

# Boardtalk

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December 2012

Issue 37



## President's Report

As a new three year Board term begins I would like to acknowledge the great work carried out by the retiring veterinary members Associate Prof Merran Govendir (6 years on the Board), Dr Jim Rodger (3 years) and Dr Debbie Neutze (3 years); and retiring consumer representatives Mrs Angela Haynes (6 years) and Mrs Christine White (3 years). Together they provided the Board with vast experience, common sense, respect for the veterinary profession and for the public, thought provoking debates and, that essential ingredient, some laughter. On behalf of the profession, I would like to thank them most sincerely for their dedication to what at times can be a very tough job.

The new Board was convened somewhat late in September and joining myself, Dr Andrew Hansen and Dr Mark Simpson we have Drs Georgina Child, Jacob Michelsen and John Alexander all representing veterinary practitioners. Representing the consumers of veterinary services we have Mrs Bronnie Taylor and Mrs Lisa Minogue. Profiles of all Board members are in this edition of Boardtalk. While we come together as individuals nominated or representing a category, we work as one unit for the public, animals and of course the profession.

Thank you to all the veterinarians who made it to the AGM 20 November. It is always a rather brief affair but a great opportunity to discuss Board plans and finances. Although we had planned to hold it outside Sydney this year, prudent budgeting kept us close to the Board's offices in Mascot.

Did you know, across Australia and New Zealand, \$22 from each veterinarian's registration fees are

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### *President's report continued*

contributed to the running of the Australasian Veterinary Boards Council? This body is comprised of delegates from each of the Australasian Boards and (with the help of subcommittees of experts including Professors Leo Jeffcott, Norm Williamson and Virginia Studdert) attends to the National Veterinary Examination; the accreditation and reaccreditation of veterinary schools (VSAAC); the assessment and registration of specialists (ACRVS); and many issues common to all jurisdictions.

In keeping with the Board's aim to assist veterinarians as much as we can, you will find several articles in this issue of Boardtalk which are practice orientated and educational. Practitioners will find a wealth of information provided by specialist veterinary anaesthetist Dr Colin Dunlop. The older practitioners will remember when the latest technology was the apnoea alert machine which gave you that reassuring beep with each breath taken by the anaesthetised animal. It wasn't able to give you the trends and

monitored so little. We can up the standard of care now that better, cheaper and easy to use monitors are more available. We hope you find this insert beneficial.

Practitioners on the coast tell us its looking like a record tick season so the Board asked Professor Rick Atwell to write a document on Tick Toxicity, hopefully answering some of your trickier questions. Keep an eye out for this valuable information in an email in the next couple of weeks.

*The crazy Christmas holiday season is about to hit us all. A time when industry, government and university departments wind down for a short break while veterinary practices seem to wind up. On behalf of all the Board members and Board staff I would like to wish you and your families some moments of peace and happiness and a safe and healthy year ahead.*

Ruth Thompson  
President

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

We have had a busy period since the start of this financial year with a new Board, a visit from the Audit Office, putting together our 2012 Annual Report, organising the Annual General Meeting and continuation of our usual activities such as registration and licensing, hospital inspections and processing complaints.

### *Goodbye, thank you and welcome*

Firstly, I would like to extend a very warm thank you to the out-going members of the Board: Associate Professor Merran Govendir, Dr Debbie Neutze, Dr Jim Rodger, Mrs Angela Haynes and Mrs Chris White. Secondly, I would like to welcome back Dr Ruth Thompson, Dr Andrew Hansen and Dr Mark Simpson. I greatly admire the dedication to serving the Board, the profession and the public from all the previous Board members and wish them all the very best for the future.

I would also like to welcome and thank our new Board members: Dr Jacob Michelsen, veterinarian in academia from Charles Sturt University; Dr John Alexander, AVA nominated urban veterinarian; Dr Georgina Child, AVA nominated specialist veterinarian; Mrs Lisa Minogue, consumer representative; and Mrs Bronnie Taylor, consumer representative. I have enjoyed working with the new Board and I am confident they will continue the

dedicated, professional service of previous Boards. You can find out more about current Board members in this issue of Boardtalk.

### **Finances and the Annual Report**

Each year our Finance Officer, Des Lyttle, provides financial reports for our accountants, Pinter and Partners, who then prepare financial statements for the Audit Office. Our audited financial statements are then presented to the profession and the public in our Annual Report. The Annual Report for 2012 is available from our website and was also distributed in hard copy at our Annual General Meeting in Mascot, 20 November 2012. A highlight of the Annual Report for many is the section providing annual return statistics. If you have any questions about the financial statements or the Annual Report please do not hesitate to contact Des or myself.

### **Registration and licensing cycles**

Since the last issue of Boardtalk the cycles for registration of veterinary practitioners and licensing of veterinary hospitals have been completed for another year. Renewal of registrations is dependent upon payment of the annual fee and submission of the annual return and it is vital to remember that if both are not completed and processed by the Board by 30 June you are no longer registered to practise in

NSW. Similarly, hospital licence fees must be paid by 30 June or you are operating from unlicensed premises. The Board staff appreciate that there can be delays and will work with you to ensure problems with registration or licensing are addressed as quickly as possible but it is important to remember that there may be significant implications when registrations and licences are not renewed by 30 June.

Just as the annual return assists with ensuring individual veterinary practitioners maintain current standards, hospital inspections assist with ensuring the standard of veterinary licensed premises. Glenn Lynch has now inspected over 250 veterinary hospitals in NSW and I know from your calls and his reports that these visits are greatly appreciated by the profession and the Board. I am sure you will find his report in this issue of Boardtalk very informative.

It has been a busy time for the office over the last few months with changes to the Board, changes to some of our processes (for example our Board meetings and Complaints Committee meetings are now paperless), completion of end of year requirements and annual cycles, and continued processing of complaints and general enquiries and I would like to thank Mary, Des, Clare and Glenn for all their hard work during this time and for the whole year.

*To all our veterinarians and their families and friends, Merry Christmas and Happy New Year*

John Baguley  
Registrar

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## Report from the Veterinary Practitioners Board Complaints Committee

Since the last edition of Boardtalk in May 2012, the Board has determined, after investigation by the Board's Complaints Committee, 19 complaints made against veterinary practitioners.

Of those complaints finalised by determination, the Board issued three cautions for unsatisfactory professional conduct and 16 were dismissed. Of the complaints where unsatisfactory professional conduct was determined:

- A caution was issued to a practitioner who attempted to deal with a dental malocclusion in a dog by burring the teeth. The procedure was not in accordance with current standards of veterinary dental care.
- A caution was issued to a practitioner for failing to administer aggressive intravenous fluid therapy to a cat in renal failure.
- A caution was issued to a practitioner who failed to take prompt diagnostic action to investigate the cause of gagging producing foam, tachycardia and tachypnoea in a dog.

It is noteworthy that the ability of the Board to dismiss a complaint with a **recommendation** - a recent amendment to the *Veterinary Practice Act* (s 46(5)) - has been employed in eight of the sixteen cases dismissed by the Board in the last six months. The Board has found this option useful in drawing a

veterinarian's attention to an aspect of the case that may not be material or pertinent to the complaint, but which has drawn the notice or concern of the Board.

There are several noteworthy themes that commonly recur amongst the complaints dealt with by the Board. In the last Boardtalk the standard of **medical records** were noted as a particular feature of cases. In general, cases with well-written, contemporaneous medical records that included details of client communication were associated with expeditious proceedings and are, clearly, a veterinarian's best defence in the instance of a complaint.

Many aspects of complaints do not revolve around the actual medical decisions made in a case, but in fact the **client's perceptions** of those decisions. While the internet has raised the sophistication and language many clients can use when interacting with a veterinarian, and thereby give a false impression of their depth of understanding, the truth is that most people struggle with the concepts their veterinarians are trying to relate. Apply the KIS – Keep It Simple - principle and be very specific about options!

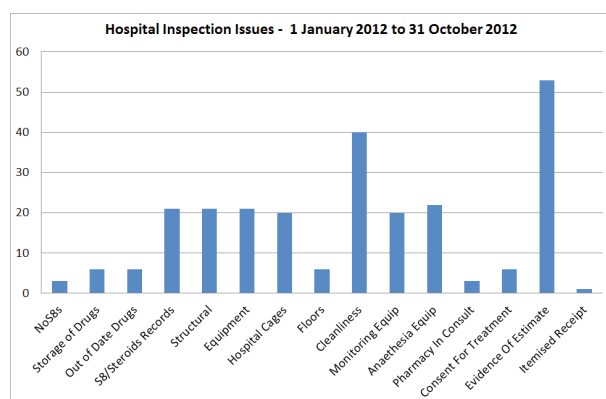
While **financial aspects** of cases are, in large part, not a concern of the Board, a large proportion of complaints have an aspect to them that is related to money. A recent recurring comment from

complainants is that “the veterinarian assumed there was some financial constraint because of something I said, but in reality there was no financial constraint to my pet’s diagnosis and treatment.” Veterinarians are notorious for being coy when it comes to discussing financial aspects of veterinary medicine. Providing written estimates for options, and detailing the responses in the medical record, do not come naturally to most practitioners, but when done provide immense help if that case should ever become the subject of a complaint.

## From the Hospital Inspector’s car

As of November this year, I have inspected over 250 veterinary practices since February.

The graph below depicts the broad issues identified. Have a look at the graph and I’ll discuss it below...



As you can see from the graph, the ‘evidence of estimate’ is an area that requires further thought.

