

Boardtalk

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Issue 27



President's Report

The recent outbreak of Equine Influenza has brought into focus a number of very interesting issues from the perspective of the Board's role in registration and distribution of information.

Firstly, having the register of registered veterinary practitioners available and current via the Board's web site has proved invaluable when there has been an urgent need to confirm that an individual is a registered veterinary practitioner in NSW. The NSW Department of Primary Industries (DPI) has been able to validate the status of an individual 24hrs a day 7 days a week. Once the Board has confirmed a person meets all the criteria for registration, then he or she is placed on the register and the register is 'live' on the web site – the website is updated whenever a change to the register occurs.

A few veterinarians received a nasty shock when they applied for authorisation by the NSW DPI to perform vaccinations as part of the containment programme – they discovered they were not currently registered! Their registration had lapsed and they had been practising while unregistered. The time that they had been unregistered varied but in one case it was years. This should not be looked upon as a "minor detail" by any veterinarian. The penalty for practicing while not registered is \$5,000 or imprisonment or both plus any professional liability insurance would be null and void.

Failure to receive re-registration documentation generally happens because of a failure to notify the Board of a change of address and the new people living at the old address fail to forward the mail. The Board has a policy of sending



a reminder letter and attempting to make contact by other means to request renewal of annual registration. However there are always practitioners who are removed from the register for non-payment and some of these practitioners may continue to practise while unregistered. It would be wise to check the website register around July - August each year, after the annual renewal, to confirm that you are on the register. The peel out identification card and receipt for payment received are also posted at the end of July to all those practitioners who have submitted both payment and the Annual Return on time.

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President's report continued

While the need for an email address is not mentioned in the Veterinary Practice Act, the benefit of having email addresses in the Board's data base (not available on the website) was highlighted during the initial stages of the EI outbreak. The NSW DPI had a need to get information about the outbreak out to as many veterinarians as possible as quickly as possible. The Registrar and his staff did a great job of putting together a mass broadcast of information via email on Sunday evening when the outbreak was confirmed.

Unfortunately there were a large number of 'bounce backs' due to erroneous or no longer current email addresses in the data base. It would be greatly appreciated if anybody who did not receive the information about EI – CVO Bulletin 1 on August 26th, could send an email to des@vpb.nsw.gov.au so that we can update or add the email address to the data base.

The ability to distribute urgent information to all registered veterinarians or particular categories

of veterinarians related to industry, species of animals or geographical area needs to be thoroughly evaluated by those responsible for emergency disease control measures.

This logically points to a national database of veterinarians that would be capable of distributing urgent information if another disease outbreak occurs in the future – let's hope there will be no need to use it.

Finally, I would like to take this opportunity to thank the Registrar and the staff in the Board's office, the Board members and all registered veterinary practitioners for their efforts and cooperation throughout the introduction of the new Act and Regulations in 2007.

Also, I wish everybody a very Merry Christmas and a Prosperous New Year.

Cheers for 2008,

Garth McGilvray
BVSc, MRCVS, FAVA, FAICD
President

From the Registrar's Desk

Report Card

It's just over one year since the introduction of the new Veterinary Practice Act 2003 and Regulations 2006. As such, I thought it would be of interest to the profession to get the reflections of the Registrar as to some of the effects of the legislation.



Annual Return

The valuable information collected from the Annual Return has already proved to be very useful. Gender, age, geographical location of work, type of practice etc has all been entered into the Board's access database and the information has been extracted and presented in several graphs in the Board's 2006 – 2007 Annual Report. The full Annual Report, which also includes the Board's audited financial statements is available under 'publications', on the Board's website.

The Board has assisted the NSW DPI with information which has allowed them to contact particular groups of veterinarians for EI work and surveillance purposes. For example, the Board can provide the contact details of all the large animal practitioners in any part of the state. This has allowed the DPI to distribute information as quickly as possible.

The legal 'requirement to report continuing professional development' (CPD) has elevated this

very important aspect of personal development and has brought the veterinary profession in NSW into line with numerous other professions.

