of our responsibilities include fertilisers, pesticides, stock foods and stock medicines.

On 1 September 2019, the Stock Medicines Regulation 2010 was repealed and the Stock Medicines Regulation 2019 was activated. Changes to the 2010 regulations are minor. They relate to changing the term inspector to authorised officer and removing a number of penalty notices.

Grazing failed cotton crops is not OK

As the drought persists and livestock producers are desperate for feed, producers are again asking, can I graze a failed cotton crop, or cut it for fodder?

In 2018, Australian livestock industries and

the cotton industry made a new agreement that allows feeding of cotton gin trash to livestock. A number of conditions apply. The Australian Pesticides and Veterinary Medicines Authority then issued a permit, in line with the industry agreement, which also allows feeding of cotton gin trash contrary to label instructions, which would otherwise be a breach of the Pesticides Act 1999.

The permit and the agreement do not allow grazing or cutting failed cotton crops or any other infield trash for fodder. The risk of chemicals, applied to any crop that fails, remaining in the plant is high. Stressed or dying crops are unable to metabolise residues of chemicals applied to the crop in the same manner as a healthy crop that is able to grow through to maturity.

### Trade advice notices

The Australian Pesticides and Veterinary Medicines Authority (APVMA) issue trade advice notices for public consultation if they are proposing to register a product that may not be readily accepted by some international markets.

Currently the APVMA are consulting on two products proposed for registration, which close on 5 December 2019.

1. Flubendazole in the product Flubenol 50 mg/g Oral Premix in Chickens and Pigs (<https://apvma.gov.au/node/57261>)
2. EXZOLT Fluralaner Oral Solution for chickens (<https://apvma.gov.au/node/57266>)

Trade advice notices also provide quite a good summary of information relating to products that are about to be registered.

Trade advice notices, and other issues that the APVMA are seeking public comment on, are published at <https://apvma.gov.au/news-and-publications/public-consultations>

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## EMAI Diagnostic Laboratories - Menangle

### Christmas and New Year trading hours 2019/20

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
23 Dec	24 Dec	25 Dec	26 Dec	27 Dec	28 Dec	29 Dec
Open	Open	Closed	Closed	Closed	Open for deliveries	Closed
8:30am - 4:30pm	8:30am - 4:30pm	Christmas Day	Boxing Day	Public Service Holiday		

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30 Dec	31 Dec	1 Jan	2 Jan	3 Jan	4 Jan	5 Jan
Open * (reduced staff)	Open* (reduced staff)	Closed	Open* (reduced staff)	Open* (reduced staff)	Open for deliveries	Closed
8:30am - 4:30pm	8:30am - 4:30pm	New Years Day - Public Holiday	8:30am - 4:30pm	8:30am - 4:30pm		

\* couriers available

Please ensure that couriers are contacted to confirm their operations during the holiday period. Pick-ups just prior to public holidays may be held over in courier holding facilities in which the storage conditions cannot be accounted for. Please discuss this with couriers prior to sending samples.

The Emergency Animal Disease Hotline will continue to operate continuously over the holiday period and can be contacted on **1800 675 888**.

For any enquiries related to the laboratory operations over the holiday period, please contact our Customer Service Unit on **1800 675 623** during normal trading hours.

For further information about the services offered by DPI Laboratory Services please visit our website: [www.dpi.nsw.gov.au/labs](http://www.dpi.nsw.gov.au/labs).

### Submissions to our Veterinary Diagnostic Laboratories

Samples for our Veterinary Diagnostic Laboratories must be accompanied by a submission form. These forms are downloadable at the NSW DPI website. Please throw away any out-of-date submission forms that you have in the clinic.

For suspect notifiable disease testing, the address of where the sample was collected should be included on the submission form. If the property has a property identification code (PIC) this should be included on the submission form.

To report suspect notifiable animal pests and diseases phone:

The Animal Biosecurity Emergency Hotline 1800 675 888 (available 24-hours a day), or

Your Local Land Services office on 1300 795 299 (available during business hours)

Again we thank you for your support and look forward to continuing to assist your business in being able to make reliable and professional decisions based on the results we have provided during 2019 and beyond.

## The Practitioners Code of Conduct and Records

A veterinarian's responsibilities in relation to veterinary and animal health records are covered in three clauses of the Veterinary practitioners code of professional conduct:

### 1. Provision of records

Under the Code (clause 10), a veterinary practitioner who has previously treated an animal must, when requested to do so, and with the consent of the person responsible for the care of the animal, provide copies or originals of all relevant case history records directly to another veterinary practitioner who has taken over the treatment of the animal.

### 2. Writing and maintaining records

Under the Code (clause 15):

- (1) A veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as is practicable
- (2) The record:
  - a.. Must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal, and
  - b. Must include the results of any diagnostic tests, analysis and treatments
- (3) If a record is altered, the alteration must be clearly identified in the record as such
- (4) A veterinary practitioner must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.