If we look at the Veterinary practitioners code of professional conduct in the legislation (*Regulations 2006*), it states under clause 16, *‘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;*

- The likely extent and outcome of the veterinary services, and
- The estimated cost of those services.

I’m finding that in some cases, a ‘verbal’ estimate is being provided and this may be provided days before at the initial consultation. This situation may work out to be perfectly OK, the legislation does not require ‘evidence’ that the estimate was provided,

however, confusion may arise if there is complex surgery required or where multiple procedures are carried out and several ‘cost scenarios’ are discussed (dentals come to mind) – clients may unintentionally just hear the mention of the lower end of the range. The bottom line is that the vast majority of practices use consent forms for several good reasons, so to avoid any confusion, why not indicate the range or estimate on that form? In that way, everyone is on the same page and any confusion is resolved before treatment.

Another issue identified in my graph is ‘cleanliness’ – I find that from ‘eye level’ down, most things are maintained and very clean, however, when I look up... Well that’s another issue! Do have a look at the cornices, air vents and the top of the surgery lights as these can all be massive dust collectors.

Coming in 3<sup>rd</sup> place is ‘anaesthesia equipment’ – please check for the last service date of the vaporisers used in the practice, I have found that many are overdue.

*Wishing you and your families all the best for Christmas and I look forward to catching up with more practitioners in 2013.*

Glenn Lynch

## 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**



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

It has been a very busy and sometimes challenging semester with a number of highlights thanks to our wonderful staff and students.

## Accreditation

Firstly, we received confirmation recently that the Faculty has received accreditation for a period of 7 years from the AVMA and VSAAC, with areas for attention in finance and upgrade of surgical facilities. As reported in the last issue of Boardtalk by Associate Professor Merran Govendir, in early June the Faculty received a visit from a “global” accreditation team comprising representatives from the Veterinary Schools Accreditation Advisory Committee (VSAAC), the American Veterinary Medical Association (AVMA) and the Royal College of Veterinary Surgeons (RCVS).

## Teaching

Student evaluations of teaching have been very positive for this year with our University moving to compact agreements setting expectations for student satisfaction with their units at 80% for all units, which we are close to achieving. Faculty’s diverse student mix and flexible entry pathways have seen more Indigenous, remote/regional and low SES students succeeding in our programs, with our Faculty out performing the University’s target for access and equity.

In previous issues of Boardtalk we have also discussed the development of a graduate entry veterinary qualification. The Commonwealth Government, facing a surge of undergraduate enrolments across all courses in excess of expectations under the uncapped, demand-driven system which came into effect in 2012, has declined to progress further agreements, such as the University of Melbourne compact, to transfer undergraduate to postgraduate veterinary places. Transfer of funded coursework places is permitted with Medicine (where all places remain capped) but has been limited in other professions, making for considerable inequity and great uncertainty across the sector.

A combined Clinical Masters program for clinical trainees commences in 2013 and has attracted a strong field of applicants and the Faculty is progressing a proposal to manage the Wildlife Health and Management postgraduate coursework masters, formally managed by the School of Biological Sciences.

Graduation this year will be held on Friday 14 December. There will be two ceremonies this year with our larger student cohort; one at 2:00pm for Animal & Vet Bioscience, Postgraduate Research and Postgraduate Coursework and another commencing at 4:00pm for BVSc and BSc(Vet).

The graduation celebration to follow will be particularly special as it will be the last formal event for the Chancellor, Professor Marie Bashir. Professor Bashir has been a great friend to our Faculty, renowned for her concerns for our students and her work on behalf of the University in indigenous education and international relations.

## Research

The Faculty recently held its Postgraduate Student Conference. Our research students presented innovations, intriguing questions, compelling stories and more in one of our signature research events of the year. Our own Dr Jo Whitney won the University’s Alumni Award for a Postgraduate coursework student for her clinical research on infectious disease in cats, and Dr Camilla Whittington was a runner up for the University’s postgraduate research award.

Dr Kate Bosward and Associate Professor Jacqui Norris from the Faculty will collaborate with veterinary and medical colleagues from NSW and Queensland to determine the importance of Q fever in the veterinary community as well as the broader Australian population. Australia is unique as the only country in the world that recognizes and deals with the veterinary public health risks posed to people handling animals, particularly meat, tissue and fetal fluids, by requiring vaccination for some key personnel (we require all students and staff likely to be exposed to be immunized).

I can also report that we are expecting some important and exciting developments in relation to our fish, poultry, pig and dairy research programs with new research grants in Australia, our region, and beyond in train.

The Beveridge “one medicine” address this year was by Dr Helen Scott Or on the threat of Rabies in Indonesia and formed part of a successful Sydney Institute of Emerging Infectious Disease Conference. The Lecture was followed by a dinner with industry and government leaders in biosecurity, animal health and international animal production capacity building.

## Hospitals

Our Veterinary Teaching Hospitals have a new Business Manager, Mr Keith Merchant, and continue to provide our students with an excellent clinical learning experience to complement their clinical extramural studies program. We are seeing some exciting early data emerging from the recently developed Student Asset Database, which enables students to log all cases and their engagement with them, during their clinical training, providing an e-portfolio that should be valuable when seeking employment. The Sydney Teaching Hospital launched a new oncology service in

October, with a successful practitioner evening. Dr Peter Bennett will be active in the Comparative Oncology group of the Sydney Cancer Network, a special interest group launched this year by faculty staff. He has a joint appointment with the NSW Clinical Trials unit, enabling strong links to the exciting developments on campus in oncology research, with the Lifehouse Cancer Centre construction in progress. Other major building projects on main campus are the Charles Perkins Centre for Obesity, Diabetes and Cardiovascular disease, which will soon tower over the Gunn building. The Australian Institute for Nanoscience (behind Physics building) and the new Business School (Abercrombie St) are other large construction projects on campus.

## Events

Animalia, the Veterinary Science Foundation's gala event was a magical evening in Maclaurin Hall celebrating and supporting the important work of the Faculty. Celebrity

vets Dr Chris Brown (MC) and our own Dr Chris Tan both spoke with passion and conviction about the remarkable contributions of our Faculty and its graduates to the well-being and care of animals. Funds from this event will support a major refurbishment of the surgery in the Sydney Teaching Hospital.

Finally, and by no means least, the **Veterinary Society celebrated 100 years** with a **VetSoc Ball** and the presentation of a commemorative centenary plaque to the Faculty. Once again, they were voted best student society of the University.

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

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## Charles Sturt University

I recently joined the Board as a University representative under the amended Act. It is a pleasure to serve the public and the profession and follow Merran Govendir from the University of Sydney in this capacity.

CSU's third graduating year completed their final examinations in July, and has now entered the profession. Once again it was pleasing to see the rapid uptake of the new graduates into practices across Australia, particularly in regional areas. The ready acceptance of CSU graduates into regional areas confirms that CSU is achieving its goal of producing practice ready graduates, willing and able to be employed in regional and rural practices, catering for both production and companion animals. We believe this success is due to multiple factors, but the selection process and the problem based learning format used in 3rd to 5th year are among the most important, producing students able to problem solve independently and familiar with life outside of large cities. In this respect CSU has addressed an important gap within the veterinary industry, namely the lack of veterinarians willing to work in the country. The School has received a record number of applications to commence veterinary science in 2013 and the shortlisted applicants are interviewed in November/December.

As the veterinary course matures, there has been significant expansion of the University clinics, both in terms of staff numbers, but also in terms of the range of services provided and equipment available for clinical teaching and clinical referral cases. The Equine

Hospital now has two equine medicine specialists and two surgeons, the Reproduction Unit is increasingly busy and has employed another resident, and Prof Glenn Edwards (formerly of Melbourne University) has joined the small animal surgical team. A third small animal surgeon with extensive soft tissue and cardiovascular experience has expanded the range of procedures to which students are exposed, which already includes neurosurgery, advanced orthopaedics, total hip replacement and minimally invasive surgery.

A CT scanner has been purchased and should be operational soon, allowing in-house assessment of small animal and equine cases. The CT unit will be particularly welcomed by the small animal surgical team who look forward to using it routinely for oncological and neurological cases, but it is also expected to generate significant research interest.

Finally sincere thanks are extended to all the practices that support CSU through student placements, clinical case referrals and constructive feedback. The success of the Veterinary Course is in no small part due to the input from all our practice partners. The School has offered CPE activities in pathology and surgery and will expand this in time to help better support our supporting practices.

Jacob Michelsen  
BVSc Hons II (Syd) BSc(Vet) Hons II GCM MACVSc  
Lecturer, Veterinary Surgery  
Charles Sturt University  
Wagga Wagga

## SCRIPTS again


Veterinary practitioners continue to ask about their responsibilities regarding **scripts**. This is a brief summary of the article published 12 months ago in **Boardtalk December 2011**


- An owner can request a script from a veterinarian and is legally allowed to have it filled by a pharmacist, under the Code of Conduct in the *Veterinary Practice Regulation 2006*, by another registered veterinary practitioner.
- You can decline to provide a script.
- The Board has no objection to you charging a fee for this service.
- 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.
- 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](http://www.health.nsw.gov.au/resources/publichealth/pharmaceutical/pdf/poisons_veterinary.pdf))
- 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.
- 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.

The complete article can be found on the Board website [www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au) Once you are at the homepage, up in the right hand corner is "Search this Site" and type in "Internet purchases".