I would encourage all practitioners to use the Board's website gateway to submit both the annual registration fee payment and Annual Return when they are posted in April 2008. When using this method, the information is captured and stored electronically, without the need for manual intervention. On the other hand, when the payment and Annual Return is submitted via post, every piece of information is entered manually which not only takes a lot of time but data entry errors are possible. The staff observed areas for improvement from the last submission process and have made those improvements to the electronic processing system, such as, a notice will appear on screen when the Annual Return has successfully been submitted and the completed Annual Return will now be printable, if required for your own records. The electronic submission is also the quickest, secure and most cost effective way for the practitioner to submit the payment and Annual Return. The Board will of course still accept posted or faxed payments and returns. You may find it interesting that about 10 practitioners were removed from the register earlier this year for failing to submit the Annual Return, even though they paid their registration fee (later refunded to them).

Registrar's report continued

Complaints Handling Process

I have included a summary of 'complaints processed' later on in this edition of Boardtalk, however I feel strongly that the new procedures are far superior to the previous Veterinary Surgeons Investigating Committee (VSIC) processes. Although all the past VSIC members did an excellent job, I believe the legislation they were bound by was often found to be restrictive and cumbersome.

During this year, I've had personal contact with the practitioners who have been on the 'receiving end' of a complaint and even though the decision was 'complaint proven' with a caution, reprimand and / or a fine, they have commented to me that at least they felt like the process was transparent and fair.

The complainants have also been satisfied with the process because they have received the practitioner's response to their complaint AND are given the opportunity to make comment – they have felt engaged in the process.

The Board's Complaints Committee has guidelines to follow in processing a complaint and the role of the Board's consumer representatives is very important in ensuring that the consumers concerns are taken into consideration. After all, the last thing I want is the NSW Ombudsman breathing down my neck alleging, as one complainant ranted at me last year, 'you vets all stick up for yourselves'! I happily replied, 'sorry lady, I'm not a vet and the Board has consumer representation'!

Hospital Licensing

The new legislation requires that premises performing major surgery must be licensed. However, the legislation also allows flexibility in granting a licence under the general, 'fit for purpose' principle. The new Act now binds equine practices that perform major surgery.

The Board, at considerable cost, has provided licensed premises with the sign to be displayed in the reception area that authorises major surgery to be carried out on the premises.

I continue to perform hospital inspections and have been pleased with the general level of compliance to the licence requirements. However, record keeping is an area that I keep hammering away at. Consent to treatment / surgery / tests at every step of the way, estimates accompanying those consents and options to clients are all so important to document. Clients call me almost every day about these issues and they tell me that they don't like nasty \$ surprises.

Since this period of legislative change, I have been very well supported by the Board, registered practitioners, the NSW Division of the AVA and the fabulous staff in our office - I appreciate that support very much.

I wish all the readers of Boardtalk a very Merry Christmas and a Happy New Year.

Glenn Lynch
Registrar

1300 366 653

**New toll free telephone number for
*Veterinary Practitioners Board***

1300 366 653

*You can use this number to contact the
New South Wales Veterinary
Practitioners Board from ANYWHERE
within Australia for the cost of a local
call.*

1300 366 653

Report from the Complaints Subcommittee

During 2006/2007 the Complaints Committee investigated twenty-five new complaints and continued the investigation of the fourteen complaints current at 1 July 2006. Thirty-three complaints were finalised and at 30 June 2007 there were six complaints current.

Complaints	Decisions
16	Dismissed
1	Warranted
10	Cautioned
4	Reprimanded
1	Withdrawn
1	Administrative Decisions Tribunal
33	

Failure to label medications

Being called out to a farm on a cold wet Friday evening in a rural area to attend a goat that had been attacked by a dog can present its own challenges. Although the goat was treated properly and made a good recovery, the complaint related to the veterinarian not labeling the S4 medications. The Board members were empathetic to the vet having to deal with such extreme weather conditions but had to caution the vet for 'unsatisfactory profession conduct' for failure to label the medications and imposed costs of the investigation of \$350.00 (no fine was imposed).

Wound opens up after post mortem

A complaint was received relating to the treatment of a dog who had died, the vet performed a post mortem and delivered the dog in a body bag back to the complainant for a home burial. The vet had forgotten to ask his nurse if she had re-sutured the abdominal wound before she placed the dog in the body bag (no, she hadn't). The complainant lodged a complaint because she was upset that the dog's abdomen had a large opening and was distressed at the sight. Although the complaint was dismissed, the investigation established that the actions of the vet were not considered as misconduct, although it was a very unfortunate and undesirable set of circumstances.

