

Boardtalk

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Issue 35



President's Report

In September the Board met with the new Minister Mrs Katrina Hodgkinson [Member for Burranjuck] whose portfolio includes the Veterinary Practitioners Board and Department of Primary Industries. In the beautiful and historic venue of Parliament House Sydney, the Board was able to discuss issues concerning the profession and specific areas of legislation. At the conclusion of the meeting the Minister asked me to convey to the profession- those in practice, in the department and in LHPA, her gratitude for their hard work and diligence during the Hendra outbreaks. I was very proud to accept those kind words on your behalf and keen to let you know your efforts have been appreciated. It has been a very tough time for those on the ground in the affected areas.

This meeting was facilitated by Dr Andrew Cornwell, veterinarian and now Member for Charlestown. It's a surprise that there are so few veterinarians in Parliaments across the country and Andrew is the certainly the first in NSW. What a bonus for our profession to have someone with Andrew's background in the Parliament to inform and assist with the legislative discussions and decisions that concern animals as well as our profession. Good listening skills, inquisitive minds, logical thinking and public service are cultivated through our training so maybe more veterinarians will enter the 'bear pit' in the years ahead.

Senator Chris Back [Federal Senator for WA] is also a veterinarian and was the guest speaker at the Charles Sturt University Awards Ceremony in August. He spoke passionately about the exporting of animals and varied consequences of live animal

trade suspension. In fact, the dynamic and emotional speech left very few dry eyes in the audience. Senator Back wove through his talk many aspects of the oath all graduating NSW veterinary science students now take... concentrating on a veterinarian's obligation to animals, to the profession and to the welfare of the wider community.

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President's report continued

What are some of the issues we as a profession might want to discuss with politicians? In the Federal area educational funding is a big concern. We now have seven accredited veterinary schools. Accreditation allows the university's graduates to be registered as vets in Australia and in many other countries. However accreditation of a veterinary school is not unlimited or unconditional. Every year very detailed reports are presented to the AVBC [Australasian Veterinary Boards Council] and then each seven years the schools face rigorous inspections by international panels of veterinary educators. They examine curricula, staff numbers and qualifications, facilities and even examine research taking place. If any of our Universities don't have sufficient funding, it is possible in the years ahead we could see an accredited veterinary school lose their accreditation resulting in their veterinary graduates being unable to be registered. If you ever have the ear of a federal politician you might want to discuss funding of our veterinary schools. I am sure any Dean would be happy to give you the scary figures

Everyone has heard the news by now of Glenn Lynch's "role swapping" in 2011. Glenn has worked for the Board for 10 years, initially as Hospital Inspector and then as Registrar. He has advised and guided different Presidents and many Board members, has created and refined legislation, set up tight office protocols and procedures and basically been a great friend to the profession while being an advocate for animal owners. We are not farewelling Glenn as he has chosen to transition his career by returning to hospital inspections while assisting the new registrar to settle in to what is now a very complex role. In most states, the Registrars spend many years in the role as it both challenges and excites. NSW has many more vets of course than other states so the role here is certainly more intense. When Glenn catches up with you on his hospital rounds, make the most of his in-depth knowledge of our legislation and Board functions. You will meet the new Registrar in 2012.

On behalf of all the Board members and the Board staff, may I wish you a very safe and happy Christmas with family and friends.

Ruth Thompson
President

From the Registrar's Desk

National Recognition of Veterinary Registration (NRVR)

The amendment to the Veterinary Practice Act 2003 was assented on 20 September 2011 and is now law.

The section reads;

34B Recognition of veterinary practitioners registered in other jurisdictions

(1) A person who practises as a veterinary practitioner in New South Wales is taken to be registered as a veterinary practitioner under this Act (referred to in this Part as deemed registration) if:

(a) the person's principal place of residence is another jurisdiction, and

(b) the person is registered as a veterinary practitioner in that jurisdiction, and

(c) the person is not registered as a veterinary practitioner in New South Wales.

(2) For the purposes of subsection (1), a person's principal place of residence includes any jurisdiction which was, within the last 3 months, the person's principal place of residence.

(3) If a person has specialist registration in a branch of veterinary science (however described) in another jurisdiction, the person's deemed registration is taken to be specialist registration in that branch for the purposes of this Act.

(4) If a person's right to practise veterinary science in another jurisdiction is of a class prescribed by the regulations, the person's deemed registration is taken to be registration of the



class prescribed by the regulations as the equivalent class of registration for the purposes of this Act.

34C Application of Act to veterinary practitioners with deemed registration

(1) A person who has deemed registration is taken to be a veterinary practitioner for the purposes of this Act and the laws of this State.

Note. Provisions in this Act relating to complaints and disciplinary action against veterinary practitioners apply to a person with deemed registration and extend to a person whose deemed registration has ceased or been suspended (see section 36).

(2) However, Part 4 does not apply to a person who has deemed registration.

(3) A reference in this Act to the suspension or cancellation of the registration of a veterinary practitioner is, in the case of a person with deemed registration, to be read as a reference to the suspension or cancellation of the person's deemed registration.

34D Conditions or limitations of deemed registration

(1) If a person's registration as a veterinary practitioner in another jurisdiction is subject to a condition or a limitation, the person's deemed registration in New South Wales is taken to be subject to the same condition or limitation.

(2) The Board may:

(a) on application by the person, waive or vary a condition of a person's deemed registration if it thinks it is appropriate in the circumstances, or

(b) on its own initiative by notice in writing given to the person, vary or impose a condition on the person's deemed registration.
(3) The Board may vary or impose a condition on a person's deemed registration under subsection (2) (b) only if it thinks it is necessary to ensure that the authority conferred by a person's deemed registration is substantially the same as the authority conferred by the person's registration in the other jurisdiction.
(4) A person with deemed registration may apply to the Tribunal for a review of a decision by the Board under subsection (2).

34E Suspension and cancellation of deemed registration

If a person's registration as a veterinary practitioner in another jurisdiction (including deemed registration however described) is suspended or cancelled, the person's deemed registration in New South Wales may, without further investigation or hearing, be suspended or cancelled (as the case requires) on the grounds on which the registration in that other jurisdiction was suspended or cancelled.

34F Arrangements between the Board and interstate registration authorities

(1) The Board may enter into an arrangement with interstate registration authorities for the purposes of establishing a national register of veterinary practitioners and for other purposes related to the recognition of veterinary practitioners registered in other jurisdictions.

Victoria is the only other Australian jurisdiction that has implemented NRVR at this stage, so NSW registered Veterinarians, can go to Victoria at any time and practice veterinary science without any requirement to formally 'register' with the Victorian Board. If a Veterinarian moves residence to Victoria, then they must register with the Victorian Board. Visa versa, when a Veterinarian moves residence to NSW.

All the other States and Territories have committed to NRVR and they will introduce their legislation in due course -the Board will notify the profession of any developments as they occur.

The Board will lose approximately \$50,000 per annum due to the loss of the registration fees previously payable by interstate veterinarians; however the Board has resolved not to increase the annual registration fees at this stage.

Annual General Meeting (AGM) of the profession

Following on from the invitations that were posted out to NSW veterinary practitioners, this year's AGM was held at The University of Sydney, Webster lecture theatre on Tuesday evening 15 November 2011.

In accordance with the legislation, the President of the Board, Dr Ruth Thompson, tabled the Board's Annual Report, including the audited financial statements, the report of activities of the Board for the last financial year and the report regarding fees payable by veterinary practitioners.

The meeting accepted the proposal to increase the Board's remuneration by the current CPI.

The Board's annual report and the other two reports mentioned above are available from the Board's website.

Stepping down as Registrar

As indicated in the e mail that I sent out a few months ago, I am stepping down as the Registrar of the Board in the New Year. I have been employed by the Board for over 10 years and in that time, I have achieved what I set for myself and I feel that the time is right to hand over to someone else to continue in the position. The job has been very rewarding but also very challenging and I could not have fulfilled my duties if it was not for the profound support of the profession, the NSW AVA and most importantly the Board members, past and current and the fantastic staff of the Board, Mary, Clare and Des – sincere thanks to you all.

To provide smooth succession and to assist the new Registrar as required, I shall continue to be employed by the Board for approximately the next two years to inspect every NSW veterinary hospital and assist with investigations as required.

I look forward to catching up with as many practitioners as possible during this stage and I wish the new Registrar the best of luck in the position – they will have my unqualified support.

Lastly, may I wish all readers of Boardtalk a safe and happy Christmas.

Glenn Lynch
Registrar

1300 366 653

**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 Veterinary Practitioners Board

Complaints Committee

Since the last edition of Boardtalk in May 2011 the Board has determined, after investigation by the Board's complaints committee, seventeen complaints made against veterinary practitioners.

Of those, the Board issued four cautions, two complaints were withdrawn and eleven were dismissed, one of which was dismissed as lacking in merit [Part 5 Section 2 46(1)a of the Veterinary Practice Act]

- A caution was issued to a practitioner for failing to adequately image a fracture prior to surgery, following surgical repair and for failing to assess healing prior to pin removal.
- A caution was issued to a practitioner for not commencing any effective decontamination within the first 2 hours of admission into hospital of a dog who had ingested snail bait.
- A caution was issued to a practitioner for using inappropriate suture material for the surgical procedure performed.
- A caution was issued to a practitioner who, after sedating a horse, did not adequately supervise the activity of a lay equine technician. The outcome of the dentistry compromised the health of the horse.