Don't forget that the search facility is a valuable resource if you have other questions for example "radiographs", "stray dogs" or "professional indemnity".

### Contact Details for Veterinary Practitioners Board

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## Dr Garth McGilvray AM

Dr Garth McGilvray has been honoured in the 2012 Queen's Birthday Honours List. Garth was named as a Member (AM) of the general division of the Order of Australia for his service to the community and the profession.

Garth has a long and distinguished career in contributing to both the veterinary profession in Australia and in his local community. Many veterinarians know Garth through his involvement as a member and President of the Veterinary Surgeons Board of NSW and Veterinary Practitioners Board of NSW. Garth is also a past National President of the Australian Veterinary Association, Chairman of the Australasian Veterinary Boards Council Inc. and is Chairman of the Provet Group Pty Ltd.

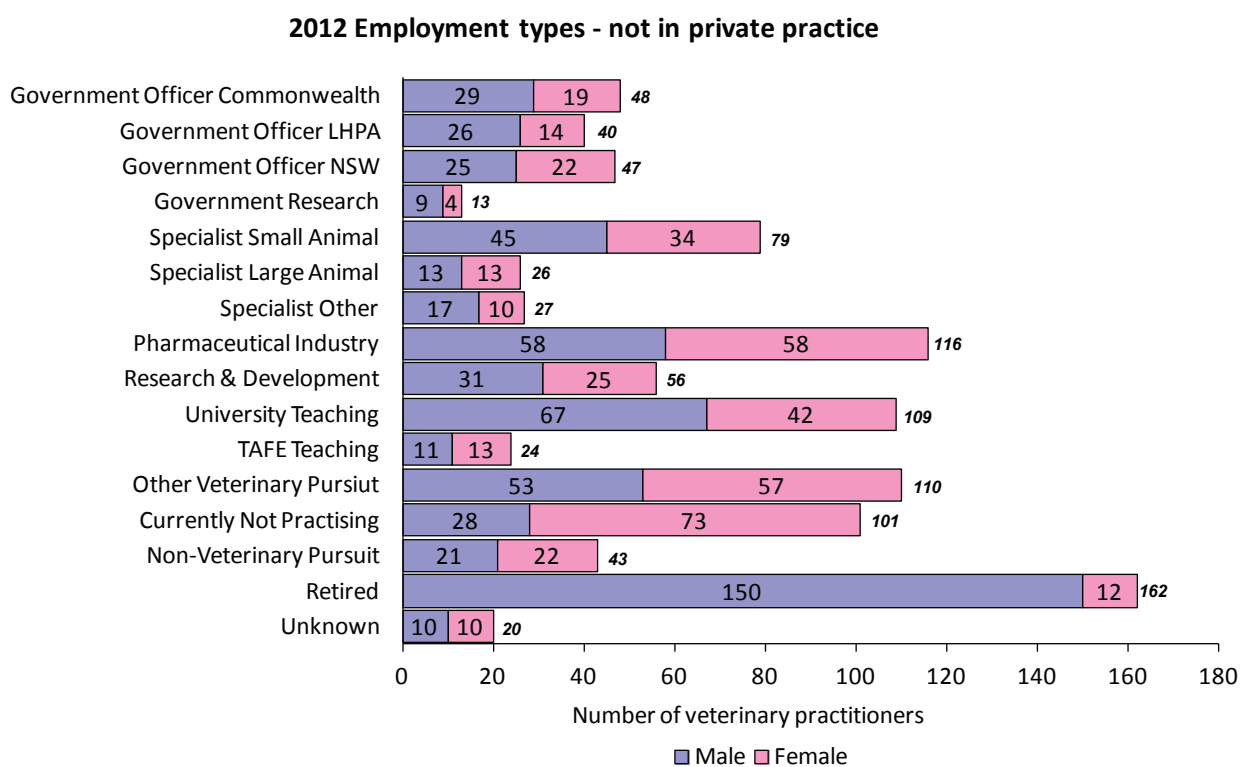
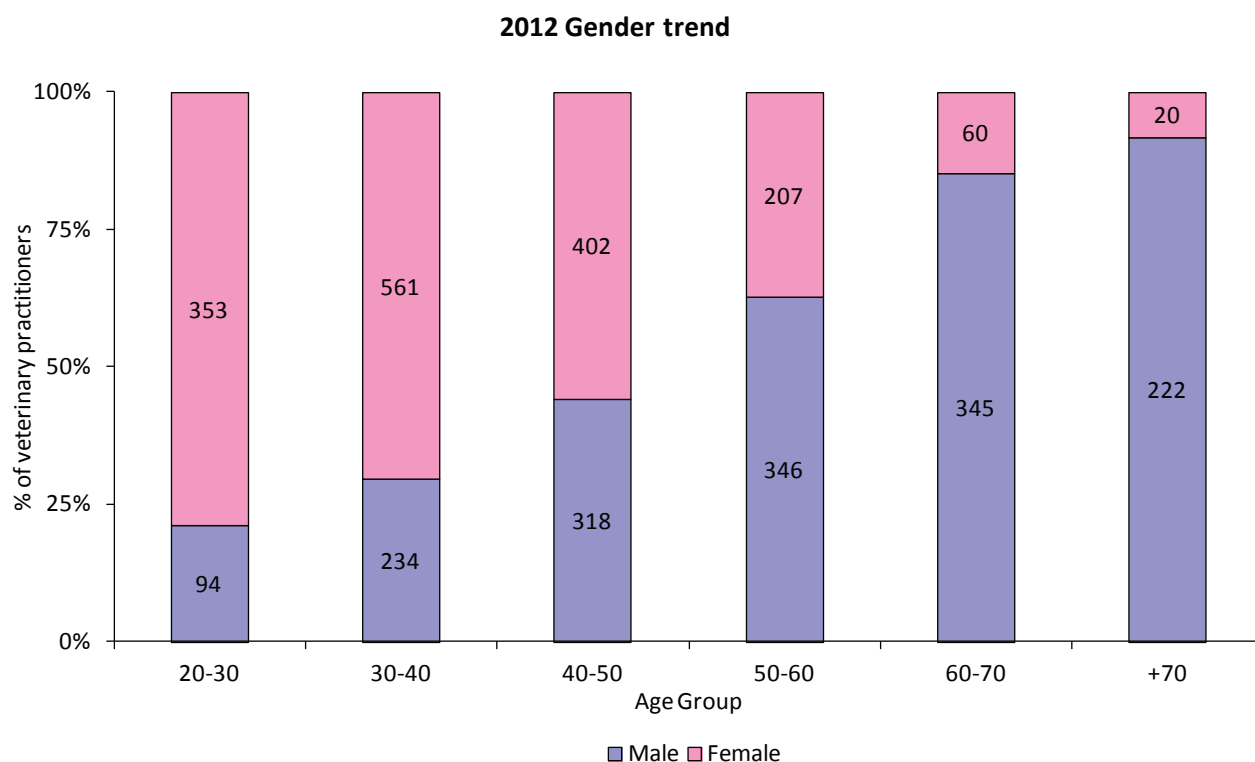
Garth is still actively involved in so many areas in his local community and too many to list as well as being a mentor to so many individuals including veterinary students throughout his career.

When contacted by the Board's office about the award, Garth said:

"It was a huge surprise and honour to be recognised in the Queen's Birthday Honours. I feel very proud to receive the award of an Order of Australia Medal. We have a wonderful profession with lots of terrific people in it and I encourage all veterinarians to become involved in the policy making and review of regulations that are needed to cope with the changing expectations of the public in regard to veterinary science and animal welfare."

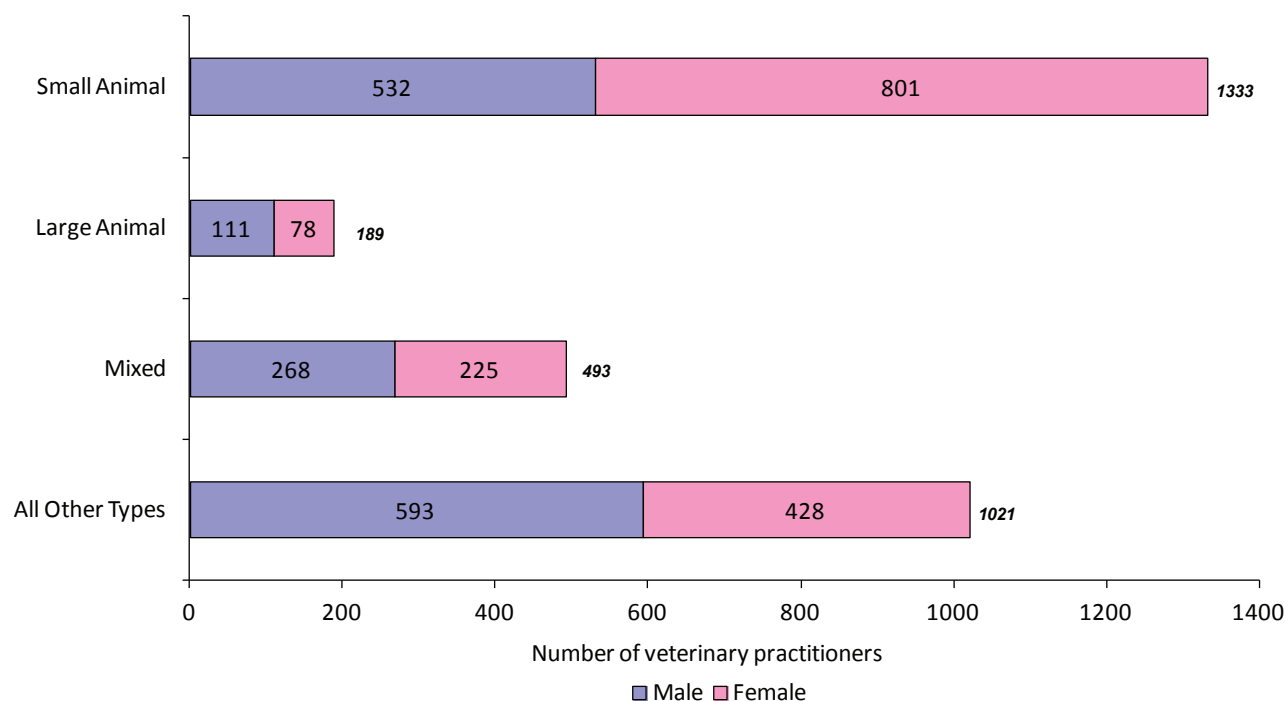
"I have been very fortunate to have been in a position to contribute to the progress of the culture of the veterinary profession in Australia over the years while in general practice. Along with the support, advice and friendship of numerous colleagues, I have been lucky to have the support from the members of Boards and most of the executive officers of the organisations in which I was involved. So this award is actually the recognition of the efforts of numerous people over the years and they are the ones that deserve it as much as I do. There are too many to name but I look forward to catching up with them when the opportunity arises. However, none of it would have been possible without the support of my practice partner Dr David Johnson plus the other veterinarians and nurses in the practice and most of all, my dear wife Sue."