Communicating estimate of costs (again)

Veterinary practitioners and their staff should always be mindful of the importance of clear communications with clients. A complaint received by the Board concerned a veterinarian giving an estimate of costs that were increased by 60% when the client was presented with the final account. The veterinarian had provided an estimate for the work to be performed and called the client to inform that extra tests were required (no mention of extra costs). The client agreed to these tests and the vet assumed the client understood there would be extra costs for the extra work. The client lodged the complaint

because the vet had not informed the client of the estimated cost of the extra services provided. The Board dismissed the complaint against the vet but cautioned the vet according to section 46 (5) of the Act, for not conveying the estimate of the cost of the additional services provided.

Clause 16 of the Code of Conduct states;

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

(b) the estimated cost of those services

The Board notes that this is a reoccurring matter and that it may not be intentional. However, please make sure that at every step of the way, the person responsible for the care of the animal;

1. Is provided with options
2. Has given consent to the treatment
3. Has been provided with an estimate of what they have consented to.

The communication is often done over the telephone when the animal is being worked up or as results from tests come to hand.

The next logical step is to document 1, 2 & 3 above somewhere.

The Board expects all practices to implement this procedure. It is done so anyone (other staff of the practice, clients and the Board if required) involved in the case can see clearly what has happened.

Assaulting a Patient

Ever felt like reacting to that feisty cat that has lashed out and scratched you? Well, when the client warns you before hand that it is likely to happen, there is no excuse for over reacting when it occurs!

A complaint was lodged against a veterinary practitioner for "punching a cat in the mouth". To the practitioner's credit, the incident was admitted and the vet was reprimanded by the Board for 'unsatisfactory professional conduct' for punching the cat, fined \$1,000.00 and ordered to pay the costs of the hearing of \$150.00.

The Board accepted that this was out of character and hopefully, unlikely to occur again.

Confidential information

A complaint was received alleging a veterinary practitioner had approached the clients of a practice where the veterinarian recently worked. The complainant accused the veterinarian of theft of confidential information. The Complaints Committee was unable to determine how the vet obtained the client contact details and the

investigation could not establish evidence to support a finding of ‘unsatisfactory professional conduct’, therefore the Board dismissed the complaint against the veterinarian. It is important to be aware that Clause 12 of the Code of Professional Conduct states:

A veterinary practitioner must maintain the confidentiality of information obtained in the course of professional practice.

All practitioners are directed to the Veterinary Practitioners Code of Conduct found in the Veterinary Practice Regulation 2006 (Schedule 2) which was a loose insert in April 2007 Boardtalk and which is available on the Board website.

What is a “Veterinary Practitioner”?

The definition of a ‘Veterinary Practitioner’ in the Veterinary Practice Act is ‘a person who is ‘registered’ under the Act’. To be registered means that the practitioner has paid the registration fee AND submitted the Annual Return [unless otherwise notified. Some honoraries are not required to submit a return].

A practitioner may remove himself or herself from the register OR the Board may remove a practitioner for

- Failure to pay the registration fee
- Or for failure to submit the Annual return
- Or for failure to pay registration fee and submit the Annual Return.

If a veterinary practitioner is not registered, they are no different to any non veterinary graduate and cannot represent themselves as

1. A vet,
2. Veterinarian,
3. Veterinary surgeon,
4. Animal doctor,
5. Or any abbreviation or derivative of those words either alone or in connection with any other title or description’ (such as paraveterinarian for example).
6. NOR can they use ‘Another title, name or description that indicates, or is capable of being understood to indicate, or is calculated to lead a person to infer, that the person is a veterinary practitioner or is entitled to be registered as a veterinary practitioner.

Penalty for offence is \$500 or imprisonment for 12 months or both.

If a veterinary practitioner has not paid the prescribed registration fee and submitted the Annual Return by 30 June each year, they are no longer registered from July 1st and the above restrictions/offences are applied immediately.

The Regulations provide for an on the spot penalty notice (\$500) to be issued for this offence. The Board provides at least 6 weeks notice for the registration payment and Annual Return to be submitted and has made this process very easy by adding electronic means through the Board’s website.

While the Board will not hesitate to enforce the legislation, with the profession’s cooperation the Board will not be required to administer the offence provisions.