Horse Dental Procedures

In the complaint against a practitioner who sedated a horse for dental procedures to be carried out by a lay equine dental technician, the dental treatment resulted in pulp exposure in several teeth due to inappropriate use of power tools.

During the investigation, the Board sought opinions from a number of highly qualified veterinarians who work in the area of equine dentistry. With the assistance of those opinions, the Board found that there was sufficient evidence to establish that the horse had sustained damage as a consequence of the inappropriate use of power tools and that this resulted in the need for more extensive dental procedures.

Under the Veterinary Practice Regulation 2006 (Code of Professional Conduct 1a) the basic principles of professional conduct require the veterinarian's primary concern to always be the welfare of the

animal. When performing sedation or anaesthesia on an animal, a veterinarian must ensure that while the animal is under the sedation or anaesthetic and in their care, the animal's welfare is their primary concern. Therefore, they are responsible for ensuring any procedures carried out on the sedated or anaesthetised animal will not put the animal's health or welfare into jeopardy. A veterinarian cannot sedate or anaesthetise an animal and then disregard what is being done to the animal. If any damage is caused by a lay operator to an animal while under anaesthetic, the Board will consider action against the veterinary practitioner concerned and consider referring the lay operator to the appropriate animal welfare organisation.

The Procedure for investigation of Complaints by the Board

The Board is very conscious of the time taken to resolve complaints while carrying out its legislative responsibilities of investigating complaints.

The Board is acutely aware of the impact that complaints proceeding can have on all involved. The Board has worked extremely hard on processes to reduce the stress involved wherever possible, however it is imperative that the process remains professional, fair and transparent – the Board's ultimate objective is to achieve the appropriate decision.

Recently in some relatively straightforward cases, the time to complete the investigation has been prolonged by repeated requests for an extension in time to respond by the veterinarian's indemnity insurer. The Board believes that complaints could have been finalised with much less stress to the veterinarian involved if the Board timelines were adhered to.

The Procedure for investigation of Complaints by the Board

- The letter of complaint is tabled before the Complaints Committee which generally meets once a month
- The letter of complaint is forwarded to the veterinary practitioner(s) concerned requesting their complete history and a written response to the complaint. Once the vet has responded to the complaints committee, the committee decides whether the case should proceed. It could be dismissed at this point. Such a recommendation would go to the Board.
- Generally however, the committee will forward the veterinary practitioner's response to the complainant and they have

the opportunity to make written comment regarding the veterinary practitioner's reply or withdraw the complaint.

- The complainant's response is forwarded to the practitioner for them to have another opportunity to respond to the Board.
- The committee at this point may decide there is a case to answer or recommend to the Board that the complaint be dismissed. If the committee 'particularises the complaint' this is the area that the committee sees as the focal point of concern. Depending on the seriousness of the committee's particulars, the practitioner may be required to attend a complaints committee meeting to provide an explanation to the committee's concerns. The

legislation provides summons provisions to attend or produce documents; however this is only invoked when the Board does not obtain cooperation from the practitioner.

- The Board or committee may seek expert advice as required at this end of the investigations
- Finally the Complaints Committee makes a recommendation to the Board.
- The Board will discuss the investigations and findings in detail at their monthly meetings and will make the final decision.
- Both the practitioner and complainant are notified of the decision.

The committee provides two weeks for both the complainant and practitioner to respond, however it will consider an extension of time if required.

Inducements

The Veterinary Practice Act is a piece of legislation with several masters: it strives to serve the needs of the veterinary profession, as well as protect consumers of veterinary services, while all the time maintaining the primacy of the welfare of the animals receiving veterinary care. It recalls the veterinarian/patient/client triangle as the central focus of care in veterinary health care. Inducements are then an example of where the Act balances the needs of each of these masters to the benefit of all.

The relevant section of the Act is found in the regulations, where clause 21 of the Veterinary Practitioners Code of Professional Conduct states: *"A veterinary practitioner must not provide a referral or recommendation the request for which is accompanied by an inducement to the veterinary practitioner."*

Consider one hypothetical circumstance where a veterinary specialist, in an increasingly crowded and difficult referral market, feels the pressure to secure sufficient referral cases to maintain their business. They may be tempted to offer a "reward" to veterinarians who provide them with referral cases -this inducement would pervert the normal referral procedure and would be a breach of the clause above. Fortunately the high ethical standards that almost all veterinarians aspire to, hopefully means that we would not allow such base factors influence our decision making process when it comes to referral for more specialist care or referral to a

particular specialist or veterinarian. Experience has shown that veterinarians are not easily influenced to recommend something, and do so only when they have evidence that it will really work! Fortunately we pay more attention to these issues than some of our medical colleagues, where inducements are a recognised problem. However it behoves us to be constantly vigilant, and always ensure that our decisions concerning referral and recommendation are influenced only by good, evidence-based medical decision making. In the modern world where savvy consumers are aware that inducements might occur, it is simple wisdom to record the reasons for a particular referral or recommendation in the medical record.

The clause in the code patently applies to all veterinarians, not just specialists.

The Board is legally bound by the legislation to investigate complaints and complaints can come from anyone, including consumers of veterinary services, veterinarians or the Board itself.

If the Board found evidence of a breach of clause 21 regarding inducements, the veterinarian who provided the inducement will be asked to justify their actions - keeping in mind that any breach of the code of professional conduct can be either 'professional misconduct' or 'unsatisfactory professional conduct' and penalties apply.

Continuing Professional Development

In this rapidly changing world we live in there has never been a greater need for professionals to have a commitment to life-long learning programme. We are bombarded with information and therefore a structured approach to our learning, and selection of suitable material, is essential.

The Code of Conduct (4) (1) requires that *a veterinary practitioner must maintain knowledge to the standards of the practice of veterinary science in the areas of veterinary science relevant to his or her practice, and must always carry out professional procedures in accordance with those current standards.*

Professional decisions must be based *on evidence-based science or well-recognised current knowledge and practice, or both.*

Veterinary practitioners registered in New South Wales are required by the Veterinary Practice Act 2003 to submit an annual return providing details of any professional development (CPD) undertaken by the practitioner (Section 33(1)(e)). The Veterinary Practice Regulation 2006, Part 2 (10), prescribes the types of CPD a veterinary practitioner must undertake.

The Australasian Veterinary Boards Council (AVBC) and the Australian Veterinary Association (AVA) agreed on a model for points scoring of CPD across Australia. This requires a veterinary practitioner on accumulate 60 CPD points over a consecutive 3 year period of which 15 points are to be “structured”. The model has been accepted by the Veterinary Practitioners Board of NSW.

A comprehensive table of activities, points allocation, and validation of points is described on the Board’s website (www.vpb.nsw.gov.au), or in the hard copy diary available on request from the Board. A downloadable dairy is also available on the website, as is an Excel spreadsheet.

The Annual Return requires only a statement of points accumulated in the three years period, however, practitioners must be able to produce evidence of CPD undertaken if requested by the Board, who will conduct random audits.

New graduates are credited with 5 structured points and 15 unstructured points in their first year of registration. Only honorary registrants, with a

condition on their registration that they do not provide veterinary services to the public, are excluded from compulsory CPD.

The Board recognises that accumulating structured points can be difficult for some practitioners. However, a comprehensive list of websites that provide online courses for veterinarians is available on the Board’s website.

If a practitioner fails to achieve the minimum number of points over a three year period, the Board will ask for reasons. Section 35 (e1) of the act prescribes *any failure by a veterinary practitioner, without reasonable excuse, to comply with any continuing professional development requirements determined by the Board*, constitutes unsatisfactory professional conduct, which may result in disciplinary action by the Board.

The first three year CPD cycle was completed in 2010. Letters were sent to each practitioner who had not accumulated the required points seeking explanations. After responses were received by the Board, a further letter was sent to each of these practitioners addressing their individual concerns- ill health, isolation, work pressure etc., and mapping out suggested ways of achieving the required points. The 2011 annual returns revealed that seven practitioners, of the above recalcitrant cohort, had still failed to accumulate sufficient structured points. The Board placed conditions on the registration of these practitioners- that they achieve the 2007-2010 15 structured points by 30th March 2012. Failure to do so will result in disciplinary action. The requirements for 2010-2013 are unchanged.

Notwithstanding the legislative requirement, it is nevertheless noteworthy that only 7 practitioners, out of over 3,000 registered in NSW, failed to meet their CPD target, which shows the wide acceptance of the need for continuing education in our professional lives.

“The life so short, the craft so long to learn” – Hippocrates 5th century BC

Internet Purchases by Clients

Summary

- 1] An owner can request a script from a veterinarian and is legally allowed to fill it at a pharmacy or, under the Code of Conduct in the Veterinary Practice Regulation 2006, at another veterinary practice.
- 2] Before you issue a script the Board expects you to have a client-patient relationship that is current, the prescribed dose should be appropriate, appropriate records kept etc.
- 3] The script should be made out on practice letterhead and be completed correctly as per legislation and guidelines (see TG 74/12 published by NSW Health on their website at http://www.health.nsw.gov.au/resources/publichealth/pharmaceutical/pdf/poisons_veterinary.pdf).
- 4] The Board has no objection to you charging a fee – a visit fee or a script fee – for this service.
- 5] Prescriptions for internet supply from overseas may not be issued in NSW because the Stock Medicines Act 1987 specifically identifies who may fill a script.
- 6] Finally, there can be other problems with using imported products, and while these are generally the clients', they may have an impact on a prescribing veterinarian.

QUESTION

My client wishes to purchase drugs over the Internet, buying medications more cheaply from overseas. She is required to provide a script and has asked me to write one for her. What does the VPB think I should do?