**Congratulations Garth, we all very proud of you!**

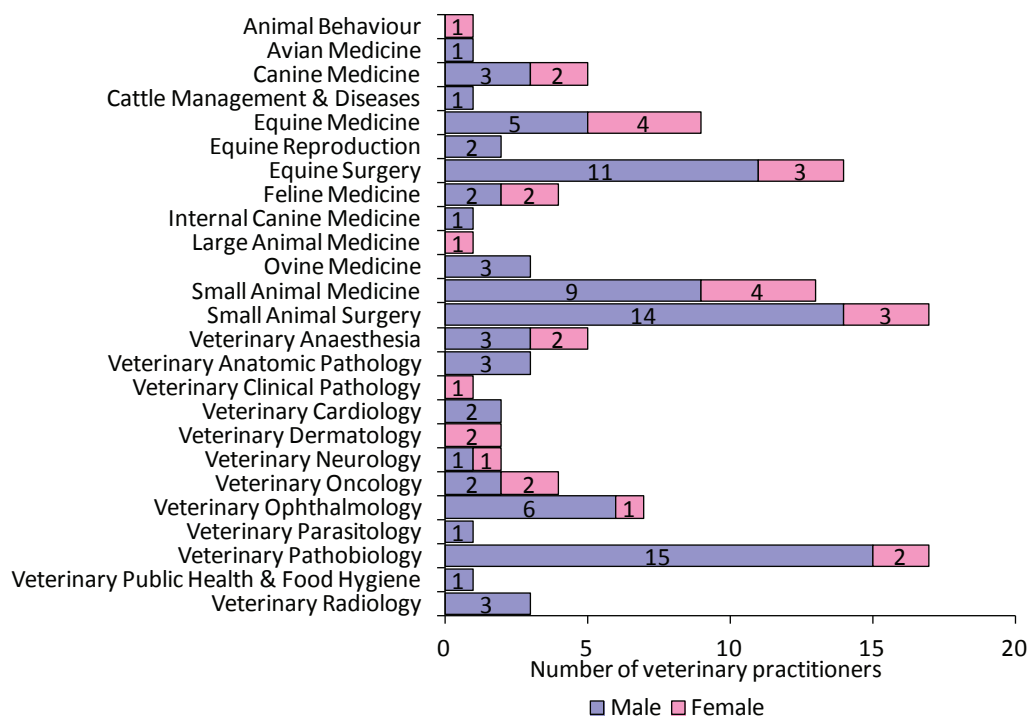


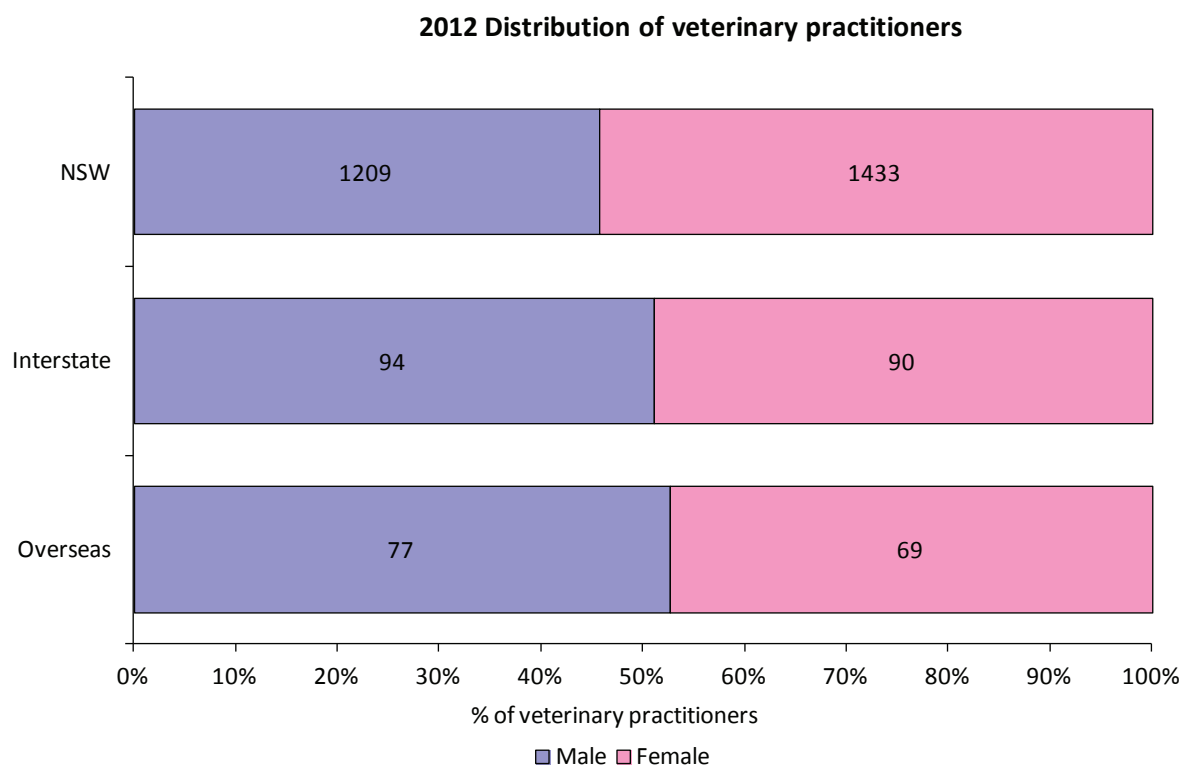
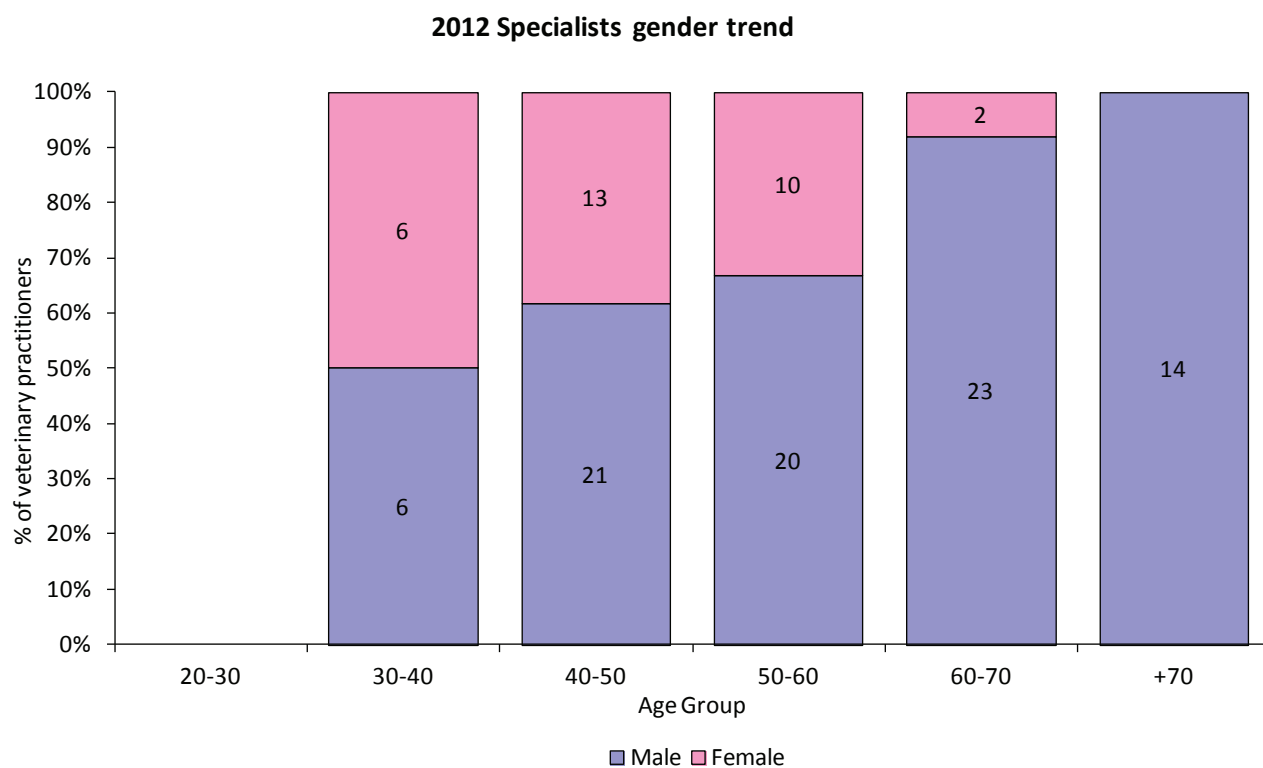