Dr Who? New Board Policy Relating to Signing Certificates

The Board resolved at its meeting on 16 October to introduce a new policy. From 1 July 2008, that all veterinary certificates are to include the unique NSW registration number [preceded by the letter N] of the veterinarian who has signed the certificate.

A certificate is essentially a “written statement of fact made with authority”; the authority coming from the veterinary practitioner’s professional status. Remember some documents are not necessarily labelled “certificates”[for example declarations, insurance claims, witness statements] but carry the same level of responsibility. If the facts are incorrect or misleading the professional integrity of the veterinary practitioner is called into question. Many certificates require a veterinarian to sign for the reason of the trusted professional.

But what if no one can work out who signed that document? The signature [a scribble] is thought to belong to a veterinary practitioner but no one can work out the name of the practitioner. While on many occasions the paper will be custom printed stationary with the veterinarian’s name and address, this is not always the case. Unfortunately there have been so many instances when the Board has been unable to work out which vet did what, that an improvement has been sought.

After consultation with the NSW Division of Australian Veterinary Association, a simple improvement has been devised. Along with your signature, you will add your unique registration number.

By all means add it to your stationary, but the new policy is to have it written after the signature so the identification of the person signing the document, can be verified. The stationary can often not include the new employee or may have details of a veterinarian no longer at the practice. You might find it convenient to have a stamp with your name and number on it. You do not need to wait until July of next year to start this practice. Why not start soon and get accustomed to writing your number after your signature for example Dr Garth McGilvray N1325.

Forgotten your number? Head straight to the Boards website and look under "Vet Search" facility or call the office or look at the identification card sent from the Board.

The Board is seeking the co-operation of the profession in implementing this policy. The other Australian Boards will be notified of this initiative.

Ownership of Records

The question comes from veterinary practitioners time and time again "Do I have to give my clients a copy of their animals records?" Basically what the vets are asking is "Who owns my records?"

The Veterinary Practitioners Board of NSW is firmly of the view [and the previous Veterinary Surgeons Board long supported the view] that the records are the property of the veterinarian.

In Queensland this year a veterinary practitioner's client went to great lengths to gain a copy of a veterinarian's records. The client went through the civil court system, to the Supreme Court and finally the Court of Appeal. On each occasion the plaintiff/appellant [the client] said he deserved to have a copy of the records because he had requested them. Heard by Judges Jerrard, Holmes and Philippodes the Supreme Court of Brisbane handed down its findings in *Maquire v Lynch* [2007] QCA 290 on 7th September 2007. The Appeal was denied with the court finding **the client had NO legal right of access to the veterinary records.**

Quoting from the judgement comments of Judge Holmes....*The application is reminiscent of that in Breen v Williams [1995] HCA 63; (1996) 186 CLR 71, in which the appellant, Mrs Breen, sought a declaration that she had a right to information in medical records compiled in relation to her by her treating doctor. The High Court held that she had no such right. The doctor's notes were his property compiled for his own information in treating and advising the patient. The appellant had no*

proprietary right or interest entitling her to access to them. The agreement between them was to treat the patient with reasonable skill and care; it might have required the provision of information to the appellant but that did not entitle her to access to, and the opportunity to copy, the doctor's records. The fiduciary relationship between doctor and patient did not carry with it a right of access to records compiled by the doctor.

CONCLUSION:

The Veterinary Practitioners Board reminds practitioners that the animals records are the property of the veterinarian.. You do NOT have to give them to a client who requests or demands them. Under the Code of Conduct you have a responsibility to supply a copy to another veterinarian who is taking over the case but this supply is vet to vet.

Veterinary Practice Regulation 2006 Schedule 2

Veterinary Practitioners Code of Professional Conduct (Clause 13)

9 Referrals and second opinions

A veterinary practitioner must not refuse a request by a person responsible for the care of an animal for a referral or second opinion.

10 Provision of records

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.

The receiving practitioner has no right to give a copy of those records to the client. They are to be used simply to assist in the management of the case and the Code is very clear that records must be returned to the original practitioner also.