ANSWER

The VPB has no “rule” for this, but the following relevant controls apply in this situation.

- 1 In NSW (or other State of registration) you may certainly write a script to be filled by a pharmacist (or another veterinarian under the Code of Conduct in the *Veterinary Practice Regulation 2006*), as long as the intended target animal is under your direct care and you have examined it.

You may choose to do this because you do not stock a drug which is infrequently required or you have run out of stock, or because a client requests it.

- 2 You cannot be forced by a client to write a script. Each practice should look at developing and promoting their own policy on this matter. It is up to the individual veterinarian or practice whether they wish to comply with the owner's request – in this case, the issuing of the script rather than the drug. Of course the script should refer to a particular animal and only be for a reasonable amount of the drug to treat a condition you have diagnosed in that animal.

If requested to provide a script without an examination of an animal you may charge for this

service or may charge a consultation fee or may not charge at all.

In NSW, LHPA district veterinarians will often write out scripts, following a farm visit, for their ratepayers to take to the local practitioner to fill. While the local practitioner is under no obligation to fill such a script they may do so.

- 3 Under the *NSW Stock Medicines Act 1989* it is only legal to use an unregistered product on animals if they do not belong to a food producing species, if the product was used, prescribed or supplied by a veterinarian and if the product is either a registered human pharmaceutical or has been compounded by a veterinarian or a pharmacist acting under the directions (prescription) of a veterinarian.

However, an unintended consequence of the controls imposed by the Stock Medicines Act is that overseas prescriptions are not legal. The definitions within the Act state that to prescribe means to give a written instruction for supply to a “pharmacist” or a “person licensed or authorised under the Poisons and Therapeutic Goods Act”. Overseas suppliers would not fit into the second group.

But the Stock Medicines Act also provides a definition of “pharmacist” which is a “person registered under the *NSW Pharmacy Act 1964*”. Thus an overseas (or even interstate) pharmacist, would not be compliant with the provisions of the Act.

4 Clause 69B of the *Agricultural and Veterinary Chemicals (Administration) Act 1992*, administered by the Australian Pesticides and Veterinary Medicines Authority (APVMA) provides that a person must not, without reasonable cause, import into Australia a chemical product, which is neither a registered chemical product nor an exempt chemical product, except with the consent in writing of the APVMA. The APVMA has recently updated its web site at: <http://www.apvma.gov.au/supply/import.php> in relation to this topic, with the following information.

Ordering products over the internet and importation for 'private use'

Individuals should be aware that the importation of unregistered agricultural chemical products or veterinary medicines is an offence without prior written consent from the APVMA and that generally no such consent is issued to individuals for 'private use'.

Veterinary medicines: Individuals must not import veterinary medicines from overseas. The APVMA will however give consideration to applications lodged by registered veterinarians for the importation of unregistered veterinary medicines when imported for application or administration to an animal under the direct care of the veterinarian. See criteria 1(g) below.

If a registered product is available in Australia, the APVMA will not provide consent to veterinarians wishing to import products with similar names that are registered overseas.

5 Other things to keep in mind, in relation to overseas product purchases, are:

- Overseas suppliers can refuse to fill a script, or quantities and quality or brand names may be different or not guaranteed.
- The drug requested by the owner may not be available on the internet under the same brand or composition as is registered for use in Australia. (In Australia, if you prescribe a brand name product an alternative generic product may not be issued without your consent.)

- The product will not necessarily have passed the very stringent assessment and registration procedures of the Australian Pesticides and Veterinary Medicines Authority's (APVMA) product registration scheme.
- The goods ordered may end up not being the same as the goods prescribed or described. There are also risks regarding payment by credit card and possible non-delivery after payment is made.
- It is unlikely that overseas suppliers could be held accountable if an adverse drug reaction occurred. More importantly, an overseas supplier would not be available to attend to emergencies and monitoring of the condition. However, the prescribing veterinarian may place themselves in a difficult position if there was any adverse reaction to the medication by being expected to attend and perhaps being considered in some way liable for having prescribed it.

- Finally, the Australian Customs Service polices compliance with import restrictions which are complex and may require permits and payment of duties when goods land in Australia. Customs may intercept and investigate imports of any drug to determine the type of medication and if the medication has been legitimately obtained. The NSW Department of Health may be asked for advice when this occurs and delivery may be delayed or even prevented entirely.

These are all potential issues that practitioners should be aware of if a client makes a request to facilitate their obtaining veterinary medicines from overseas.

Veterinary practitioners are advised to refer requesting client to relevant agencies such as the APVMA or the Australian Quarantine and Inspection Service (AQIS) for assistance regarding permits and importation regulations.

In summary, it would appear that a veterinarian would be well within their rights to advise a client that the APVMA legislation, and the NSW Stock Medicines Act, both restrict the supply and prescription of unregistered products from overseas and that they would be assisting someone to break the law, or even breaking it themselves, if they issued a prescription specifically for filling overseas.

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

Merran Govendir, Faculty of Veterinary Science,
The University of Sydney.

Since the previous USyd report, as usual, much activity and excitement has taken place within the Faculty. In July 'celebrity vet' Chris Brown officially opened the new \$4.9 million Stage 4 Nepean Lodge and Nepean Hall student kitchen upgrade at the Camden campus. Nepean Lodge has now undergone significant renovations to offer 14 duplexes (i.e. five large single bedrooms, two full bathrooms, a large air conditioned open plan kitchen and a dining and living area that opens on to a large balcony) for student accommodation. These units are fully furnished and equipped with electrical appliances. Additionally 70 single rooms for students have also undergone reconditioning. The commercial kitchen of Nepean Hall was replaced with a state-of-the-art purpose built kitchen that enables students to prepare their own meals. The Camden campus is undergoing continuous renovations in other areas as well. For example, work on the new irrigation system at Corstorphine Dairy in Camden is nearly complete. One hundred and four fixed sprinklers with solenoids have now been installed and are soon to start operating on the farm. As part of the system, moisture meters were placed into the ground, allowing consistent measurements from the upper soil layers down to 1 m depth. This will also result in labour savings of which the management team is very excited. This irrigation system is controlled over the internet and can be operated by an iPhone. Formerly five hours per day of labour was required for controlling irrigation, but this task has now dropped to approximately 20 minutes per week. The effect on water savings is going to be significant although final figures are unknown at this stage. At Westwood Farm, a new lateral system is up and running and an extra pivot has now also been installed. The advantage of this upgrade has enabled 20 hectares of extra paddock to be irrigated directly from the river source.

On the 8th of September, the Faculty hosted the first Dr Robert Dixon Animal Welfare Memorial Symposium. This symposium will now be held annually on an Animal Welfare topic. The first symposium was entitled Should Australia export

live animals for slaughter? The format was a lively discussion panel of faculty staff and other veterinarians and representatives involved in animal export as well as representatives of the RSPCA. The undergraduate and postgraduate students in the audience provided many questions and comments for the panel.

Faculty Staff won two of the recent prestigious 2011 Eureka Awards. Presented annually by the Australian Museum, the Eureka Prizes reward excellence in the fields of scientific research and innovation, science leadership, school science and science journalism and communication. Associate Professor Kathy Belov and her team were awarded the Environmental Research Award for their work into Tasmanian devil facial tumour disease. Professor Paul McGreevy and his team won the Eureka Award for Animal Protection. The team has challenged the use of the whip in thoroughbred racing. Their findings suggest whipping does not increase horses' chances of finishing in the top three and that they actually run faster when they are not being whipped and have proposed an ethical framework for assessing the impact of different equine sports on animal welfare. On Friday 28th October, distinguished USyd graduate Associate Professor Robyn Alders, AO, was awarded the prestigious University of Sydney Alumni Award for International Achievement for 2011. Annually the university makes this award to recognize outstanding achievements by alumni to community service and their professional field. Professor Alders is a livestock development specialist, is currently a member of staff at Boston's Tufts Cummings School of Veterinary Medicine and is the principal investigator of the 'Respond Project', part of the USAID Emerging Pandemic Threats Program. She has also made significant contributions to the control of Newcastle Disease in African and Asian communities that rely on poultry for their livelihood.

Further information on all these items is available at sydney.edu.au/vetscience/about/news. Information about the new irrigation systems at Camden campus was obtained from the September 11 'Camden Network News' Letter.

Merran Govendir,
Faculty of Veterinary Science,
The University of Sydney.

Charles Sturt University

Nick Sangster, Head of School
Charles Sturt University, Wagga Wagga

In August 2011 the second cohort of veterinarians graduated from CSU. The graduating class were a modest 37, supplementing the 30 in 2010. There has been a strong recruitment into jobs in rural areas including all of the eastern states and a handful are working in urban areas and overseas. The feedback we are getting from graduates and employers is consistent with their preparation as practice-ready vets with good practical skills. Our graduating classes will build to around 60 over the next few years.

Now that graduates are flowing we are building other aspects of the School's activity. Our clinics are reaching capacity and we continue to recruit staff to meet the teaching, research and clinical demand. We have strong and varied clinical case loads as a training base. The School now offers a range of services:

- small animal medicine and surgery from our clinic in Wagga
- equine medicine and surgery for the clinic on the CSU campus
- advanced reproduction
- diagnostic services from our new laboratory.

The School is also offering continuing education including talks and short courses and an alliance with VetPrac. We share challenges with the other Schools in Australasia including course review, morphing to a DVM program, providing postgraduate courses, preparedness and training for Hendra virus and the funding for our programs.

We also receive great support from people outside the School. We recently welcomed Dr Randi Rotne, our VPB Practitioner-in-Residence. Randi is in Wagga for two stints covering our active teaching times. She is a wonderful resource to have, an experienced practitioner who can dedicate their time to mentoring students and also leading them to a high level of practice. The man who led the team to establish veterinary science at CSU, Doug Bryden, is being recognized at a graduation ceremony on 14th December and will receive the 'Order of the Companion of the University' in recognition of his foresight and work. The School has also enjoyed working with Glenn Lynch during his term as Registrar of the VPB. Glenn has always been responsive to our requests and has given us at CSU excellent advice as we trained and moved towards registering our graduates. We thank Glenn for that and wish him good luck for the future.

I took over as Head of School in early 2011 following Kym Abbott's move to Adelaide. I welcome veterinarians to visit us and view our program, refer cases to the clinics, consult us on disease issues, submit samples and attend training courses. I also thank all of the members of the profession who support us through clinical placements, participating in our student selection interviews and in assisting our teaching program in many other ways.

Nick Sangster
Head of School

Department of Primary Industries pays for laboratory investigation of suspected Emergency Animal Diseases

Therese Wright, Project Leader Veterinary Investigations
Department of Primary Industries

The Department of Primary Industries (DPI) covers the cost of the laboratory investigation of suspected Emergency Animal Diseases. This includes the courier costs for transport of diagnostic specimens to the State Veterinary Diagnostic Laboratory at Camden. For more information on EAD investigation see the Biosecurity Information for vets page at <http://www.dpi.nsw.gov.au/biosecurity/animal/info-vets>. It includes links to:

- information on specific EADs,
- the laboratory submission form,
- contact details for the laboratory and the duty pathologist,
- courier account numbers and
- the laboratory manual (containing detailed advice information on the investigation of animal diseases).

Examples of EADs include pathogenic avian influenza, foot and mouth disease, rabies, classical swine fever, Hendra, bluetongue, vesicular stomatitis and Newcastle disease.

Early detection is essential. If you see clinical signs or an unusual presentation that could be due to an exotic or other emergency animal disease please don't hesitate to submit samples and contact your local DPI or Livestock Health and Pest Authority (LHPA) vet. If the DPI or LHPA vet is unavailable please ring the Emergency Animal Disease Watch Hotline on 1800 675 888.

Therese Wright, Project Leader Veterinary Investigations, 02 6391 3351 or therese.wright@industry.nsw.gov.au

Occupational vaccination for veterinary staff

Therese Wright, Project Leader Veterinary Investigations
Department of Primary Industries

A number of vaccines are available that will assist to protect veterinarians and veterinary staff against potential infection with zoonotic organisms.

Recommended immunisations (as per the Australian Immunisation Handbook, 9th Edition 2008) include Q fever and Australian bat lyssavirus (ABL)/rabies. Tetanus and influenza vaccination are also important.

Immunity against influenza helps to minimise the possibility of co-infection of an individual with human and an avian or swine influenza virus that could result in a new hybrid strain of influenza.

Q fever is caused by the bacterium *Coxiella burnetii*, which survives for long periods in the environment. Chronic infection may cause endocarditis. Stock, wildlife and domestic pets may all be infected and may be asymptomatic. The infective organism is shed in body fluids and may be inhaled in aerosols or dust. Screening must be conducted prior to vaccination.


Rabies vaccine is used to protect against both classical rabies and Australian bat lyssavirus infection. Classical rabies is endemic through much of the Americas, Africa, Europe and Asia including a number of Indonesian islands to the north of Australia. Australian bat lyssavirus has been detected in Australian fruit bats and microbats. Australian bat lyssavirus has not been detected in cats or dogs bitten by bats but transmission cannot be ruled out. Post exposure rabies treatment is simpler in people who have been vaccinated; they do not require injection of immunoglobulin into bite wounds. Pre-exposure vaccination may protect against unrecognised rabies or lyssavirus exposures or when post-exposure treatment is delayed.


People who work with animals should discuss these vaccinations with their doctor.

For additional information on occupational vaccination for veterinary staff see the Australian Veterinary Association Biosecurity Guide at: http://www.ava.com.au/sites/default/files/AVA_website/pdfs/Biosecurity_Guidelines_ad.pdf

Therese Wright, Project Leader Veterinary Investigations, 02 6391 3351 or therese.wright@industry.nsw.gov.au

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Mascot, 2020

‘Bovine anaemia caused by Theileria orientalis’ – new name for benign Theileriosis

Graham Bailey, Cattle Health Coordinator
Department of Primary Industries

Benign Theileriosis has been renamed “bovine anaemia caused by *Theileria orientalis*” to better reflect the impact of the disease without alarming Australia’s trading partners! This change of name has been developed by the Theileria Working group a working group of the national Animal Health Committee. The name describes the disease and aetiology such that trading partners cannot confuse it with forms of theileriosis caused by *Theileria* species exotic to Australia

The Theileria Working group has been active behind the scenes advancing a range of matters to assist veterinarians and farmers manage the disease. This has included developing a priority list for research into the disease. The highest priority has been to facilitate availability of more effective treatment options. Buparvaquone used overseas to treat cattle

with theileriosis has been shown to be effective at reducing parasitaemias in cattle experimentally infected with Australian strains of *Theileria*. In order to have an approval through the Australian Pesticides and Veterinary Medicines Authority for use in Australia, data is being generated that will allow a withholding period for meat and milk to be determined. With support from Meat and Livestock Australia, a method to detect buparvaquone residues in meat and milk has been developed. The next step, tissue and milk depletion studies are subject to industry funding. Another high priority project has been the development of a vaccine.

The Animal Biosecurity Unit of the NSW Department of Primary Industries announced in June 2011 funding of laboratory testing. While originally announced to end 31 December 2011, it has been extended to 31 December 2012. Veterinarians wishing to know more about the disease should consult the Primefact “Bovine anaemia caused by *Theileria orientalis*”

Graham Bailey, Cattle Health Coordinator,
phone 6391 3870 or email graham.bailey@industry.nsw.gov.au

www.vpb.nsw.gov.au

Should be one of your “favourites”

- Searching for a veterinary colleague?
- Searching for a veterinary specialist?
- Wondering what CPD courses might be available?
- Wondering about the article on internet and medications discussed in Boardtalk in 2004 ? Wondering how many times Boardtalk has discussed radiographs? [actually in 2002/2003/2006/2006/2007 and 2008]

All these things are found on Board’s website. Check it out- you will often get the answers you are after without even a phone call.

The Role of Vets Sedating Animals for Lay Operators

As the activities of lay operators such as equine dental technicians, chiropractors and the role of lay operators in farm practice increases, it is becoming more common for veterinarians to receive requests to sedate animals, particularly horses, for the lay person to carry out these procedures.

It is very important to give careful thought to one's responsibilities before carrying out the request – the practitioner is under no obligation to sedate an animal for a lay operator if they are not comfortable with the proposed procedure.

The reason the use of sedatives and analgesics is restricted is because they are a powerful tool in the manipulation of animals, getting them to succumb to procedures that otherwise would potentially be unbearable to the animal. There is also a level of danger to the patient in their use. The use of sedatives requires training in monitoring blood pressure, depth of sedation, effectiveness of analgesia, pharmacology including the possible use of drug combinations, recognition of abnormal outcomes and a knowledge of procedures in the case of a problem.

The issue is therefore the welfare of the animal being subjected to the procedures - those procedures being both the sedation and the work being carried out.

Given the fact that the veterinarian is the one qualified in veterinary medicine and surgery, the ultimate responsibility for the animal's welfare will rest with the veterinary practitioner. This means that not only will the veterinarian be sedating the animal, but will ultimately be responsible for the outcome of work done on the animal while it is sedated since the animal no longer has any self protective mechanisms due to the drugs administered by the veterinarian.

Clauses 1 and 2 of the Veterinary Practitioners Code of Professional Conduct refers to the basic principles of professional conduct and the primary concern for the welfare of animals.

It is imperative that practitioners understand their responsibilities when performing sedation for lay operators ie it doesn't end after the sedation is provided.

Stock Medicines Update

Lee Cook , Department of Primary Industries

Nitrotrain tablets for oestrus suppression in greyhounds

The Australian Pesticides and Veterinary Medicines Authority (APVMA) has issued a permit to CEVA Animal Health of Glenorie to allow the supply of unregistered Oestrotain® anabolic tablets for greyhounds (ethyloestrinol) for the suppression of oestrus in racing greyhounds.

Ethyloestrinol is the only product approved for this use by Greyhound Racing NSW. While there may be some continued veterinary use of testosterone for this purpose, this use is not approved but the authority is still determining limits for levels in swabs (urine tests).

A copy of the permit, PER12826, is available from the website of the APVMA at www.apvma.gov.au and is required for all use of the product.

Sulfonamides for use in poultry

While a number of sulfonamide products are registered for use in poultry, most preclude use in birds destined to become laying hens. The APVMA has issued a renewed permit PER12327 which allows certain use for general disease and coccidiosis control in replacement pullets, broiler breeders and layer breeders used both for meat and egg production. While such use could be carried out under written veterinary direction without this permit, the permit provides some protection for veterinarians as they are no longer personally responsible for any adverse outcomes of the use.