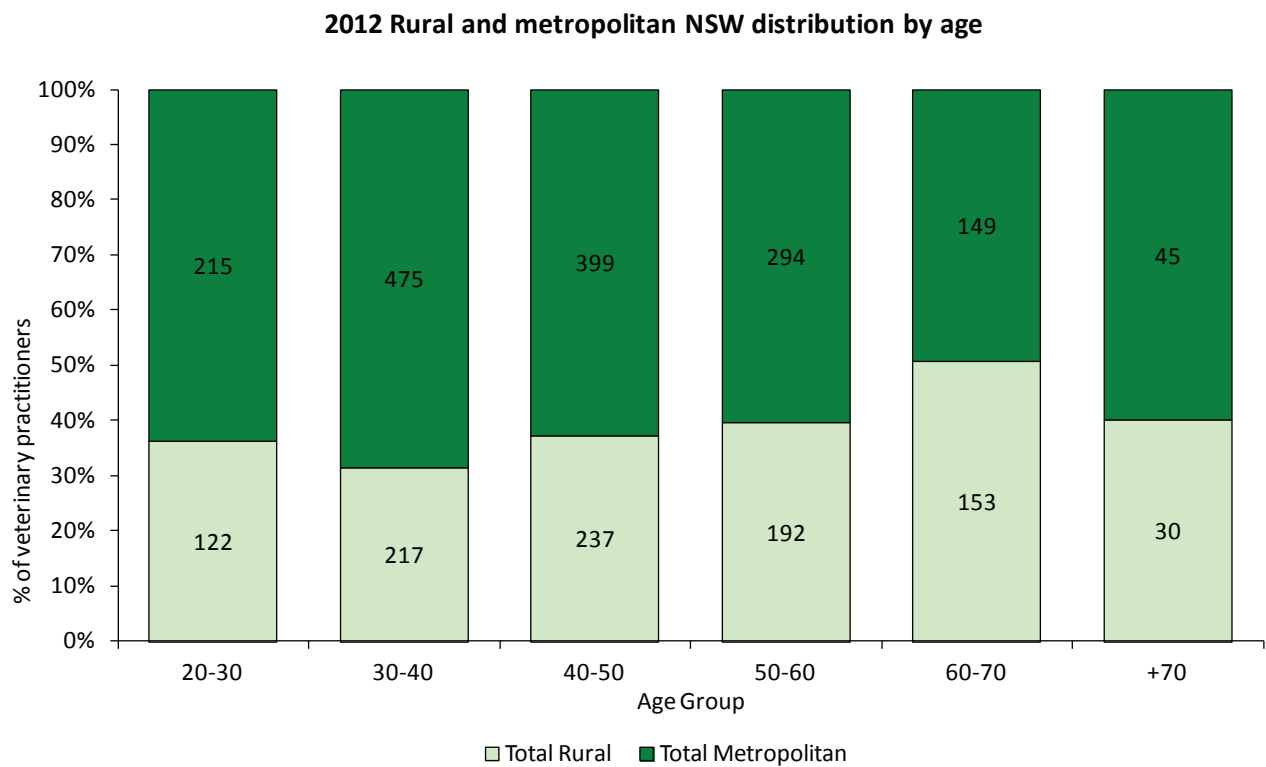
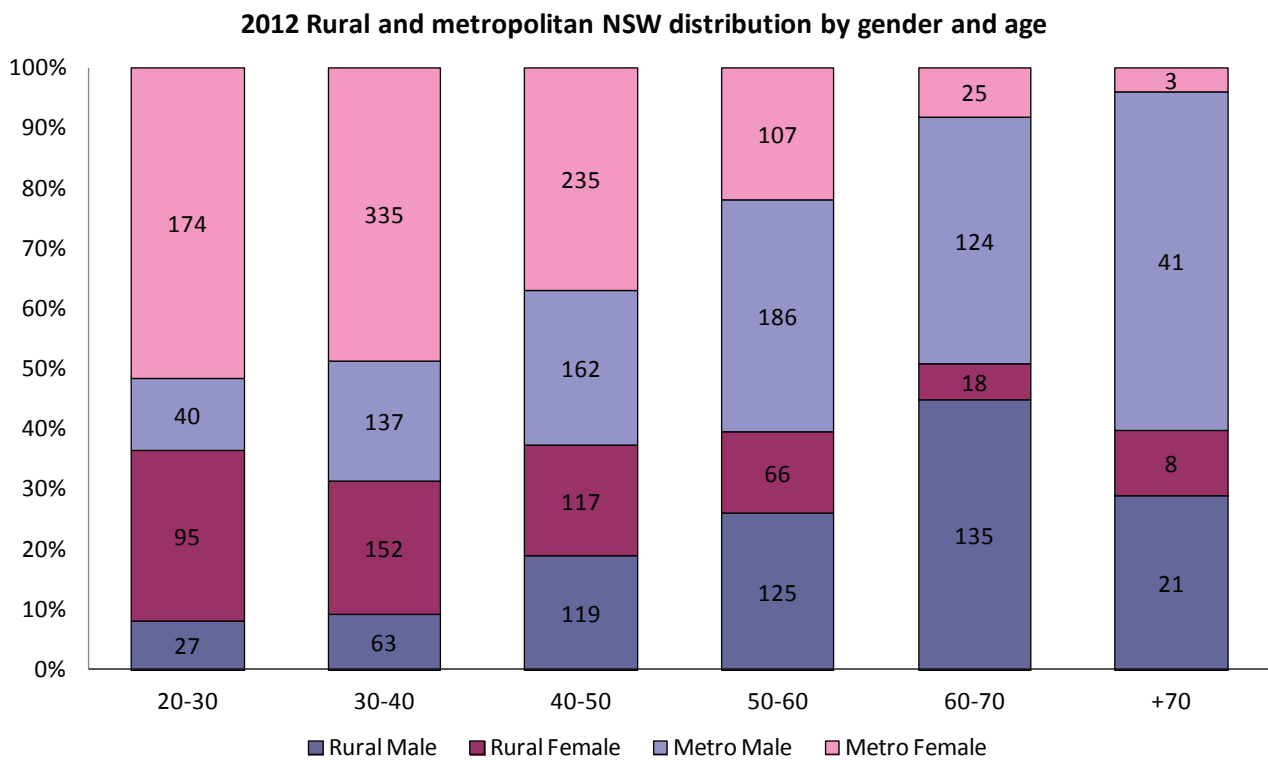
### 2012 Employment types - private practice



### 2012 Veterinary specialisation







## Use and/or supply of Expired Veterinary Chemical Products

It is tempting isn't it? As vets we've all been there. We have a medication we want to prescribe or use and we happen to notice its "Exp:" is past. Maybe it's the only form of the medication we currently have... We think it's like food dating isn't it, often perfectly OK past its "use-by" date? Or is it?

The expiry date on vet chemicals and pharmaceuticals reflects the date by which the manufacturer can or will guarantee safety and potency of the product, based on the manufacturer's stability studies, conducted as a prerequisite to registration of the vet chemical product. These stability studies are conducted under various standardised conditions of packaging, heat and humidity prior to, and sometimes after, marketing.

### What we need to know:

The Commonwealth legislation of the National Registration Authority is quite clear in the Agvet Code, that is, it is an offence to supply expired date drugs unless it is not an offence under other State legislation (the definition of supply is quite expansive). The State legislation in this matter is the *Poisons and Therapeutic Goods Act* by NSW Health, and the *Stock Medicines Act* regulated by NSW Department of Primary Industries.

There may be an interpretive view of "supply" and "use", however NSW Health has advised that it is an offence to use both expired date human and veterinary chemical products. Efficacy and toxicity are important factors to be considered other than the legal implications, especially when the storage of the drugs is considered for example in cars etc. The bottom line is that a veterinary practitioner or practice should not be in a position of defending an allegation regarding the supply or use of an expired date drug.

### REMEMBER

**It is illegal under the Poisons and Therapeutic Goods Act to supply any medicine, whether on prescription or over-the-counter, including those for veterinary use, after the expiry date shown on the label. There are no exceptions to this requirement, including giving them away or "specialling" them, even if the customer is advised beforehand that the goods have passed their expiry date.**

If you would like more information please go to 'Poisons and Therapeutic Goods Legislation for Veterinary Surgeons' under the legislation link on the VPB website.

## Expansion of Property Identification Codes (PICs) - NSW

There has been an expansion of the PIC system in NSW. From 1 September 2012, anyone who keeps livestock is required to obtain a PIC for the land on which the livestock are kept.