Emergency - Animal Disease Watch Hotline

1800 675 888

Report Unusual Disease Signs, Abnormal
Behaviour or Unexplained Deaths

Report from the Faculty of Veterinary Science, The University of Sydney – September VSAAC visit

During this past September, coinciding with world leaders visiting Sydney for APEC and about a week after the initial equine influenza outbreak, the Faculty of Veterinary Science underwent its scheduled accreditation visit by the Veterinary Schools Accreditation Advisory Committee (VSAAC). Consequently, it was a very busy time for Faculty staff. The accreditation visit, which is conducted under the auspices of the Australasian Veterinary Boards Council (AVBC) inspects all Australasian veterinary faculties regularly (our previous visitation was September 2001, with a follow-up visit in 2004), to ensure i) that veterinary faculties and schools have the resources to graduate veterinarians of the highest standards and ii) there is consistency with respect to standards, across Australasian veterinary faculties and schools.

The accreditation review process begins with the AVBC requesting that the Faculty writes a substantial 'self-study' document to address twelve standards that underpin veterinary education. This is then followed by the actual visit of the AVBC appointed committee, which in our case, comprised of eight members; a combination of professors from other Australasian veterinary faculties or schools, veterinary practitioners and an executive administrative assistant. The visit is all encompassing, as the Faculty has addressed the current VSAAC reviews that the recommendations made by the previous visitation committee. The current VSAAC then inspects the maintenance of Faculty buildings and equipment, the different species and numbers of animals that the Faculty houses or has access to, and the standard of animal holding/husbandry facilities. They examine the quality of other related infrastructure such as library and e-learning resources available to staff and students. With respect to the curriculum; they examine all aspects of pre-clinical and clinical teaching, student to staff ratios, the practical training related to food hygiene and public health, training in professional practice and research opportunities available for veterinarians, to name just a few areas. VSAAC then interviews key staff associated with all these areas and conducts interviews with students from all undergraduate years, hospital residents and postgraduate students to gauge students' perceptions of their veterinary education.

On the conclusion of their visit, the committee generates a recommendation report, a summary of which is presented orally to the Dean and to a Senior University Officer. The Faculty has the opportunity to review for accuracy and respond to the written

recommendation report before it is submitted to the AVBC. This VSAAC report is also forwarded to Registration Boards in Australia, the New Zealand Veterinary Council, the Australian Veterinary Association, the New Zealand Veterinary Association and the Royal College of Veterinary Surgeons. VSAAC reports are an important mechanism of quality control for veterinary education and are instrumental in maintaining the eligibility of graduates from Australasian veterinary schools to receive automatic registration to work as veterinarians throughout Australia, New Zealand and within the United Kingdom.

Dr Merran Govendir
Senior Lecturer in Veterinary Pharmacology
Sub Dean of Post Graduate Education and Research Training
Faculty of Veterinary Science, The University of Sydney.

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

News of Veterinary Science at Charles Sturt University, Wagga Wagga

As I foreshadowed in the last issue of Boardtalk, now is a good time to describe how problem based learning (PBL) has been applied at CSU. The CSU staff and third year students have just completed their first semester of PBL and the success of this first semester has helped us settle on the future roll out of PBL for the next 3 semesters to deliver in 2008 and 2009. Each student has 4 semesters of PBL comprising 48 cases.

PBL is based on a case or set of linked cases involving an animal situation. The purpose is to use the case as a vehicle for student learning across a range of veterinary disciplines. It also provides problem solving, group work as well as cooperative and independent learning. Most importantly it is student driven which means that, with some judicious input from staff, students direct what they learn.

Each case at CSU is prepared in a package written by staff with the input of practitioners and specialists. Most are real cases or derived from real cases. They fall into four areas defined as Companion Animals, Farm Animals, Production Animals as well as Public Health and Biosecurity. These cases are also the vehicle to cover many of the paraclinical subjects found in traditional veterinary curricula. Areas such as pathology, parasitology, microbiology, pharmacology and epidemiology have been included this semester. Next year these disciplines will be interposed with clinical skills training in earnest and, as PBL unfolds, the cases become more clinical and practical.

A typical week for a year 3 PBL student is focused around a single case and three facilitated sessions with their group. These sessions are complemented by five resource sessions which can be laboratory-based practical classes, animal handling, tutorials, lectures, excursions etc. depending on the case. The students also work on their learning issues in their groups and in private study. The majority of the students have responded positively to PBL. My observations are that they are much more inquiring than before and attendance is near 100%. There is a palpable thirst for knowledge too. It took some time for the groups to start working together and some functioned better

than others. Many students still undertake individual study, but the group ethic has improved throughout the semester. To some extent the students teach each other. Importantly examinations in PBL test for knowledge as well as process and so emphasise progress through a problem.