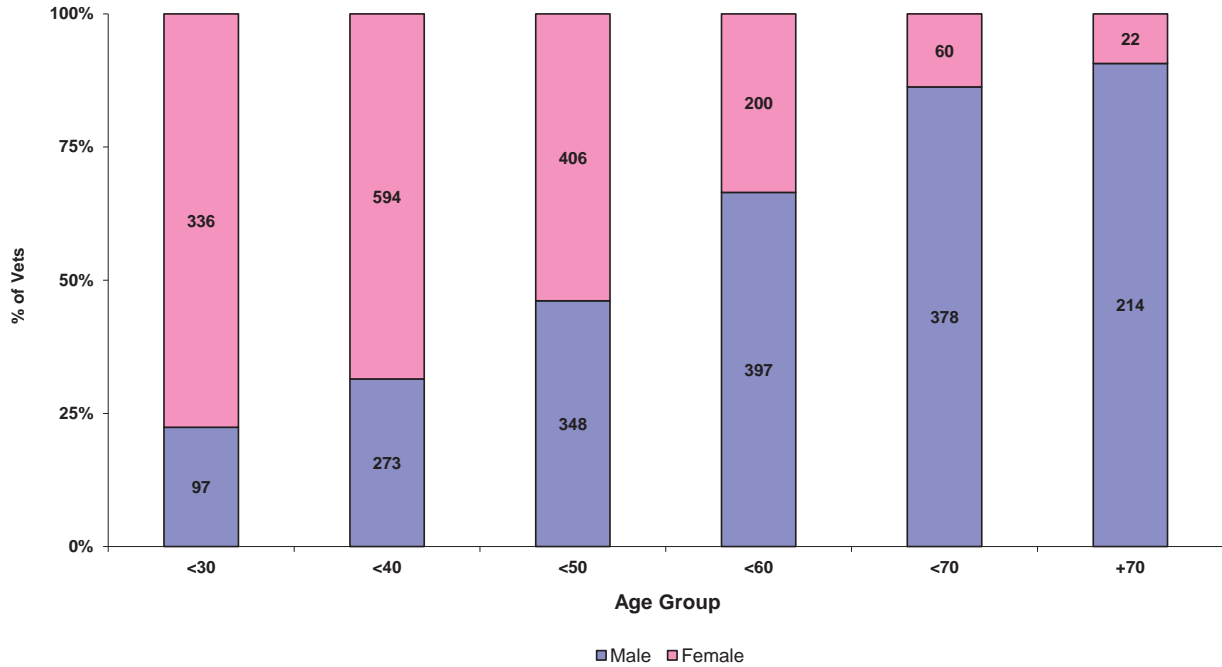
A copy of the permit, PER12327, is available from the website of the APVMA at www.apvma.gov.au.

Items submitted by:

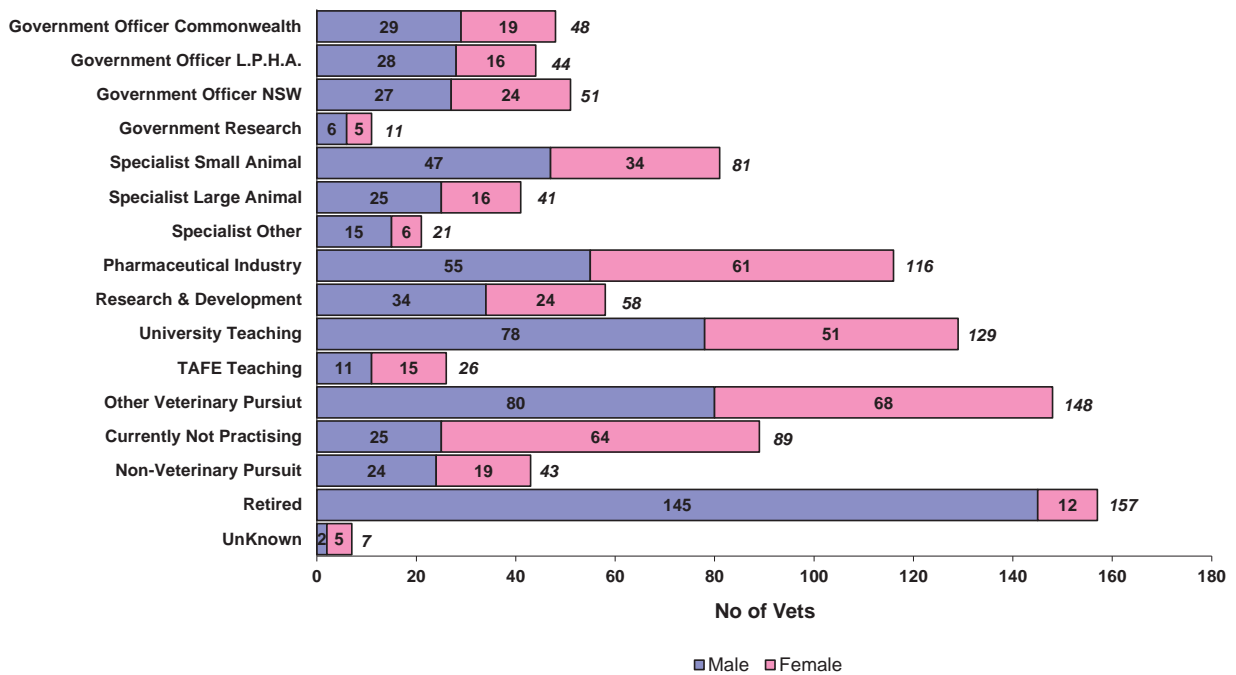
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2800
Phone: 02 6391 3722 Fax: 02 6391 3740
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Statistics of interest to the profession

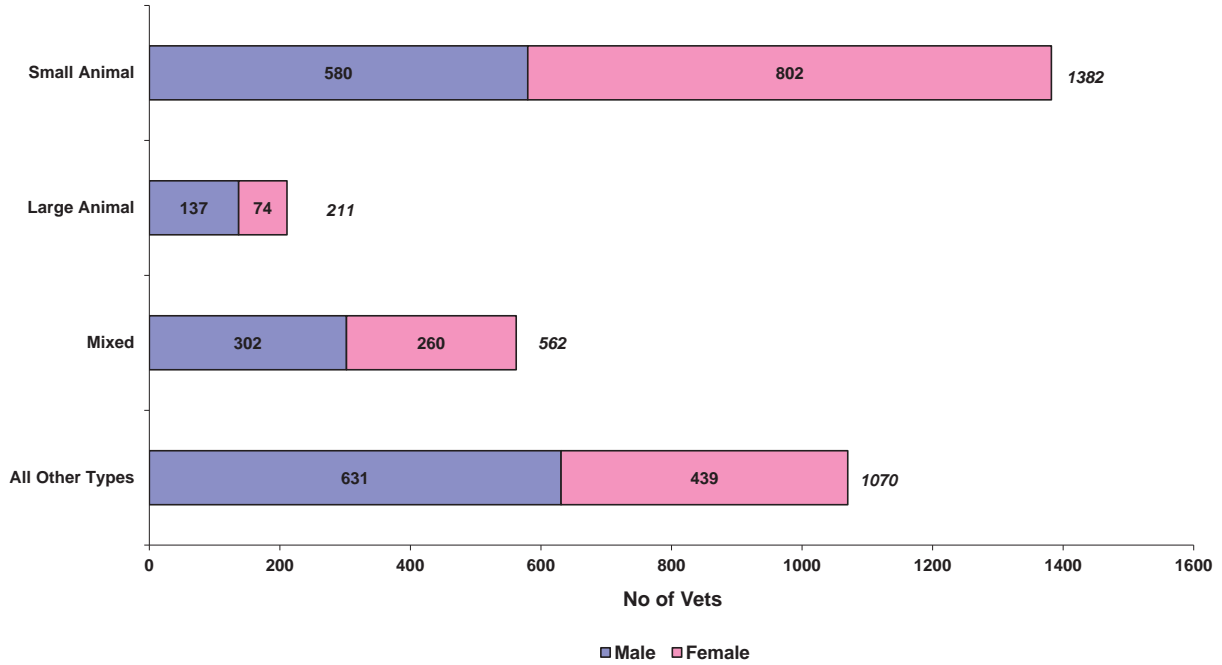
2010-11 Gender Trend



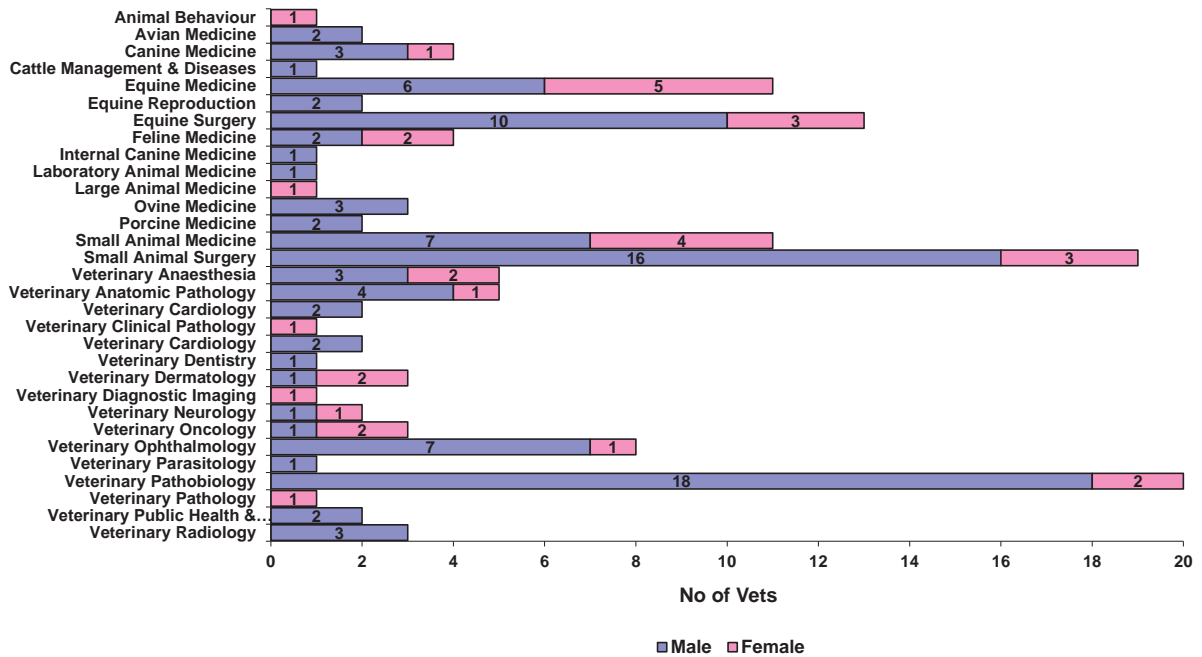
2010-11 Employment Types - Not in Private Practice



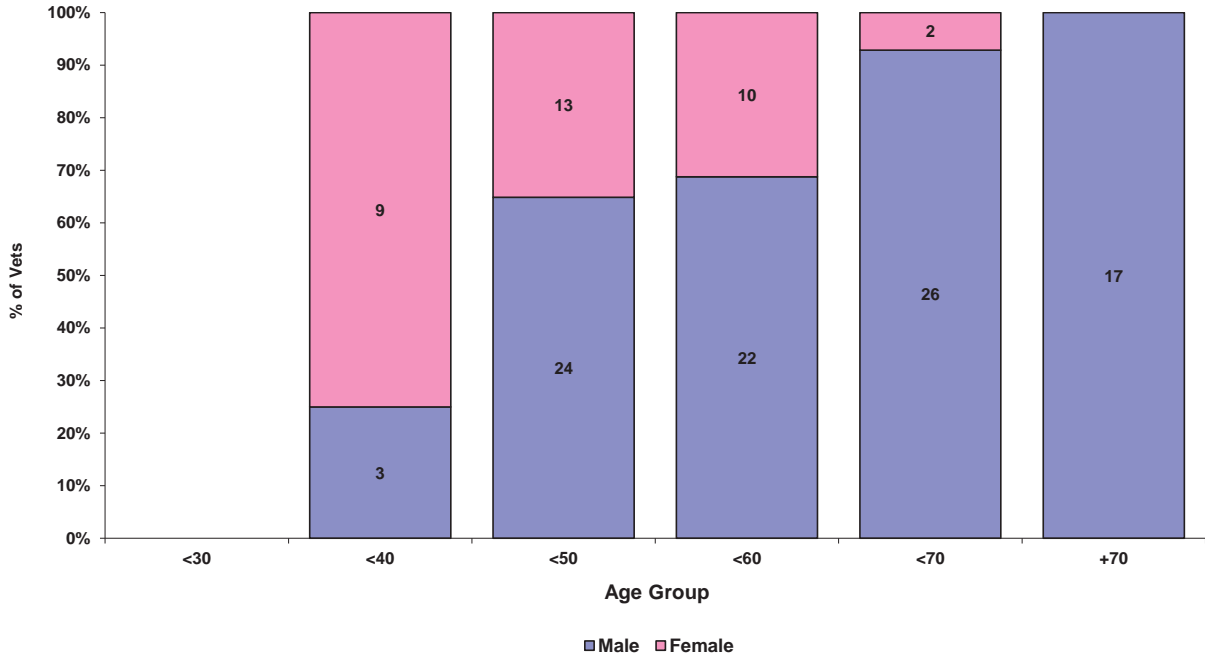
2010-11 Employment Types



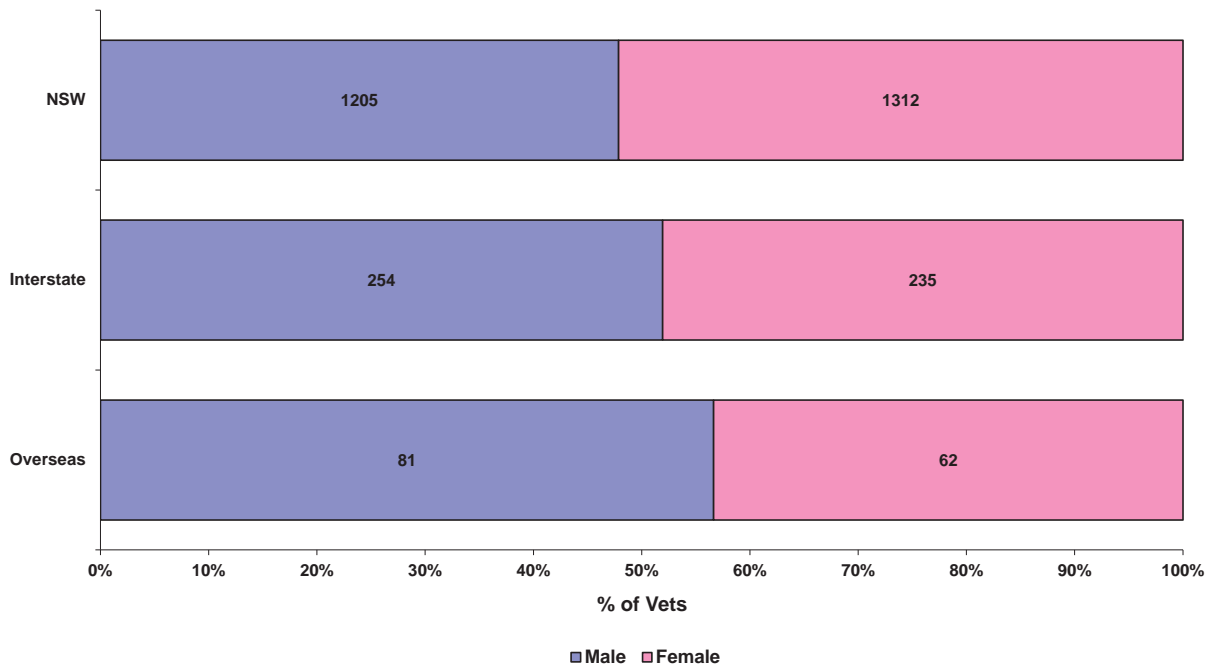
2010-11 Veterinary Specialisation



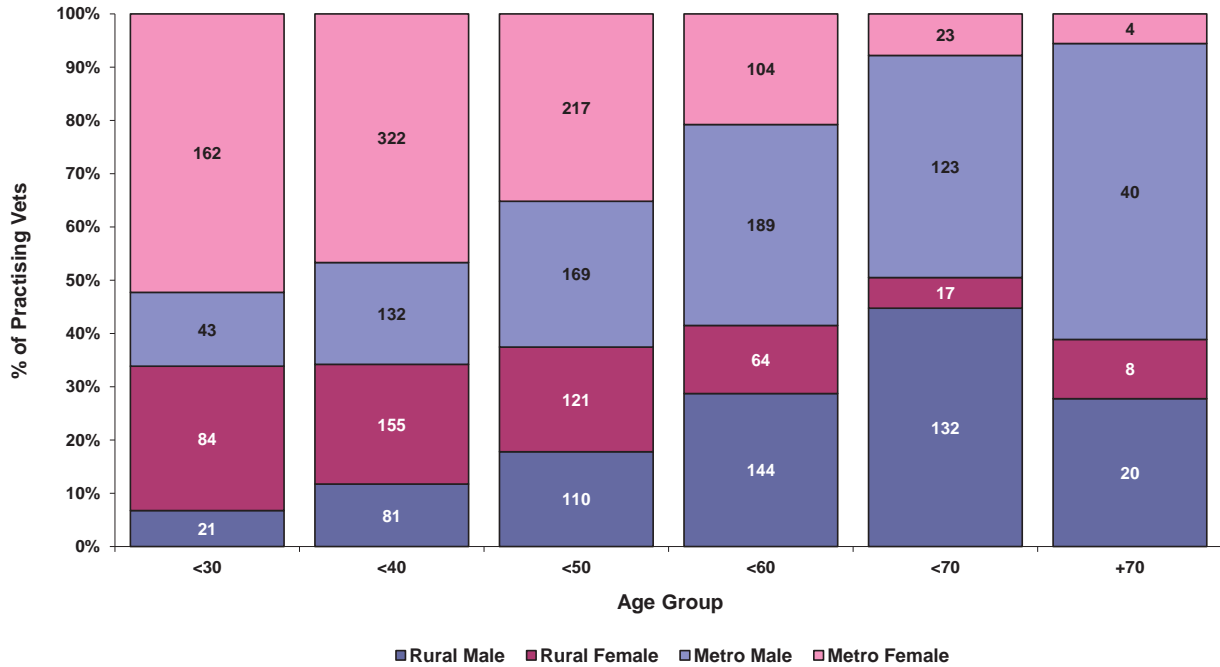
2010-11 Specialists Gender Trend



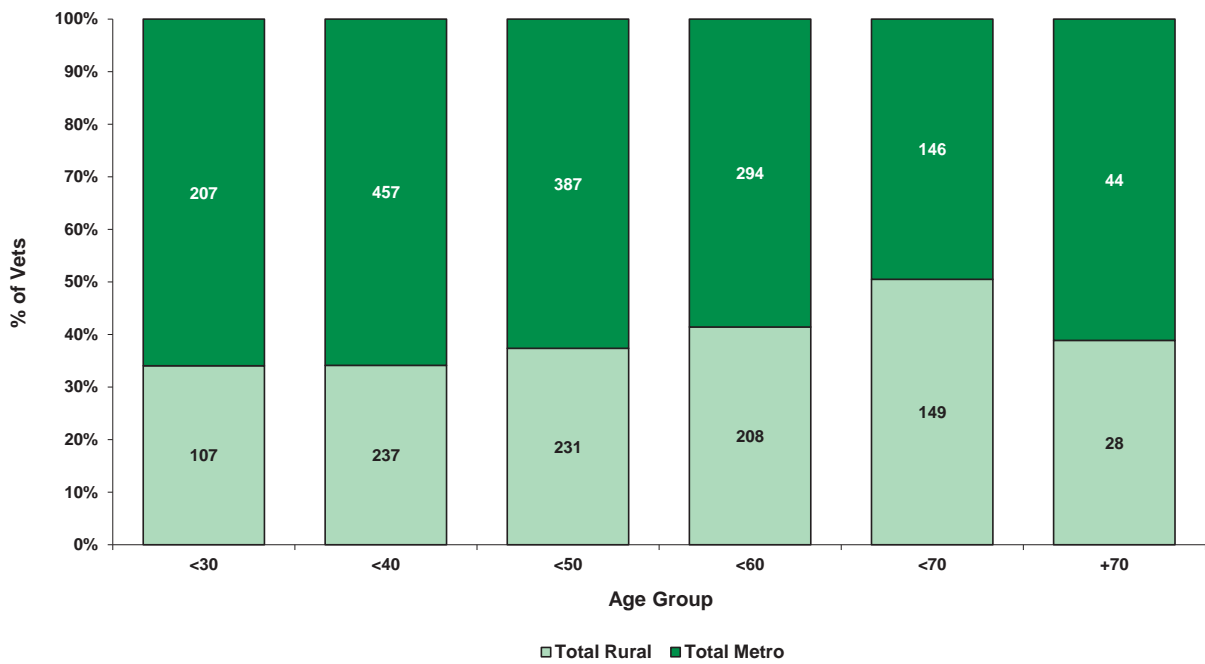
2010-11 Distribution of Vets



2010-11 Practising Vets - NSW Metro vs Rural Spread



2010-11 Rural vs Metro NSW Practising Vets Trend



Q Fever - Also a Small Animal Zoonotic Disease

By Dr Steve Ferguson BVSc
[NSW Division of Australian Veterinary
Association]

The AVA recommends that all veterinarians and veterinary nurses be vaccinated against Q Fever.

Did you know that you and your staff may be exposed to Q Fever the next time you do a dog or cat caesarian? AVA NSW have recently become aware of a number of outbreaks of Q Fever in small animal practitioners, their staff and clients linked to contact with fluids from caesarians.

Q fever is caused by the bacteria *Coxiella burnetii*. This illness was named “Q (for query) fever” in 1937 when the first cases of the disease were reported but very little was known about it. Since then, the cause and routes of the disease have been discovered but the name has been retained.

What are the risk factors for Q Fever infection?

- Any animal can carry Q fever - wildlife carriers include kangaroos, bandicoots; domestic species - cattle, sheep, goats, dogs, cats, rodents, rabbits, birds (wild birds, pigeons - possibly the best reason to get rid of Indian mynas)
- It is transferred by ticks between animals e.g. bandicoots to dogs and cats. Ticks are a temporary host. Transference from ticks to people not reported.
- Dogs and cats can be infected by eating infected material - e.g. placentas and newborn of wildlife, rabbits, rodents.
- Pregnant animals can be a major source of *Coxiella* - in urine, birth fluids, placenta, foetuses, milk, and manure - especially if recently infected. *Coxiella* can cause foetal death - this may be the reason for caesarean intervention.
- Aerosol transfer to people occurs- via droplets or desiccated motes - in dust.
- Human exposure is possible via manure and urine of infected animals. Semen can also carry *Coxiella*.
- Human exposure is possible via contaminated wool and hides.
- Milk transfer to people - drinking unpasteurised milk, milk aerosols in a dairy
- Smoking in an area where infected animals have been.
- *Coxiella* can exist in environment for a long

period of time. People can become infected from the environment for some period after the infected animal has moved on.

- People older than 15 years of age more susceptible to infection

Clinical signs in people: Q fever usually presents in people as a flu-like illness but can progress to a potentially fatal atypical pneumonia, hepatitis and endocarditis. Approximately half of all human infections are asymptomatic.

Practical Risk reduction

- The AVA Guidelines for veterinary personal biosecurity recommend that all veterinarians, veterinary students and veterinary nurses and veterinary staff be vaccinated - even though some staff may never enter surgery suite, corridors and rooms near the surgery may become contaminated by infective aerosols (administrative control)
- Cat and dog caesarians were identified as potentially very dangerous sources of infection for veterinary staff and potentially their clients.
 - o An immediate ban on mouth to snout resuscitation should be implemented,
 - o Q fever serology should be considered in all pets undergoing an elective caesarean and only vaccinated staff should be attending to caesarians.
 - o All staff present around a caesarian need to be masked (P2 mask, not standard surgical mask) and wearing eye protection, gloves and a disposable gowns.
- Ensure the air flow in the surgery unit does not flow to client waiting rooms etc.
- Wash hands thoroughly after handling all pregnant patients and before touching another patient, person or common area e.g. opening fridge to get food
- Consider alternative methods for resuscitation of pups which doesn't involve breathing directly into the pup or dispersing birth fluid around the room
- Collect all birth waste and fluids into biohazard bag/bottle for autoclave before disposal or for incineration
- Since majority of human infections start by aerosol, use of P2 masks, goggles or safety glasses with coveralls during Caesarian - PPE.

- Remove PPE before leaving surgery suite especially coveralls (surgery gown) as these will be contaminated and could spread Coxiella to a clean area. Autoclave/disinfect reusable items
- Cover any open skin wounds - including using gloves to cover roughened skin on hands before handling patient.
 - Clean and disinfect surgery suite after Caesarian completed and patients removed. Any staff should be wearing PPE during the cleaning process - remove before exiting the suite. Autoclave/disinfect reusable items.
 - Isolate suspect patient from other patients - isolation ward
 - Any body waste from patient to be collected and disposed by autoclave/incineration

The QVAX vaccine is available, all veterinarians and veterinary personnel should take advantage of its availability and effectiveness. Potential vaccinees need a blood test to test for *C. burnetii* antibodies, and a skin test (to look for T-lymphocytes sensitised to *C. burnetii*). If either test is positive, immunity is assumed and the person is not vaccinated. Taken from <http://www.ava.com.au/11026>

The Sydney South West Public Health Unit recently ran a debriefing session to discuss a Q fever outbreak affecting vet staff in a domestic animal veterinary clinic. The AVA, University of Sydney, VPB and VNCA were all represented.

The key recommendations from this session were the need to develop a set of national guidelines on personal infection control in veterinary practice. The AVA has since released very comprehensive personal biosecurity guidelines that are available to all members online. This should be compulsory reading and are located at <http://www.ava.com.au/biosecurity-guidelines>.

Personal Protective equipment, although essential is not an alternative to identifying and minimising risks of exposure in the first place - see Hierarchy of controls below that should be applied to all zoonotic risks.

Table of Hierarchy of controls

Elimination	change the system of work, the most effective way to make the workplace safe is to get rid of the hazard
Substitution	use a safer alternative
Isolation	separate workers from the hazard
Engineering control	use engineering solutions such as replacing humans with technology where exposure to a major health hazard is imminent, alarm systems, security, building layout and safer machinery options
Administrative control	training workers in appropriate systems of work such as handling used NS, blood & body wastes, chemicals
Personal protective equipment (PPE)	this includes equipment such as gloves, goggles and sharp resistant clothing for workers

The University of Sydney in association with Charles Sturt University is doing further study into the prevalence of Q fever in companion animals. The AVA and Sydney University would be keen to hear about any cases of Q fever, especially originating from cats and dogs, contact Dr Katrina Bosward (katrina.bosward@sydney.edu.au)

Dr Steve Ferguson BVSc
[NSW Division of Australian Veterinary Association]

Registration requirements for radiographic (X ray) equipment and the requirements for a ‘Licence to Use’ such equipment

The following article provides information on

- 1) Registration of diagnostic imaging (including x-ray) radiation equipment.
- 2) Those people who operate radiation apparatus require a ‘Licence to use’

1) Registration of diagnostic imaging equipment is controlled by the NSW Office of Environment & Heritage (OEH) (www.environment.nsw.gov.au). The Radiation Control Act 1990 provides for the registration of radiation apparatus and for conditions of registration to be imposed. The Radiation Control Regulation 2003 prescribes that all diagnostic imaging (x ray) apparatus used for veterinary purposes must be registered.

The owner of the x-ray apparatus is responsible for ensuring that the apparatus is registered.

The mandatory requirements for registration of x-ray apparatus and recommendations for radiation safety are in Radiation Guideline 6: Registration requirements and industry best practice for radiation apparatus used in diagnostic imaging. Part 4 of this guideline is regarding veterinary science and can be found at www.environment.nsw.gov.au/resources/radiation/veterinary

Summary of requirements:

- Radiation apparatus used for diagnostic imaging must be registered by its owners. The definition of ‘owner’ in relation to apparatus includes a lessee or one who takes the apparatus on hire.
- Registration must be renewed every two or five years depending on the type of apparatus

Category of apparatus	Duration of registration
Radiography (fixed and mobile)	5 years
Fluoroscopy (fixed and mobile)	2 years
Computed tomography	2 years

X-ray apparatus must be regularly inspected by an Office of Environment & Heritage (OEH) consulting radiation expert (a list of accredited Consulting Radiation Experts [CREs] by the OEH is found at www.environment.nsw.gov.au/radiation/cre).

- A Certificate of Compliance is required with all new registration applications and renewals

- The owner must notify OEH within 7 days of any relocation, transfer of ownership or disposal of x-ray apparatus
- Registration or transfer application forms are available at www.environment.nsw.gov.au/radiation/formdownload as pdfs.
- To register an apparatus the owner must submit a complete registration application or transfer application form as appropriate with a Certificate of Compliance the required fee.
- For renewal of registration – the Certificate of registration shows the date when the registration expires and is due for renewal. The OEH will send a renewal notification approximately six months before the registration expires. If the owner intends to continue to use the apparatus, it must be assessed by a consulting radiation expert within six months before the expiry date expires.

- 2) Requirements for people who use radiation apparatus – requirements to acquire a ‘Licence to use’

The application form for a licence to use is at www.environment.nsw.gov.au/resources/radiation/licencetouseappln

The ‘Licence to Use’ application form requests that you provide a code to classify the level of experience of the user and the type of usage. The following codes are the most applicable to veterinarians and their staff: IA23: Use radiation apparatus for veterinary purposes. Must provide evidence of current registration with the NSW Veterinary Practitioners Board.

IA23S: Use radiation for veterinary purposes under supervision – Assistants. Must provide evidence of successful completion of Certificate IV in Veterinary Nursing (Animal Care and Management Training Package) conducted by a registered training organisation (RTO) in NSW.

*S23: Use radioactive substances for veterinary purposes. Must meet two pre-requisites: 1. must provide evidence of current registration with the NSW Veterinary Practitioners Boards and 2. Must provide evidence of further studies, beyond the undergraduate degree in the safe use of radioactive substances for veterinary purposes to the satisfaction of OEH.

Currently a ‘Licence to Use’ is valid for either one year or three years and is required to be renewed. A one year licence application is \$117 and a three year licence application fee is \$226. A licence to use can only be issued to an individual (a ‘natural person’) not a company.

Notification and Export Certification for Veterinarians

Belinda Walker
Technical Specialist Animal Biosecurity
Department of Primary Industries

Notifiable Diseases

Veterinarians are reminded of their responsibility to notify the NSW Department of Primary Industries (DPI) if they suspect or diagnose certain significant diseases.

Notifiable animal diseases in NSW are listed by species on the DPI website at:

<http://www.dpi.nsw.gov.au/agriculture/livestock/health/general/notifiable-animal-diseases-nsw>

You can notify on line at

<http://www.dpi.nsw.gov.au/agriculture/livestock/health/general/notifiable-animal-diseases-nsw/animal-disease-form>

Alternatively, you can fill in the NSW notifiable animal disease form available at

http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0007/260809/NSW-notifiable-animal-disease-form.pdf and fax it to (02) 6361 9976, or email it to: biosecurity@industry.nsw.gov.au

Notifications can also be made by phoning a Livestock Health and Pest Authority (LHPA) office or a DPI veterinarian or regulatory officer.

The notification should contain the full details of the location of the animals. Please provide the Property Identification Code (PIC) if available, as this ensures an accurate location for mapping purposes. It is recommended that you start to include the PIC in your client details so that it is readily available.

Reporting Emergency Animal Diseases

If you suspect that the notifiable disease is an emergency animal disease you must call the emergency animal disease hotline – 1800 675 888 – which is monitored 24 hours a day. Emergency animal diseases include most of the exotic diseases, any new diseases and serious endemic diseases such as anthrax.



Export certification

All livestock and pets exported out of Australia must meet the requirements of the importing country. Importing countries require a declaration of disease freedom for properties from which our exported animals originate. An important example of this is strangles in horses. Virtually every country we export horses to except New Zealand demands certification of freedom from strangles for the property of origin. Those who certify freedom from disease for a given property must be confident that all cases of notifiable disease including new cases of the same disease on the same property are being notified. This is because certification is usually required for specific time periods, e.g. Freedom for 3 months prior to export, so the date of the last case is vital.

Do not assume that the laboratory (either state or private) has fulfilled notification requirements. The information on the laboratory report is often insufficient for certification purposes, as the location of the affected animals is often not given.

Belinda Walker, Technical Specialist Animal Biosecurity, phone 6741 8363, or email Belinda.walker@industry.nsw.gov.au

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

Please stick to the paper trail

Contributed by
David Short
Legal representative
AVA/Guild Insurance risk management committee
Meridian Lawyers

No matter how strong your technical skills may be, veterinarians run a real risk of being on the receiving end of a complaint by a dissatisfied client at some stage in their career. Having a good paper trail detailing your dealings with the client will substantially increase your prospects of successfully defending a complaint.

When providing treatment, veterinarians are often alone with clients, which in the event of a complaint, can lead to a case of “did not, did so” between vets and clients.

Without necessarily disbelieving a veterinarian, it is not uncommon for a disciplinary board or judge to conclude that the complainant’s version of events should be preferred as they are likely to have a better memory of events involving allegedly life-changing circumstances, for example “that dog was my best friend” or “that horse was going to win me the Melbourne Cup.”

A veterinarian’s memory, however, may be seen to be clouded as a result of seeing a large number of clients between treating the animal the subject of the complaint and the complaint being made.

With that in mind, it is important to remember that it can be years before a complaint is determined. Can you accurately recount from memory each treatment provided in the last three years? What happens if the treatment was provided by a staff member who left your practice years ago to go overseas?

Clear and detailed clinical records can help support the vet’s version of events.

There is also a risk that poorly kept clinical records may be seen as indicative of broader

sloppy veterinary practice. Conversely, clear and well-ordered records can provide the impression that a practitioner maintains high standards.

As a general guide, clinical records should at least cover the following:

- client details (name and address of the client and details of the animal treated)
- date of each treatment or consultation
- history provided by the client and the animal’s presenting problem
- assessment undertaken and the findings on assessment
- treatment plan and estimated cost
- information and advice provided to the client, particularly in relation to warnings as to relevant potential adverse outcomes
- treatment provided
- post-care instructions provided.

It is important that your clinical records are just that – clinical. Do not record personal or offensive comments about the client – as a rule of thumb, if you would not say it to their face, do not write it down. A personal or offensive comment will, at the very least, be embarrassing to you if the records are required to be produced in response to a complaint and may well adversely affect the outcome.

A good idea is to get into the habit of consistently preparing your notes, either during the course of the consultation, immediately after, or at the end of each day – just remember that it is likely you will see a number of clients throughout the day, so brief shorthand notes made immediately after a consultation will assist you when subsequently preparing your clinical records.

If you use abbreviations in your notes, use them consistently and, wherever possible, try to use abbreviations commonly used by the profession and/or the public. Ensure that your staff use the same abbreviations as you and that abbreviations have a standard meaning throughout the practice. It is not helpful if you use 'L' to mean left, when another of your employees uses it to mean lumbar.

If you keep handwritten clinical notes, make sure they are legible – if you cannot read them no one else will be able to.

One sub category of the paper trail, which is often critical in defending complaints relates to informed consent. Before any treatment, the client must be given sufficient information to enable him or her to make an informed decision as to whether to proceed with the proposed treatment. This will involve describing to them:

- the diagnosis made
- what further investigations may be required
- the treatment options available
- the likely costs involved (if this estimate changes during the course of treatment, make sure you update the client)
- potential adverse outcomes.

It is important that you communicate these issues in a manner in which the client will understand them. Do not use scientific terms or jargon if they are unlikely to be properly understood.

It is critically important that the process of informed consent is documented and that the client provides acknowledgement that they understand the issues and agree to the particular path being adopted. If at all possible, get acknowledgement in writing.

Some practices add an informed consent section to their standard admission form which the client signs once the discussion has taken place.

Another good alternative is to have the client sign your clinical notes where you have documented the discussion.

As with anything to do with a paper trail, what is critical is the fact and content of the documentation. Standard forms are a good start, but you must make sure that they are appropriate for the particular issue in question and that you fill them out properly.

Nothing is going to remove all potential disappointments for clients and veterinarians when veterinary outcomes do not go according to plan and a good paper trail will not prevent complaints being made. However, it will help you and your legal advisors to respond to a complaint and provide evidence with which to defend a claim .

For more information on maintaining a good paper trail and other ways to reduce your risk as a veterinarian, visit www.riskequip.com.au.

David Short
Legal representative
AVA/Guild Insurance risk management committee
Meridian Lawyers

This article was written by David Short of Meridian Lawyers on behalf of Guild Insurance Limited AFSL No. 233791.

This article contains information of a general nature only and is not intended to constitute the provision of advice.





The Current Board



Dr Merran Govendir



Dr Andrew Hansen



Mrs Angela Haynes



Dr Debbie Neutze



Dr Jim Rodger



Dr Mark Simpson



Dr Ruth Thompson



Mrs Christine White



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.

Veterinary Practitioners of NSW Staff



Mary Lydamore is Deputy Registrar and Complaints Officer

Des Lyttle is Registrations and Financial Officer



Clare Nathan is Administrative Support and IT Officer

Boardtalk

is a publication of the Veterinary Practitioners Board of NSW

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Dr. Merran Govendir
Dr. Andrew Hansen
Mrs Angela Haynes
Dr Debbie Neutze
Dr Jim Rodger
Dr Mark Simpson
Mrs Christine White

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