The change in PIC rules in NSW is provided for under clause 37 of the *Stock Diseases Regulation 2009* which states that all livestock owners, managers, and occupiers of land which carries one or more cattle, sheep, goats, pigs, bison, buffalo, equines, deer, camelids and 100 or more poultry must ensure the property has a PIC. This clause was subject to an exemption from 1 September 2009; however the exemption expired on 31 August 2012.

Equines include donkeys, mules, asses and zebras. Poultry includes 100 or more chickens, turkeys, guinea fowl, ducks, geese, quails, pigeons, pheasants, partridges, and 10 or more emus and/or ostriches. The threshold for 100 poultry includes properties keeping 100 mixed species poultry.

Some properties are exempt from needing a PIC: those which have less than 100 poultry or 10 emus or ostriches, veterinary practices where stock do not stay overnight, laboratories, and animal exhibits licensed under the *Exhibited Animals Protection Act 1986*.

PICs allow the NSW Department of Primary Industries (NSW DPI) and the Livestock Health and Pest Authorities (LHPA) to quickly identify the location of a property and its associated livestock, its owner/occupier contact details and its boundary details (Lot / DP) in the event of an animal disease outbreak.

PICs are already in use, and are integral to the operation of, the National Livestock Identification System (NLIS) to trace the movement of cattle, sheep, goats and pigs between properties and to sales or slaughter.

National government committees and peak industry groups support the requirement that all properties carrying livestock must have a PIC. For example, both the Primary Industries Standing Committee (PISC) and Animal Health Committee (AHC) agree that all jurisdictions must require that land with livestock have a PIC.

All other jurisdictions have already put in place a property identification code system so as they can identify properties with livestock. The expansion of the PIC system in NSW will provide similar information and is a critical component of our Biosecurity strategy.



The PIC of the property is required before property of origin health certification is provided for live animal exports, in all States.

The key message is: every livestock owner or producer in NSW should have a PIC for the land on which they keep their livestock.

For more information on PICs or to apply for a PIC see the dedicated PIC page on the LHPA website ([www.lhpa.org.au](http://www.lhpa.org.au)) or contact an LHPA office.

Lisa Davison, Senior Policy Officer, Biosecurity Enhancements and Information, 02 6391 3212, [lisa.davison@dpi.nsw.gov.au](mailto:lisa.davison@dpi.nsw.gov.au)

## PICS are Important for Notifiable Diseases Testing

The NSW DPI State Veterinary Diagnostic Laboratory conducts tests for a variety of purposes. If the result is primarily of benefit to the individual owner, then the submitter is required to pay the laboratory fees.

However, where the disease is notifiable, it is recognised that the result is of wider importance. NSW DPI generally does not charge for the diagnosis of suspect notifiable diseases, because the information is also of value to us. However that value is diminished if we do not know where the disease has occurred. The location is essential for us to be able to take appropriate action, if necessary, and also to be able to certify property of origin health status, for export purposes.

This is why it is very important to include the PIC when requesting testing for notifiable diseases. PICs are allocated to Lot and DP numbers for the property, so are the most accurate way of locating a property quickly in an emergency. Ideally veterinarians should record property PICs on client files, so that this is a simple exercise. If a PIC is not available (e.g. for horse properties where this has only recently become a requirement), veterinarians should ensure that the full property address is included on the specimen advice form.

In a recent example of why a PIC needs to be quoted, a prominent thoroughbred stud was exporting some yearlings and the exporter requested certification that the property of origin had been free of EHV1 for the previous 3 months. This stud had had two EHV1 abortions in the last month. When we contacted the exporter to inform them that certification could not be provided, we were assured that the yearlings were not held on the same property as the aborting mares. We then had to contact the veterinarian and get a statement

to confirm this, which delayed shipment of the horses. In this situation, the mare farm and the yearling farm did have separate PICs, but the relevant PIC was not put on the specimen advice when samples were submitted.

NSW DPI would appreciate it if equine practitioners could encourage their clients to obtain a PIC if they do not yet have one. As the records currently stand, we would have a number of veterinary hospitals listed as positive for notifiable diseases, since that was the only address recorded! We would appreciate your cooperation to make these records more accurate.

Belinda Walker, NSW Livestock Health Certification Coordinator, 02 67418363 or [belinda.walker@dpi.nsw.gov.au](mailto:belinda.walker@dpi.nsw.gov.au)

## After Hours Assistance with Laboratory Submissions

The State Veterinary Diagnostic Laboratory is open to provide sampling advice and receive samples during business hours on weekdays and from 9-12 on Saturday mornings. If you need advice on sampling or wish to arrange delivery and receipt of urgent samples out of hours please contact the Emergency Animal Disease Hotline on 1800 675 888.

Therese Wright, Project Leader Veterinary Investigations, 02 6391 3351 or [therese.wright@dpi.nsw.gov.au](mailto:therese.wright@dpi.nsw.gov.au)

## Release of Vaccine for Hendra Virus

A commercial Hendra virus vaccine for use in horses was released under a special Minor Use Permit issued by the Australian Pesticides and Veterinary Medicines Authority (APVMA) on 1 November 2012.

The Minor Use Permit places conditions on the supply, possession and use of the vaccine. Under the permit the vaccine may only be administered by veterinarians, the veterinarian must complete online training before they order the vaccine, all horses must be microchipped prior to vaccination, and the microchip and vaccination details must be entered by the veterinarian into the HeV Vaccine National Online Registry (managed by the vaccine manufacturer / supplier) within 48 hours of vaccination, and any adverse reaction, including lack of efficacy, resulting from the use of the vaccine must be reported to vaccine manufacturer / supplier as soon as possible. The vaccine manufacturer / supplier must record any reported adverse reactions and must fully investigate and report all adverse reactions to the APVMA.

Veterinarians will not be able to order the Hendra vaccine unless they are accredited; see [Preparing for the Hendra Virus Vaccine](#) for details about how to become accredited.

Further information on the vaccine is available at: <http://www.dpi.nsw.gov.au/agriculture/livestock/horses/health/general/hendra-virus>

## Other AVPMA Permits

AVPMA permits may be accessed via [www.apvma.gov.au/permits/search.php](http://www.apvma.gov.au/permits/search.php) (Insert permit no at the search box).

### PER13549 Roundup for Pimelea control

The APVMA has issued a permit to allow minor use of an AGVET CHEMICAL PRODUCT: FOR THE CONTROL OF PIMELEA IN VARIOUS SITUATIONS PERMIT (PER13549). Permit is valid from 12 SEPTEMBER 2012 TO 30 NOVEMBER 2017.

Please note the conditions of use of the various chemicals and dose rates listed.

Some Critical Use Comments attached to this permit: To be applied in the winter and spring when plant is still green. DO NOT apply more than 2 applications per year with a minimum re-treatment interval of 21 days between consecutive applications. Avoid applying consecutive sprays of this herbicide.

The applications should be used in creating and maintaining hospital areas for livestock suffering from Pimelea poisoning.

Prior to applying any of the herbicides under this permit the user should refer to the document 'Understanding Pimelea Poisoning of Cattle'.

Pimelea may become more palatable after herbicide application; stock should be excluded from herbicide-treated areas until sprayed Pimelea plants are leafless, seedless and obviously dead.

The following website ([http://www.daff.qld.gov.au/4790\\_15055.htm](http://www.daff.qld.gov.au/4790_15055.htm)) contains a very detailed explanation of pimelea poisoning and its management, along with detailed information about the ecology, germination and flowering dynamics of pimelea. This Permit provides for the use of a product in a manner other than specified on the approved label of the product. Unless otherwise stated in this permit, the use of the product must be in accordance with instructions on its label (including any label Restraints or other Precautionary instructions).

Persons who wish to prepare for use and/or use products for the purposes specified in this permit must read, or have read to them, the details and conditions of this permit.

Dermot McNerney Veterinary Officer Western Division, State Residue Coordinator 03 50198411 or [dermot.mcnerney@dpi.nsw.gov.au](mailto:dermot.mcnerney@dpi.nsw.gov.au)

### PER13448 Methylene Blue for methaemoglobinaemia in dogs

The APVMA has issued a permit (PER13488) to allow supply and minor use of an unregistered veterinary chemical product of Methylene Blue as a treatment of methaemoglobinaemia in dogs.

For use by registered veterinarians for the treatment of dogs under their care as permitted in the jurisdiction in which they practice their profession only.

The permit is in force from: 12 SEPTEMBER 2012 TO 30 SEPTEMBER 2014

The permit and its details and directions may be accessed at [www.apvma.gov.au/permits/search.php](http://www.apvma.gov.au/permits/search.php). (Insert permit no 13488 at the search box). Please note this permit is restricted only to the treatment of dogs and must not be used in other animal species. Please review the Permit at this link for full information on conditions of use.

Product details are:

Methylene Blue 50mg/5mL Injection -10 x 5mL vials.

The suppliers are:

PHEBRA PTY LTD

and

PIAPHARMA

Level 3/126 Greville Street

CHATSWOOD NSW 2067

and approved veterinary wholesalers approved by the Permit Holder. Further information can be accessed via the APVMA website link above.