It has been a learning experience for everyone. The staff has been trained as package writers and facilitators and we have retained Penny Little as a PBL advisor to help with our planning and training. Jenny Hyams has been coordinating PBL.

People criticise PBL as being resource intensive. While it is true that the package writing has been a lot of work these documents will only need minor refinement between years. In contrast to many medical programs where a single facilitator works with 7 or 8 students, the model at CSU uses a ratio of 1 staff member to 30 students. This means one person monitors 3 or 4 groups at once in one large room, but the benefit is that the facilitator can bring all the groups together for short periods so that ideas can be shared. All of the cases are designed to be facilitated by non-veterinarians and certainly non-experts in the case. We hope practitioners will have a future role in both facilitating and case writing. A large number of visitors have observed PBL at CSU over the last few months and we invite you to stop by during semester time and see PBL for yourself. If you want to visit please get in touch with the PBL coordinator Jenny Hyams on jhyams@csu.edu.au

In order to accommodate PBL we have had a dedicated set of rooms built together with computer resources. We are still building up the library resources. The practicals rely on our current teaching laboratories as well as the cattle, sheep and horse handling facilities on campus. The Clinical Skills Centre, which is being built adjacent to the Equine Centre, becomes the focus later next year. It now has a roof and will be available in 2008 as both a training facility and equine hospital.

Professor Nick Sangster
Professor of Veterinary Pathobiology
Charles Sturt University, Wagga Wagga

What type of Hospital Licence do you have and what type of Hospital Licence do you need?

Under the new legislation, the Board now has flexibility when looking at hospital licences. The term “fit for purpose” allows the Board to look at each hospital using a case-by-case approach. A ferret only hospital would not require large hospital cages to fit a Great Dane nor outside exercise facilities. Commonsense is used along with the Board’s guidelines.

The licence categories are

1. “Small animal surgery ”,
2. “Large animal surgery”
3. “Small and Large animal surgery”.

An interesting situation occurs in regional/rural areas. Practices that have a small animal licence may be called upon to do surgery on animals that are usually thought of as ‘large animals’. The Board understands that these surgeries would be the exception and not the routine surgery of these practices and has no problem with the surgery being carried out under the “Small animal surgery” licence IF they are adequately equipped. For example, if a practice has a surgery, prep area and hospital facilities large enough to accommodate a goat, sheep, alpaca, pig – the practice can do the surgery... after all, they may be the same size as a big dog. The ‘concept’ of hospital licensing is ‘fit for the purpose’ – so if the practice is equipped for that surgery, then it is okay to do the odd surgery on those types of ‘large’ animals when required. The Board understands that surgery on these types of

animals is often done on farm and understands the advantages operating at the practice may bring. NO extra licence required. No extra fees required.

Equine surgery must be done either in a licensed large animal facility or on farm in compliance with the Board’s guidelines available under publications on the website. It’s all about the theme of ‘protecting equines’, which runs throughout the legislation. If you wish to have an equine hospital licence you must be able to satisfy all the requirements in relation to suitable operating conditions, equipment, hospital arrangements, staffing etc. If you only do “day surgery” on the occasional horse e.g. general anaesthetic for castration, you still must apply to the Board outlining your facilities [photos are very useful], which must include a dedicated surgery area as well as equipment etc as outlined in the guidelines. You may request exemption from hospitalisation facilities/stables under the “fit for the purpose” concept but you need to make the case for the exemption. Yes you DO need a large animal licence if you administer a general anaesthetic to a horse at your hospital. Any procedure following a general anaesthetic is defined under the legislation as ‘major surgery’. Yes there is an application fee of \$115 and an annual licence renewal fee of \$250 to maintain the licence. If a hospital is licensed for small and large animals, the one annual fee is applicable.

Use of Fasimec® Cattle Pour On and Genesis Ultra Pour On to treat dairy animals

NSW Department of Primary Industries (DPI) is investigating a number of reports of these two products being used on dairy farms to treat dairy cattle.

Such use is illegal.

These two products are registered only for use in “beef cattle”. They contain a specific label restraint statement, in bold print immediately under the Directions for Use heading, which says “DO NOT USE in dairy animals producing or which in future will be producing milk for human consumption”.

While veterinarians are legally permitted to give off-label directions for use in general, the legislation specifically prohibits such directions contrary to any statement under a Restraint/s heading. In addition, verbal recommendations are not sufficient – they must be in writing.

If even trace residues of triclabendazole are detected in milk as a result of a veterinarian’s advice the veterinarian is liable to prosecution by the DPI

with subsequent implications for their registration as a veterinary practitioner. The producer is likely to be taken off supply.

Given that beef calves suckling treated cows cannot be sold for 49 days after the cow is treated it is obvious that residues persist in milk for a long time after an animal is treated.

Treating of dairy heifers may or may not be safe. Advice from one manufacturer indicates that there is a risk of detectable residues of triclabendazole in milk even when heifers are treated.

Item submitted by:

Lee G Cook
Veterinary Officer
Biological and Chemical Risk Management
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2800
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After hours vet care – cause of ill will between neighbouring practices, with the public and finally with the Board

“After Hours” responsibilities of registered veterinary practitioners are outlined in the new Code of Conduct. All veterinary practitioners have a responsibility to ensure ongoing care. “After hours” requirements for veterinary practitioners [note the change - the rules are now for the practitioner rather than the hospital] and are covered in the;

Veterinary Practice Regulation 2006 Schedule 2 Veterinary Practitioners Code of Professional Conduct

(8) Availability to care for animal:

A veterinary practitioner must, when accepting an animal for diagnosis or treatment:

(a) ensure that he or she is available for ongoing care of the animal

(b) if he or she will not be available, make arrangements for another veterinary practitioner to take over the care of the animal

Even if you don't advertise after hours services to the general public you do have a legal responsibility to your patients. It means you can't just shut the door and take the phone off the hook on Friday night, hoping the animals you have operated on and treated during the week will be okay till Monday. What are your plans for your patients care at night and on weekends? Veterinarians who have treated a dog or a ferret or a bull or an alpaca or a cat are expected to have in place after hours care should it be required. They need to;

[1] be available at short notice for their patients
OR

[2] have arranged for another practitioner to be available at short notice.

Offences under the Code may lead to disciplinary proceedings with a finding of UNSATISFACTORY PROFESSIONAL CONDUCT.

- If you take an animal into your practice for treatment or diagnosis then you do have a responsibility to ensure ongoing care is available for that animal.

- You do not have to be available for general after hours work for the suburb or town or district unless that is your choice.

- If you advertise services such as “veterinarian available 24 hours a day” or “After hours care”, “Emergency Care Available” etc, then the public and the Board expect you to provide that service. You must provide the advertised services and you must not advertise services you don't deliver.

Is an owner allowed to perform “a restricted act of veterinary science” on their own animals ?

The Veterinary Practice Act 2003 has not changed from the previous Veterinary Surgeons Act 1986 in regard to the fact that owners of animals are permitted to perform a ‘restricted act of veterinary science’ on their own animals (Section 9 (2) VP Act) subject to compliance with the Prevention of Cruelty to Animals Act 1979 (POCTA).

Although a restricted act of veterinary science may ‘technically’ be performed by the owner of an animal or employee of the owner (according to Section 9 (2) of the Veterinary Practice Act 2003), in reality, to perform most restricted acts of veterinary science and not to be cruel to the animal, a high level of knowledge, skill and the administration of restricted drugs is usually necessary. Only registered veterinary practitioners have that knowledge, skill and legal access to restricted drugs.

- Owners of animals must be very careful and understand they are bound by the provisions of POCTA before they consider performing a restricted act of veterinary science, particularly where an anaesthetic should be used to prevent cruelty.

- Section 5 c refers to a person's responsibility to seek veterinary treatment where necessary.

- The penalties are very severe and include imprisonment.

- The Board does not administer POCTA.

PREVENTION OF CRUELTY TO ANIMALS ACT 1979 - SECT 5

Cruelty to animals

5 Cruelty to animals

(1) A person shall not commit an act of cruelty upon an animal.

(2) A person in charge of an animal shall not authorise the commission of an act of cruelty upon the animal.

(3) A person in charge of an animal shall not fail at any time:

(a) to exercise reasonable care, control or supervision of an animal to prevent the commission of an act of cruelty upon the animal,

(b) where pain is being inflicted upon the animal, to take such reasonable steps as are necessary to alleviate the pain, or

(c) where it is necessary for the animal to be provided with veterinary treatment, whether or not over a period of time, to provide it with that treatment.

Maximum penalty: 250 penalty units in the case of a corporation and 50 penalty units or imprisonment for 6 months, or both, in the case of an individual.

The words that are underlined (above) indicate that definitions are provided in the legislation.

Equine Influenza - Chief Veterinary Officer [NSW DPI] communication regarding Biosecurity procedures

Veterinary practitioners are working at the frontline in the current Equine Influenza control and eradication program. A key component of this campaign is the maintenance of strict biosecurity protocols to ensure that veterinarians who contact horses do not spread disease. Veterinarians are expected as professionals to uphold these standards and encourage their staff and clients to see the important role that biosecurity plays in disease control.

A new Control Order was made on 8 November 2007 under section 22 of the Exotic Diseases of Animals Act 1991 requiring disinfection in the Amber Zone. This is additional to the requirements already existing for disinfection in the Red and Purple Zone.

When must you disinfect? You **MUST** disinfect yourself and your vehicle and equipment in the following circumstances. Failure to disinfect may result in fines or imprisonment.

- Purple Zone – Before you leave a Purple Zone (Special Restricted Area) if you have come into contact with horses or horse products.

- Red and Amber Zone – On entering a premises in the Red or Amber Zone (Restricted Area) and before you come into contact with any horse or horse product.

- Red and Amber Zone – Before you leave a premise in a Red or Amber Zone (Restricted Area) if you have come into contact with horses or horse products.

- Any Zone – Upon leaving a property where a quarantine order is in place.

These orders apply to all persons but are particularly important for veterinarians because of the higher risk associated with contact with sick horses and because the community expects that veterinarians will not spread disease. Veterinarians should also ensure that staff they are supervising comply with these orders.

Penalties apply to people who don't

comply with these requirements – a fine of up to \$22,000 or up to six months imprisonment. Complaints may also be lodged with the NSW Veterinary Practitioners Board in regard to 'unprofessional conduct'.

It is also **STRONGLY RECOMMENDED** that you disinfect yourself and your vehicle and equipment in the following circumstances:

- Green Zone – After you come into contact with any horse or horse product.

The following guidelines are designed to help you comply with the legal requirements for disinfection:

Before coming into contact with horses:

1. Completely cover your person with overalls that may be disposed of or disinfected before removal from the site.
2. Completely cover your hair with a disposable hood or hat.
3. Put on a face mask.
4. Put on gloves.
5. Put on rubber boots or disposable footwear that completely encloses your feet.

After coming into contact with horses:

1. After collecting any specimens, package them into a plastic bag to take back to the car.
2. At the car, blow your nose into a tissue. Place the tissue in a plastic bag and leave onsite for disposal.
3. Decontaminate your hands with soap, detergent or disinfectant.
4. Clean and disinfect the outside of the sample bag using soap, detergent or disinfectant and pack into a disposable esky with ice bricks.
5. Disinfect any equipment you have used, e.g. thermometer, vacutainer holder, by thoroughly cleaning with soap, detergent or disinfectant.
6. Scrub rubber boots using soap,

detergent or disinfectant before placing in vehicle.

7. Remove overalls, gloves, mask and hair covering and leave on site for disposal or disinfect before removal from the site.

8. Wash hands, arms and any exposed skin or hair thoroughly with surgical scrub or soap. Continue washing for at least two minutes. Make sure any exposed skin that may have been contaminated with saliva, nasal secretions or mucus is cleaned thoroughly.

9. After returning home have a thorough shower for at least three minutes, including hair wash, and change into clean clothes.

Dr Bruce Christie
Chief Veterinary Officer
NSW Department of Primary Industries

Equine influenza hotline
[8am-6pm]
1800 675 888

<http://www.dpi.nsw.gov.au/agriculture/livestock/horse/influenza>

Merry Christmas

The members of the Board and the Board's staff would like to wish all veterinarians and their families a wonderful Christmas and a Healthy and Prosperous New Year

Boardtalk

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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