### 3. Client confidentiality

Under the Code (clause 12) a veterinary practitioner must, except as otherwise required by the Code, maintain the confidentiality of information obtained in the course of his or her professional practice.

## Pet Greyhounds Muzzle Free

In NSW all pet greyhounds were legally required to wear a muzzle in public unless they had completed an approved retraining program.

**From 1 July 2019 this legal requirement no longer applies to pet greyhounds registered on the NSW Pet Registry.**

This is part of the NSW Government's commitment to improving living standards and rehoming rates for greyhounds.

For further information please visit <https://www.olg.nsw.gov.au/content/greyhound-muzzling>

## Greyhound Welfare and Integrity Commission

The Greyhound Welfare and Integrity Commission (GWIC) has developed a new re-homing policy effective 1 December 2019.

Greyhound owners are required to prepare their greyhounds for rehoming and make genuine attempts to rehome any greyhound that they do not wish to retain. If an owner is unable to rehome the greyhound privately, they must first seek the greyhound's admission to the Greyhounds As Pets (GAP) program.

If the greyhound is not admitted to the GAP Program, the owner must then:

1. seek to rehome the greyhound through at least one other pet rescue or re-homing organisation or
2. seek the greyhound's admission to the GAP program a second time.

These minimum rehoming requirements do not apply once a greyhound has been rehomed, or if the greyhound has been declared a dangerous or menacing dog under the Companion Animals Act 1998.

Further information and associated forms, including notification of euthanasia by a veterinarian and emergency euthanasia of a greyhound, are available from the GWIC website.

## Racing NSW Update

### Equine Welfare

Racing NSW would like to remind all practitioners and reinforce its Local Rules as they pertain to Equine Welfare.

These rules have been in effect in their current form since 1 October 2017 and veterinarians in racetrack and associated industry practice should be aware of the requirements placed on registered owners, trainers and any other person that is in the custody of or responsible for a thoroughbred.

LR 114 was introduced with the purpose and objective of ensuring the welfare of eligible horses from birth, throughout their racing careers and into their retirement.

The complete Rules of Racing of Racing NSW can be accessed at:

<https://www.racingnsw.com.au/wp-content/uploads/NSWRules20180801.pdf>

(Effective 1.10.17)

LR 114.

- (1) The purpose and objective of this Local Rule 114 is to ensure the welfare of thoroughbred horses from birth, during their racing careers and on retirement.
- (2) A registered owner, trainer or any person that is in charge of or has in his or her possession, control or custody of any horses (Eligible Horses, Unnamed Horses and Named Horses) must ensure that any such horses are provided at all times with:
  - (a) proper and sufficient nutrition and water;
  - (b) proper exercise;
  - (c) stabling and paddocks of a standard approved by Racing NSW, which are adequate in size, which are adequately maintained and kept in a clean and sanitary condition;
  - (d) veterinary treatment where such treatment is necessary or directed by Racing NSW.
- (3) A registered owner, trainer or any person that is in charge of or has in his or her possession, control or custody of

any horses (Eligible Horses, Unnamed Horses and Named Horses) must exercise reasonable care, control and supervision as may be necessary to prevent any such horse from being subject to cruelty or unnecessary pain or suffering.

- (4) A registered owner, trainer or any person that is in charge of or has in his or her possession, control or custody of any horses (Eligible Horses, Unnamed Horses and Named Horses) is not to euthanize or destroy a horse (or permit a horse to be euthanized or destroyed) unless a registered veterinary surgeon has certified in writing that it necessary on welfare or safety grounds or for reasons approved in writing by Racing NSW or unless under extreme circumstances where it is necessary for a horse to be euthanized immediately and the decision is subsequently confirmed by a veterinary surgeon.
- (5) Further to AR64JA(1), where a decision has been made to retire a horse, or not to commence racing an Eligible Horse, and that horse has been domiciled in New South Wales for the majority of its life:
  - (a) the Manager, in addition to any forms to be lodged with Racing Australia pursuant to AR64JA(1), is to lodge with Racing NSW the Retirement Notification form prescribed by Racing NSW, such form to includes details of the retirement option, where that horse will be located and contact details of the new owner (if that horse is being transferred to a new owner);
  - (b) that horse is not to be transferred to a location which does not meet minimum standards prescribed by Racing NSW to ensure the ongoing welfare of that horse and the owners are required to provide Racing NSW with all information and assistance (including access to the proposed location) in order to enable Racing NSW to assess that those minimum standards are met;
  - (c) the owners are to make all reasonable endeavours to find a home for that horse that meets Racing NSW's minimum standards in any of the following options:



- (i) breeding purposes;
  - (ii) equestrian, working, pleasure or companion horse;
  - (iii) any other option approved by Racing NSW
- (d) in the event that the owners are unable to find a home for that horse, having used all reasonable endeavours, then the remaining options for that horse are:
- (i) an official retirement or retraining program (either operated by Racing NSW or approved by Racing NSW in writing);
  - (ii) any other option that ensures the ongoing welfare of the horse approved by Racing NSW in writing;
- (e) the horse is not to be, directly or indirectly, sent to an abattoir, knackery or similarly disposed of;
- (f) the horse is not to be sold/gifted at a livestock auction not approved by Racing NSW; and
- (g) if that horse is in need of veterinary treatment (including ongoing veterinary treatment), it is not to be transferred to a new home until that veterinary treatment has been provided or Racing NSW is satisfied that it will receive that veterinary treatment.

(6) Any person who fails to comply with LR114(1)-(5) commits a breach of these Rules and may be penalised.

[Rule effective 1.10.17]

Racing NSW advises all permitted veterinarians to keep themselves fully informed as more information becomes available in the near future.

### **Amendments to the Australian Rules of Racing**

*Effective 1 January 2020*

Racing Australia have this week announced a range of amendments to the following Australian Rules of Racing, effective 1 January 2020, that are highly pertinent to equine veterinarians.

- AR 2 – Dictionary (definition of “qualified veterinary surgeon”) {<http://ava.informz.net/ava/data/images/Calendar notice - ARR amendments 1.1.20 - AR 2.pdf>}
- AR 86 – Shockwave therapy {<http://ava.informz.net/ava/data/images/Calendar notice - ARR amendments 1.1.20 - AR 86.pdf>}
- AR 87 – Intra-articular injections {<http://ava.informz.net/ava/data/images/Calendar notice - ARR amendments 1.1.20 - AR 87.pdf>}
- AR 231 – Endoscopy of the respiratory tract {<http://ava.informz.net/ava/data/images/Calendar notice - ARR amendments 1.1.20 - AR 231.pdf>}
- AR 257A – Blood doping {<http://ava.informz.net/ava/data/images/Calendar notice - ARR amendments 1.1.20 - AR 257A.pdf>}

## **Racing Australia Media Release**

### **Australian Rules of Racing Cobalt Rules Considered & Reaffirmed**

Further, Racing Australia is now in receipt of a detailed report examining the science and related literature as it pertains to cobalt.

Racing Australia’s Veterinary and Analysts Committee (VAC) recently completed a review of matters raised in relation to Cobalt and provided the Board of Racing Australia with its expert advice on the matter.

The Board also considered that the view among international racing authorities continues to be consistent with Racing Australia that cobalt has the potential to positively affect performance and is a welfare risk at toxic levels and that Rules of Racing are required to protect against this risk.

In light of VAC’s advice, the Board of Racing Australia reaffirmed its position in respect of cobalt and advises that it does not propose to make any amendments to the Australian Rules of Racing.

The RA media release is available at the following link and it is important that registered veterinarians are aware of its contents:

Read the full media release.

Dr Toby J. Koenig  
Chief Veterinary Officer  
Racing NSW

## Abandoned Animals

Veterinarians often call the Board's office seeking guidance about clients not returning to pick up treated animals. The Board provides the following information for veterinarians in these circumstances.

Prevention is best:

1. Firstly, ensure admission forms and records include as many details as possible about the client such as home and work phone numbers (and not just a mobile) and a street address (not just a post office box).
2. Ensure as best you can that you are dealing with either the person who is actually responsible for the care of the animal or the owner of the animal.
3. Ensure that you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal. Informed consent must include the likely extent and outcome of the veterinary services and an estimate of the costs of those services.
4. Explain any payment policies adopted by your practice prior to admission.

Next steps:

1. If the animal has not been collected at the arranged time, attempt to contact the client by phone to politely inform them that their animal is now ready to go home.
2. If the client is reluctant to pick up the animal because of lack of funds you will need to discuss payment options (as above it is best to have a written policy on these and to communicate these earlier).
3. If you are able to work out a payment plan put this in writing and note the possibility of further action if the agreement is breached.

Further steps:

1. While the animal remains in your possession you have to feed, water and look after the animal and if you have chosen to hold the animal while awaiting payment then you are responsible for these costs.
2. If you are unable to contact the client by phone the next step is a letter posted to the address or addresses available. Provide details of the animal's progress, include a detailed account, payment option information

if appropriate and invite immediate contact. The letter should also include a deadline after which date you will consider the animal to be abandoned.

If all the above fail and you are left with an abandoned animal the final step is to surrender the animal to the local pound.

You are not able to re-home an animal abandoned at your hospital. If you would like to assist with arrangements to find a new home for the animal talk to your local pound about options.

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## Availability to Care for an Animal

When a veterinary practitioner accepts an animal for diagnosis or treatment there are very clear responsibilities and codes of professional conduct that go with the service being provided. These are to ensure the care of the animal is to current standards, and that the owner or client is fully informed about the ongoing care.

Under clause 8 of the *Veterinary practitioners code of professional conduct*, a veterinarian must demonstrate "availability to care for an animal". When a veterinary practitioner accepts an animal for diagnosis or treatment, he or she must:

1. Ensure that he or she is available for the ongoing care of the animal, or
2. Ensure that if he or she will be unavailable, make arrangements for another veterinary practitioner to take over the care of the animal.

The situation may arise for example, where a veterinary practitioner initiates the diagnosis and care of an animal, but may be unavailable for the next day or more to continue with the ongoing care. In these circumstances the veterinarian is expected to ensure a veterinary colleague has all of the relevant information to continue the care to current standards. It would also be appropriate to advise the client who will be providing the ongoing care.

In another situation an animal may be admitted to hospital and warrant critical care monitoring overnight. It may be the case where the veterinarian does not provide overnight monitoring of animals in their hospital. In these circumstances the veterinary practitioner is expected to discuss the situation with the client or owner of the animal, so they can be given the choice of authorising it to stay in their hospital without overnight care, or to transfer it to another veterinary hospital with 24 hour care. If the animal is transferred to another veterinary hospital the owner or client must be fully informed of the details of the hospital, how to contact them and what to expect.

Owners and clients should be advised on details of what to do in an after-hours emergency, or when an animal develops an unexpected complication following surgery or treatment in hospital. The veterinarian must be available to examine the animal and provide the care that is required, OR direct the owner or client to another veterinary hospital that is able to undertake the care of the animal. In this situation, the veterinarian should have made arrangements with the other veterinary hospital to ensure they are aware that after-hours emergencies may be referred to them.

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## **Veterinary Training in Wildlife Treatment and Care**

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

Online course (20 CPD points)

Hands on workshop (12 CPD points)

Workshops are delivered at Taronga Zoo Sydney or Taronga Western Plains Zoo Dubbo

Apply: [taronga.org.au/vet-professional-training](http://taronga.org.au/vet-professional-training)



## **The Doctors' Health Advisory Service**

The Doctors' Health Advisory Service: a confidential, readily available source of advice and support for veterinarians, students, family members and colleagues

Doctors' Health Advisory Service (NSW & ACT) was founded in 1982 to assist medical practitioners with personal and health problems. In NSW, the role now extends to dentistry and veterinary professionals. It is an independent and confidential service offering advice and, where required, referral pathways to doctors, dentists and veterinarians, and their families and colleagues, and to students and the families and colleagues of students in these professions.

The DHAS is an advisory, not treatment service. How does it operate? The DHAS provides a 24-hour phone line, which is manned by an answering service. Calls are then returned by qualified DHAS staff (a psychiatrist and social worker) or health professional associates. Callers are not required to leave any identifying data, only a phone number to enable a return call. Depending on the nature of the call and discussion with the caller, advice will be provided about "next steps", if these are required. The next steps may take the form of one or more of the following:

- Subsequent discussion between the caller and the DHAS staff or associate.
- Referral(s) may be suggested to a GP, psychiatrist, drug and alcohol specialist, other medical specialist, psychologist, or other allied health professional.
- On a case-by-case basis, and with the caller's permission, the above named professionals may be contacted by the DHAS to facilitate the referral.
- An offer is always made to the caller for ongoing contact with the DHAS, as required.

Importantly, the DHAS is not an emergency service – the answering service advises callers to contact 000 in the case of an emergency.

**02 9437 6552 Advice for Veterinarians, students, family members and colleagues 24 hours a day**

## Animal Biosecurity Emergency Hotline

Report suspect exotic, notifiable or emergency animal diseases and pests or biosecurity events to the 24 hour Animal Biosecurity Emergency Hotline

1800 675 888

The Board members and staff wish you and your families a Happy and Peaceful Christmas and New Year.

The Board office will be closed from noon Tuesday 24 December and will re-open Thursday 2 January 2020.



And the Grinch, with his grinch feet ice-cold in the snow,



Stood puzzling and puzzling. "How could it be so?

It came without ribbons! It came without tags!

It came without packages, boxes, or bags!"

He puzzled and puzzled till his puzzler was sore.

Then the Grinch thought of something he hadn't before.

Maybe Christmas, he thought, doesn't come from a store.

Maybe Christmas,  
perhaps, means a little  
bit more!



Dr Seuss - How the Grinch Stole Christmas



## Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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Des Lyttle (Registration Officer)

Kathryn McCarthy (Finance Officer)

Dr Kate Drew (Complaints Support Officer)

### 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.