Extension of Bovine Ephemeral Fever Vaccine permit  
A permit PER13727 has been issued to Pfizer Animal Health of West Ryde to amend the expiry date of the Websters Bovine Ephemeral Fever Vaccine (Living) (APVMA Number 4161) Batch Number DB0310002 to 12 February 2013. The permit can be found on the APVMA website by entering the permit number at [www.apvma.gov.au/permits/search.php](http://www.apvma.gov.au/permits/search.php)

## Hendra Virus Vaccination.

A staged release is currently being carried out, under an Australian Pesticides and Veterinary Medicines Authority (APVMA) Minor Use Permit (MUP), of a new vaccine to protect horses (and subsequently humans) against hendra virus. Registered veterinarians can access and administer the vaccine once they have been accredited under the MUP via the [www.vetsaustralia.com.au](http://www.vetsaustralia.com.au) web site. The APVMA permit (PER 13510) is available at <http://permits.apvma.gov.au/PER13510.PDF>. It is strongly recommended that all veterinarians that treat horses become accredited. There is no fee.

Hendra virus is a serious zoonotic pathogen; four of the seven humans infected have died. In view of this the APVMA has issued an MUP to Pfizer Animal Health Australia which expires on 3 August 2014. If the conditions of the MUP are not being complied with it can be withdrawn at any time. Consequently it is vitally important that veterinarians ensure they comply with the conditions of the MUP.

Most of the conditions are common practice for vaccinations in horses but there are some that are not common and critical:

1. The need to perform the second vaccination on the 21<sup>st</sup> day is absolute. There is no leeway, 20 days or 22 days is not permitted. So, it is very important to ensure you have the vaccine and the horse available for the second injection and you have the accredited veterinarians available to administer it on that day. Obviously, there will be a need to be careful of initiating vaccinations in December to ensure they do not create onerous 2<sup>nd</sup> vaccination dates over the Xmas/New Year holidays.
2. All horses must be micro-chipped for identification.
3. The administration of the vaccine must be entered onto the vaccination register within 48hrs. Again, there is no leeway on this. Failure to enter the data of each vaccination within 48hrs means you have to start the vaccination program again (i.e. your time and the cost of the vaccine has been wasted).

Some general comments have arisen in relation to hendra virus and horse practice now that there is a vaccine available. Various industry groups, such as local pony clubs or National Event Organisers, may decide that only vaccinated horses can participate. Obviously it is in the interests of owners, their families, the horses and the veterinarians to have as many horses that are at risk vaccinated. However, it is still strongly recommended that Personal Protection Equipment (PPE) be used

whenever hendra virus infection is included in the differential diagnosis, even for vaccinated horses. To quote from the accreditation materials 'In trials, vaccinated horses did not become infected with hendra virus or show clinical signs. However, appropriate PPE should be worn whenever hendra virus infection is suspected, even in vaccinated horses, as no vaccine can provide guaranteed protection'.

Another question related to the limiting of services by a veterinarian to vaccinated horses only. While it is possible to place clients on notice that for a horse to be seen by a practice it needs to be vaccinated there is still a duty of care to relieve suffering of animals in your presence.

At this stage nothing has changed from before the vaccine was available in terms of the need for PPE. Due to hendra being a serious zoonotic pathogen, where a provisional diagnosis of hendra appears likely, it may well be wise to advise that everybody avoids immediate contact with the horse until all proper precautions are available. However, in the usual situation of a lameness or injury visit, the fact that the horse is vaccinated will give a lot of comfort to everybody (especially in view of the evidence that infected horses can shed hendra virus for 2-3days before clinical signs develop).

Garth McGilvray AM

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## Practitioner in Residence Program

Two of the numerous functions of the Board, described in the *Veterinary Practice Act 2003* s 79, are 'to promote, provide for or facilitate the professional development of veterinary practitioners...' and 'to provide, if practicable, scholarships for veterinary study'. Aligned with these functions the Board has sponsored the Practitioner in Residence Programs at the University of Sydney and Charles Sturt University.

In 2011, the Board resolved to review these programs. An Education Committee has been created to review achievement of these functions and the Practitioner in Residence Program and will report to the Board this month. If you have any suggestions or questions please do not hesitate to contact the Registrar.

## What are Your Responsibilities as a Veterinary Hospital Superintendent?

This matter comes up from time to time in Board deliberations, and it is in our best interests to revisit in this BoardTalk in shortened format:

Section 68 of the *Veterinary Practice Act 2003* requires a Superintendent to be nominated, and to notify to the Board before the person assumes the responsibilities of the Superintendent. The Superintendent must be a registered veterinary practitioner in NSW.

Responsibilities include ensuring that:

- Veterinary practitioners employed by the practice are registered in New South Wales.
- The practice is attended by the Superintendent at least once per week.
- A replacement superintendent is nominated when leave is taken from the practice for more than one week.
- Sufficient competent staff are working when elective surgery is being performed.
- The practice has procedures to ensure that informed consent has been given by the person responsible for the care of the animal regarding any proposed treatment, test or procedure.
- The practice has procedures to ensure that an estimate of cost is provided to the person responsible for the care of the animal for any proposed treatment, test or procedure whilst the animal is the care of the practitioner.
- The practice has procedures to enable accurate record keeping of consultations, treatments, tests or procedures and the records are stored in a way that enables easy retrieval for at least 3 years. Recording of consultations, treatments, tests and procedures must be recorded as soon as practicable after the event.
- The hospital is equipped with the instruments necessary to perform clinical diagnosis, treatments and surgery to a current acceptable professional standard and these instruments are maintained.
- Veterinary practitioners working at the practice are aware of the 'Veterinary Practitioners Code of Professional Conduct'. The Code is available under 'publications' on the Board's website.
- Animals suffering from a suspected contagious disease are isolated from other patients and that all measures are taken to ensure that the disease

does not spread.

- The hospital has the Board's sign displayed in a prominent position and that the hospital adheres to the licence requirements.
- The hospital has appropriate levels of drug security, especially S8 drugs and that drugs used are dispensed, recorded and disposed of, as required by law.
- Lay staff employed at the practice understand the importance of client to veterinarian communication. Lay staff should always communicate with the veterinarian if they are not able to answer enquiries from clients.
- The hospital does not refuse to provide relief of pain or suffering to an animal that is in the presence of a practitioner. Relief of pain means; a) first aid treatment, b) timely referral to another veterinary practitioner, or c) euthanasia.
- The hospital must, when accepting animals for diagnosis or treatment; a) ensure that a veterinary practitioner is available for the ongoing care of those animals, or b) if the hospital practitioner is not available, have arrangements with another veterinary practitioner to take over the care of those animals.

These are useful general guidelines in any practice situation – ticking the box on each of these points is likely to ensure a smooth running practice.

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## Building, Buying or Selling a Veterinary Hospital

### Hospital licences

If you are performing a procedure that according to current standards should not be undertaken without the administration of an anaesthetic, other than a local anaesthetic, and including a spinal anaesthetic, then you need to perform this procedure at a licensed hospital. There are exceptions for emergencies, if it is impractical to move the animal, or if it is dangerous to the health of the animal for it to be moved.

### Building a hospital

When building a veterinary hospital you need to submit an application for a licence, floor plans and a nomination of a superintendent to the Board for approval. There are guidelines for minimum



standards for each type of hospital licence. All the above information, forms and guidelines can be accessed under 'Hospital Licensing' on the Board's website.

The application and plans are assessed by the Board and if suitable the hospital is given approval subject to inspection. The Board does not approve the name of the hospital or business name. The legislation does require that a veterinary practitioner or veterinary practitioners have the capacity to determine the outcome of decisions about the financial and operating policies of the business.

There is now a national register for business names and you are required to register your business name with the Australian Securities and Investments Commission (ASIC). Please note that registering a business name does not give you exclusive rights over the use of that name. When an application is submitted for a veterinary hospital name the applicant will need to provide evidence that the premises have been approved for a licence by the Board.

### **Buying a hospital**

When buying a veterinary hospital the Board requires submission of an application to transfer the licence from the current owners to the new owners. All owners involved need to complete the form. If there is a change of name for the veterinary hospital then a change of name form will also need to be submitted. A nomination of a superintendent will also most likely be required. All the required forms can be found under 'Application Forms' on our website.

### **Selling a hospital**

When selling a veterinary hospital the Board requires a transfer of hospital licence to be submitted and this needs to be signed by all the existing owners and all the new owners. Please remember that records of any consultation, procedure or treatment must be retained for at least 3 years after they are made. Records would typically now belong to the new owners of the veterinary hospital.

## **Auditing of your Continuing Professional Development**

Requirements for continuing education for veterinarians registered in NSW have been up and running for many years now. The acceptance by the profession has been overwhelmingly positive. There is quite a boom in courses being provided – by referral hospitals and by specialist education providers and you can choose live seminars, AVA branch meetings, tutorials, week long courses and webinars. What a great thing to have the surgical workshops for those who want to learn new techniques and for those who feel their surgical skills need brushing up after time away from practice. The education products being offered vary enormously and reflect differing needs of our profession. The providers would be keen to hear if you think your needs aren't being met – so give them a call if you believe there is an area not being covered. Links to some of the many providers are available on the Board's website.

Each year you tell the Board how many structured points you have accumulated and over a specified 3 year period the minimum number required is just 15 points. As with all quality control systems - there is the reporting and there is the auditing. In 2013 the Board will commence auditing a percentage of each of the groups of registered veterinary practitioners. So we will be asking a percentage of specialists and of vets with full registration and a percentage of vets with different registration categories to send us authentication of the points they have recorded. This will be coming in 2013.

### **Emergency - Animal Disease Watch Hotline**

**1800 675 888**

Report Unusual Disease Signs, Abnormal Behaviour or Unexplained Deaths

## Meet the NSW Veterinary Practitioners Board

### John Alexander



John operates a single handed mostly small animal practice in the Blue Mountains. John has an extensive background in the profession as well as in private practice, holding down positions in Industry and State practice. In his earlier career he had wide-ranging experience in rural practice as well. He worked abroad in UK, Papua New Guinea and the Middle East prior to establishing his practice, and he has served the AVA on numerous local, State and Federal committees during the 40 some years since he qualified as a veterinarian from University of Queensland Vet School. In 2009, he completed a Masters in VPHMgt (Veterinary Public Health Management) from Sydney University. John also served for over six years on the previous VSIC (Vet Surgeons Investigating Committee), constituted under the previous Veterinary Surgeons Act.

**John is the AVA nominated vet on the Board representing urban vets**

### Andrew Hansen



Andrew is a Sydney graduate (1967) and apart from a period working in the United Kingdom, has spent his professional life in mixed rural practice in Orange NSW.

Retiring from his practice in 2005, he now divides his time between his red deer herd on the slopes of Mt Canobolas, his family, and a number of veterinary related committees including the NSW DPI Orange AEC, NSW TAFE Animal Welfare Council and the NSW VPB.

Andrew is a life member of the AVA, joining as a student in 1963, and has been an active member of the Central West branch serving as president a number of times. He received a Meritorious Service Award in 1996.

He has had a long association with the deer farming industry and is currently national president of the Deer Industry Association of Australia, which involves working with a number of State and Commonwealth bodies. In 2000, at Sydney University, he completed a MVSc research project on red deer reproduction.

Andrew and his wife Judith have three children and six grandchildren.

**Andrew is a Ministerial appointment to the Board.**



### Georgina Child



Georgina is a graduate of University of Sydney BVSc (1980). She started out in small animal general practice in Cottesloe, WA 1980-1981 and locum tenens in the UK 1981-1982. She then completed residency training in the specialty of neurology (and neurosurgery) at the Veterinary Medical Teaching Hospital, University of California, Davis 1982-1985 which was followed by employment as a research associate in the Department of Clinical Studies and Biological Sciences, Colorado State University, Fort Collins 1986-1995. She became a Diplomate (by examination) of the American College of Veterinary Internal Medicine (Neurology) 1987.

In 1995 Georgina returned with her family to Australia and entered specialist practice in Sydney. She is currently practising at the Small Animal Specialist Hospital North Ryde (since 2007) and as a consultant specialist at the University Veterinary Teaching Hospital, Sydney. Georgina is a visiting lecturer in small animal medicine at the University of Sydney. Georgina was registered as a specialist in veterinary neurology in NSW (1995).

Professional Associations include the American College of Veterinary Internal Medicine, associate membership of the Australian and New Zealand College of Veterinary Scientists and membership of the Australian Veterinary Association. Other veterinary activities include regular presentations to veterinarians in continuing education programs for the Centre for Veterinary Education (previously Post Graduate Foundation in Veterinary Science), Australian Veterinary Association groups throughout Australia since 1995, to practitioner groups in Sydney and as part of the Partners in practice program offered by the University of Sydney Veterinary Teaching Hospital and mentoring of students, interns and residents in specialist small animal practice and in the University of Sydney Veterinary Science program.

Georgina is a member of the Animal Care and Ethics Committee University of Western Sydney (2010-present).

**Georgina is the AVA nomination for specialist representation on the Board.**

**1300 366 653**

**Telephone number for  
Veterinary Practitioners Board**

*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.*

## Jacob Michelsen



Jacob graduated from Sydney University in 1990 with both BVSc and BSc(Vet), and worked in mixed practice for two years before purchasing his own practice with his wife and fellow veterinarian. In 2000 he gained a graduate certificate in management through the University of Western Sydney to assist in the management of the rapidly growing practice group. After fifteen years in South West Sydney a change of pace saw Jacob and his family move to Denmark for two years. After completing some additional study to allow registration in Scandinavia, Jacob returned to mixed animal practice in the regional town of Svendborg.

In 2008 a residency in small animal surgery was the catalyst to move back to Australia to take up a position at Charles Sturt University where he teaches surgery and works in the referral hospital. Jacob has completed his residency training and is sitting for the American Board exams in 2013. Jacob is an avid cyclist and enjoys living in the country on a small farm.

**Jacob Michelsen represents the universities on the Board and is the first representative from Charles Sturt University.**

## Bronnie Taylor



Over the last 20 years Bronnie Taylor has built a nursing career based on providing health services to the communities of rural and regional NSW. During this time a major achievement has been the establishment of an outreach Oncology unit in Cooma NSW, the first of its kind in NSW. Her experience in advocating and implementing this service has equipped her with a unique understanding of health policy, both in development and delivery. She is currently a Clinical Nurse Consultant and McGrath Breast Care Nurse with the McGrath Foundation and form part of their successful model of a private organisation delivering health services in conjunction with the Federal Government.

Bronnie was elected as a Councillor to the Cooma Monaro Shire Council in 2009 after a by-election and was re-elected this year. She has been serving as Deputy Mayor of the Shire for the last two years and is a Board member of the Southern Local Health District as part of the State Government's directive to bring health policy decisions back to local communities. Bronnie has also worked tirelessly in areas of local public education, infrastructure projects and crisis housing.

Bronnie is married with two daughters and is also involved with a family farming business operating sheep and cattle properties covering 30,000 acres on the Monaro and South West Slopes. She is delighted to be appointed to the Board this year and looks forward to working with the profession.

**Mrs Bronnie Taylor is a consumer representative on the Board.**

## Mark Simpson



Dr Mark Simpson returns for a second term as a member of the board. He graduated from The University of Sydney in 1991, whereupon he worked in various practices in Lake Macquarie and the Hunter Valley. In 1995 he, and his wife Kate, established the Sugarloaf Animal Hospital on the south-western outskirts of Newcastle.

Mark has had a long standing interest in governance with experience in committees of Bankstown City Council, the management committee of The University of Sydney's Sports Union, and, since graduating, as an active member of the local branch of the AVA. He is a founding member of the Unusual and Exotic Pets Special Interest Group of the AVA. While Mark has an abiding general interest in the native flora and fauna of Australia, he has special interest in birds and reptiles, manifest both as an avid bird watcher within the Hunter Bird Observers Club, as well as his Membership of the Australian and New Zealand College of Veterinary Scientists Avian Health Chapter. Beyond his professional interests, Mark loves spending time with Kate and his children, Renwick and Wilson. He is an incurable basketball tragic, and daydreams of the halcyon days when he earned his university blue for the sport.

**Mark is a Ministerial appointment to the Board.**

## Lisa Minogue



Mrs Lisa Minogue, with her husband John, own and operate mixed farming and grazing properties near Barmedman in south west New South Wales.

Lisa comes to the board with an agricultural finance background. Graduating from the University of New England, Armidale with a Bachelor of Agricultural Economics, her thesis being a risk analysis on the economics of deer farming. Lisa is currently employed as a Rural Financial Counsellor working with farmers and small rural businesses in the district surrounding West Wyalong. Lisa has also undertaken further studies having completed Diplomas in Community Services (Financial Counselling) and Community Welfare Work as well Training and Assessment. Lisa has also worked in the grains industry and well as in rural merchandising finance. Having supported her local farming community through years of drought and more recently flooding events, Lisa is looking to continue her community service through her role on the Board. Lisa and John have two sons, Lachlan and Conor. The family is completed with the inclusion of "Diesel" the family's Jack Russell who is widely accepted as the managing director of farm family activities.

**Mrs Lisa Minogue is a consumer representative on the Board.**





## Ruth Thompson



Ruth Thompson graduated from the University of Sydney in 1976 with a BVSc and a BSc(Vet) in 1975. Her professional life started in small animal practice in Perth as small animal clinician at Murdoch University. Membership of the Australian College in Feline Medicine in 1981 before moving back to a sheep and cattle property in country New South Wales and taking up broadcasting on ABC Radio. Together with veterinarian husband she purchased the Blayney Veterinary Hospital in 1987 and has been working full time in the practice since. The practice now has 5 veterinarians and is 70% small animals.

Ruth has had a long-standing interest in working with and for the veterinary profession. AVA member since graduation, Secretary AVA Central West, NSW Divisional Committee, AVA Meritorious award, AVA Representative on the National Office of Overseas Skills Recognition; Member of the Administrative Decisions Tribunal [ADT] 1996 –2009; member of the NSW Board of Veterinary Surgeons 1996-2006 and member and President of the NSW Veterinary Practitioners Board 2009-2012. Other roles in the community include ACEC committee [over 15 years], laboratory liaison committee, local council Australia Day award, local government animal committee, Paul Harris Rotary fellowship and University of Sydney Educational Partner Practice of the Year 2008. The garden waits for quieter times.

**Ruth is AVA nomination representing rural veterinarians on this Board.**



## Board Staff



*Glenn Lynch is  
Hospital Inspector  
and Investigator*

*Mary Lydamore is  
Deputy Registrar  
and Complaints  
Officer*



*John Baguley is Registrar*



*Clare Nathan is  
Administrative  
Support and IT  
Officer*

*Des Lyttle is  
Registrations and  
Financial Officer*



## Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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[Des Lyttle and

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[John Baguley - Registrar]

### Board Members:

Dr. Ruth Thompson (President)

Dr. John Alexander

Dr. Georgina Child

Dr. Andrew Hansen

Dr. Jacob Michelsen

Mrs Lisa Minogue

Dr Mark Simpson

Mrs Bronnie Taylor

### IMPORTANT:

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board and the current NSW legislation. Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors.