

Boardtalk

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Issue 36



President's Report

The Veterinary Practice Act 2003 and the Veterinary Practice Regulations 2006 were passed to regulate the provision of veterinary services in NSW. Under this legislation, the processes used by the Veterinary Practitioners Board of NSW to investigate complaints against veterinarians have been tested through appeals to the Administrative Decisions Tribunal and the Supreme Court of NSW and found to be robust.

Racing NSW currently licenses horse trainers and other non-professional service providers. Veterinarians are already regulated through the Veterinary Practice Act 2003 and Veterinary Practice Regulations 2006 as explained. Specifically, the Code of Conduct, which is part of the Regulations, requires veterinarians to comply with codes or rules of animal sporting organisations (sch 2, cl 14). Hence, the Board feels further regulation of the profession by Racing NSW is not necessary and would, in part, deny veterinarians the right to self-regulation. Importantly, the latter may be interpreted as a denial of the status of veterinarians as a profession within our society. Regulation of veterinarians by an external body without specialised knowledge in the area of veterinary medicine and surgery would set a significant precedent for all professions.

Further regulation by Racing NSW would result in representatives of this organisation initiating a complaint, investigating a complaint and determining the result of such a complaint. In addition to the resulting perceived lack of due process, any decision would be devoid of veterinary input. An adverse finding would have a significant impact on the reputation of a professional person and may therefore not be upheld in the courts.

The Board must investigate each complaint (s 42) presented in the appropriate form (s 40). Each complaint is investigated by two veterinarians and one consumer representative. If additional veterinary, legal or other professional expertise is required it is sought. Recommendations from these investigations are then brought before the Board

Inside This Issue

President's Report.....	1
From the Registrar's Desk.....	3
From the Hospital Inspector's car.....	5
Report from the Veterinary Practitioners Board	
Complaints Committee.....	6
Administrative Decisions Tribunal.....	7
Australian Veterinary Workforce Survey.....	7
From the Department of Primary Industries.....	8
Pig dogs with brucellosis pose potential threat to human health.....	8
Q Fever and Veterinary Staff.....	8
Exotic Animal Disease Newsletters and Bulletins.....	8
Pigeon Paramyxovirus (PPMV1).....	9
Exotic Animal Diseases Refresher Course for Veterinarians.....	9
Accreditation Program for Australian Veterinarians.....	9
Stock Medicines Update.....	10
Dispensing large animal drenches.....	10
Stock Medicines Act controls.....	10
Confidential Help for Veterinarians.....	10
Transmissible Spongiform Encephalopathy (TSE)	
Submissions from sheep and cattle.....	11
Vets Beyond Borders ... VetTrain 2012 India.....	11
Report from the Faculty of Veterinary Science, The University of Sydney.....	12
Clinical workplace learning at Charles Sturt University.....	13
Registration forms are being sent out this month!.....	14
Hendra Submissions.....	14
Drugs of Addiction (Schedule 8).....	15
Quick Quiz.....	16
Consultant? Specialist? Cat Vet?.....	17
Attention - all veterinarians who prescribe antibiotics to food producing animals.....	18
Professional Indemnity Insurance.....	18

(the four remaining veterinarians and one remaining consumer representative) for a decision.

Whilst representatives from Racing NSW have told the Board they have suspicions about several veterinarians operating unprofessionally in NSW, they have only made one complaint to the Board since 2006. The argument provided by representatives from Racing NSW against formally complaining to the Board was twofold: the time taken to complete the investigation is too long and the penalties available to the Board are insufficient.

The Board's complaint investigation process is necessarily thorough due to the potential impact upon the standing of a professional and the desire to ensure such decisions are upheld by the courts. If the Board is satisfied that the veterinarian is guilty of professional misconduct, the Board may apply to the Administrative Decisions Tribunal (ADT) for the veterinarian's registration to be cancelled (s 47(3)). The Board may also reprimand and fine veterinarians up to \$5,000, impose conditions on a veterinarian's registration or suspend a veterinarian's registration pending a decision by the ADT (s 47 ss 2(b) and s 47 ss 5(A)). As above, these processes and decisions have been tested by the courts and have been found to be robust. An additional body investigating complaints against veterinarians may compromise investigations required by law that are undertaken by the Board. If Racing NSW takes action against a veterinarian, it's not known if the Board can take it's own action ...will this be double jeopardy [seen as unfair to be censured twice over the one wrong doing] and thereby prevent the Board from doing its job.

If Racing NSW have evidence of wrongdoing by veterinarians and the Board is not made aware of this, then animal welfare and the interests of the public are not being protected. This is of great concern to the Board. If there is insufficient evidence then the whole idea of the need to licence veterinarians has to be questioned.

Will we see the bizarre situation of a variety of bodies seeking to licence vets- after the thoroughbreds, the standardbreds, then the greyhounds? The Board is the body designated by state parliament to register veterinarians and to handle disciplinary action following fair hearings. If we needed stronger powers then the Board could approach the government to increase them- but so far that need hasn't been demonstrated.

Available to assist the Registrar Dr John Baguley and the Board, is the Board's trained and fully qualified investigator Glenn Lynch. When Glenn rings and sets an appointment time to check your hospital I can assure you that's not the investigator hat he is wearing. When Glenn comes to inspect your hospital [and he will get around to all the practices in the months /years ahead] he is there to assist and most practitioners have found he performs that great role of a new face looking at things around your practice you probably take for granted. Please feel free to ask Glenn about any Board policies or issues. The profession will find comfort in Glenn's inspectorial role being used by the Board for select matters and the 2 roles will be quite separate.

The Board aims to set minimum standards in the hospital area and over the years Board policies change in line with changes in the profession. It's nearly 10 years since we drew a line in the sand and required practices to have oxygen and gaseous anaesthesia available. At that time, the monitoring of anaesthetised animals was often done by a nurse and a stethoscope but we are receiving advice now that the minimum requirements for monitoring of anaesthetics need to change. Glenn is finding very few practices who don't have pulse oximeters [or better] showing the majority of the profession has embraced the new technology which is appearing at ever reducing prices. If you haven't embraced the technology, you are one of just a handful and the Board will be expecting that to change.

Forward planning- the Regulations specifies that notice of the Annual General Meeting has to be announced in Boardtalk [as well as other usual means such as emails]. Well this is the only edition before the AGM in November so I can tell you now the agreed date is November 20th. We will be having the AGM in a rural centre this year and will let you know other details closer to the day.

Finally I would like to say how much the Board has appreciated the advice and wise counsel of the new Registrar Dr John Baguley. It has been a very hectic start for John but he has taken it in his stride, as we knew he would.

Ruth Thompson
President

From the Registrar's Desk

My first six weeks as Registrar have been challenging and interesting. I certainly had a reasonable idea about the role but I am learning more and more every day. I thought I would take the opportunity in my first 'From the Registrar's Desk' report to give you a bit of a 'day in the life of the Registrar' and run through a few questions I have received. Before I do this, I would like to express my gratitude to the Board and the wonderful staff at the Board who have made my transition less challenging and more interesting.



20 of the Regulations). Administration of the vaccine is not a restricted act of veterinary science (Pt 2 cl. 4 of the Regulations) but unless this was done under the veterinarian's immediate and direct supervision (Sch 2 cl. 17 of the Regulations) it would be inappropriate for a veterinarian to sign the certificate.

There is a monthly cycle to events at the Board as each month the Board members meet here in our offices in Mascot to discuss a range of standard items including registration of veterinary practitioners, licensing of veterinary hospitals, complaints and correspondence. So, much of my work so far has involved getting up to speed on these processes and the legislation, assisting the Board with their deliberations and organising the implementation of their decisions.

One of the best ways for me to learn some of these processes and gain a more detailed understanding of the Veterinary Practice Act 2003 (the Act) and Veterinary Practice Regulations 2006 (the Regulations) is through enquiries to the Board. In many cases, the Board or the staff of the Board examine the legislation together or we review processes and past decisions. Sometimes we need to seek legal counsel. So, the rest of this report is based around just a few of the questions I have been asked over the last few weeks.

Can non-veterinarians sign vaccination certificates?

If the word 'veterinary' is not part of the certificate then the legislation doesn't restrict a person from writing a statement saying that they provided a vaccine (see s. 16 of the Act). This is based on the assumption that a non-veterinarian would be representing themselves to the public as a veterinary practitioner and therefore committing an offence (see s. 11 of the Act) if the word 'veterinary' was used. If the vaccine used was a schedule 4 drug then a veterinarian must have examined the animal in order to dispense the vaccine (Sch 2 cl.

This question really leads to a number of other possibly more important questions for veterinary practitioners. Why would a veterinarian examine an animal and then choose to dispense the vaccine (S4) or not supervise its administration when the animal is in their presence? Would such a certificate, signed by a non-veterinarian, be of any value to those who require it? As you can see from the above points, it is the veterinary practitioner who is more likely to get into trouble as a result of this situation so why put yourself at risk?

Can you please remind vets that a bird found by a member of the public may have a microchip?

Yes indeed! As we know, all dogs and cats must be microchipped from 12 weeks of age or prior to 12 weeks of age if there is a transfer of ownership. I am sure veterinarians and their staff routinely check for a microchip when presented with a stray dog or cat. But please remember to check birds and other pets as well as many other pet owners choose to microchip to improve the chances of their valued pet being returned home. Microchips are typically implanted into the left breast muscle in birds.

Are new graduate veterinarians more or less likely to receive a complaint against them and what species of animal is most likely to be involved in a complaint?

I remember asking a similar question about new graduates a few years ago in my previous role and the question about species of animal was interesting but I suspect many of you would be able to guess.

Figure 1 Complaints against veterinary practitioners from 2006 to 2011 and number of years after graduation

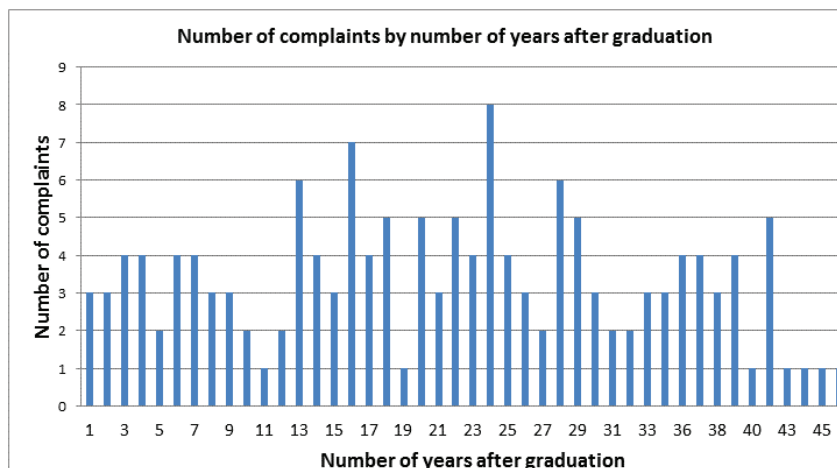
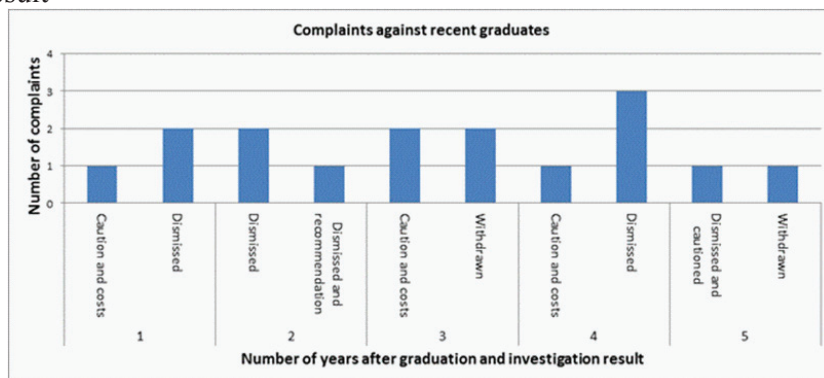


Figure 2 Complaints against recent graduates (1-5 years after graduation) from 2006 to 2011 and investigation result



The graphs presented are based on a preliminary analysis of complaint data from 2006 to 2011. Figure 1 suggests that new and recent graduates are not more likely to experience a complaint than most other years. Based on these data, the numbers of complaints against veterinarians has previously peaked in the third decade of practice (21-30 years after graduation). Figure 2 also shows us that most of these complaints against recent graduates (in the first 5 years of practice) have been dismissed.

Figure 3 Complaints against veterinary practitioners from 2006 to 2011 and species of animal involved (where available)

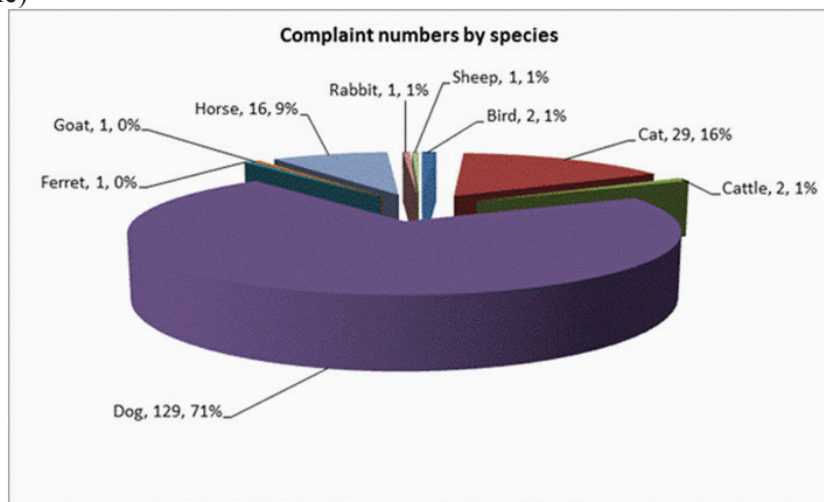


Figure 3 shows that the majority of complaints against veterinarians investigated by the Board over the last 5 years involve dogs. Interestingly, according to figures from the Australian Companion Animal Council 2010, 71% of consumer expenditure on companion animal veterinary services is for dogs, 24% cats and 5% other pets. Based on total veterinary professional services income data, dogs (about 60% of total income) are likely to be over-represented and production animals (about 10% of total income) are likely to be under-represented.

Why have a veterinarian as Registrar and is there a conflict of interest?

There are two answers to this question. Firstly, as you can see from 'a day in the life' my role is mostly one of administration, managing a small enterprise and implementing decisions of the Board. More importantly, veterinarians belong to a profession and so by definition are a group of people with special knowledge and skills in a discipline and who have declared that they will serve the public interest above self-interest. In return, the public grant professions self-regulation. Self-regulation is at the heart of all professions, to lose this is to lose our status as a profession. Part of my role is certainly to manage this process of self-regulation but if I cannot be trusted to do this then I lose my status as a professional.

The Act and Regulations were created to promote animal welfare, to ensure the public are well informed of the competencies required of veterinary practitioners, to ensure veterinary practitioners meet acceptable standards, and to provide public health protection (s. 3 of the Act). To assist these objectives we have a legislated code of conduct (Sch 2 of the Regulations). As a profession we promote animal welfare and protect the public and our 'specialised' (we have to be careful with that word as you know from this issue) knowledge and commitment to these aims above self-interest means we deserve our status as a profession and the privilege of self-regulation. How well we achieve these objectives and how well we self-regulate will determine how we are perceived by the public. The public have the added protection of two, highly valued consumer representatives on the Board.

John Baguley
Registrar.

From the Hospital Inspector's car

Firstly, I would like to congratulate my successor Dr John Baguley on his appointment as Registrar. John is very well qualified for the position and in my opinion, the profession is fortunate to have him in such an important role.

John and I are working closely together to ensure a smooth transition.

As the President has mentioned, I am now employed in two capacities ie as the Hospital Inspector and quite separately, as an Investigator. The VP Act is to regulate veterinary practice and it applies equally to non veterinarians who may be representing themselves as a vet or are performing restricted acts of veterinary science.

Since the New Year, I have inspected hospitals in the areas around the inner west of Sydney, Liverpool, Campbelltown, the eastern suburbs, Dubbo to Mudgee and the Central Coast.

Walking back into the reception areas of those practices that I inspected some 10 years ago is bringing back the memories and I am enjoying the jovial liaison with many practitioners that I have not seen for many years.

The process starts with a phone call from myself to the practice Superintendent and a suitable date and time is arranged with about a weeks notice. I'm flexible most of the time; however this is difficult with the rural practices because I probably won't be back in that area so I'm seeking some understanding regarding my travel situation. I can fit in with surgeries etc and promise not to make practitioners feel nervous!

As most of you know, the inspection starts with the 'tour' and I have my trusty checklist to assist my recording. Physical aspects such as facilities and equipment are checked as well as the record keeping systems employed at the practice.

A few issues have already emerged that I should share with you – I have noted that consent for anaesthesia/surgery/treatment is being recorded (usually on a consent form) and the procedure/s are listed – this is very good. However I have noted that the 'estimate' or '\$ range' is not always recorded on the form – this is not so good. Practitioners are legally

bound to provide an estimate (where practicable) before they can commence any treatment so why not record it on the consent form? This simple notation, certainly takes away any argument about whether an estimate was provided or what that \$ estimate was.

Another issue that is too common is Schedule 8 drug registers not being fully complete...balances not recorded, missing signatures etc. Did you know that that a stocktake of S8 inventory must be conducted twice a year, specifically in March and September – look in the front of the S8 register for more information about this requirement.

Practises visited to date have also been reminded about the importance of sterility in the surgery – dusty surgery lights, dusty air conditioning vents, and excess paraphernalia etc are too common so please check these things.

Does your practice use rusty cages? I fully accept that when cages have been in use for a long time and people get ‘used to’ the look of them, they don’t seem to stand out – however they stand out to me and have respectfully requested several practices recoat or replace cages that are rust affected.

If you ever need to speak to me about any veterinary hospital issue, I’m always available, just call the office and ask the staff for my mobile telephone.

Glenn Lynch
Hospital Inspector

Report from the Veterinary Practitioners Board Complaints Committee

Since the last edition of Boardtalk in December 2011, the Board has determined, after investigation by the Board's Complaints Committee, 21 complaints made against veterinary practitioners. The number of complaints is up four, from 17 for the previous 6 month period.

Of those complaints finalised by determination, the Board issued four cautions for unprofessional conduct and 17 were dismissed. One of the complaints dismissed included a recommendation guiding the veterinarian involved in fulfilling their responsibilities under clause 16 of the Code of Conduct. The ability of the Board to dismiss

a complaint with a recommendation is a recent amendment to the Veterinary Practice Act (s 46(5)). This amendment increases the options open to the Board to deal with complaints without necessarily making a finding of unsatisfactory professional conduct against a veterinarian. Of the complaints where unprofessional conduct was determined:

- A caution was issued to a practitioner who failed to recognise the signs and history suggesting oestrus in a cat.
- A caution was issued to a practitioner for failing to recognise the potential dangers of significant barium aspiration.
- A caution was issued to a practitioner who, after accepting horses for treatment, did not provide ongoing care of the horses, or make arrangements for another veterinary practitioner to take over care of the horses (see clause 8 of the code of conduct). Additionally this practitioner was cautioned as his medical records were manifestly inadequate (see clause 15 of the code of conduct).
- A caution was issued to a practitioner who recognised a serious heart condition in an out-of-hours emergency case (that routinely attended another practice) that required medical attention, but failed to ensure that such treatment was initiated.

A problem that consistently arises for the Complaints Committee is the nature of **medical records** that veterinarians tender in the defence of their conduct. There is a huge variation in the quality of these medical records.

A medical record is the place where all of the client’s perceived problems of their pet should be noted. As well all clinical data and findings, interpretations and plans arising out of that data should also be recorded. The records are not just an ‘aid for your memory’. Think of the “what if you were hit by a bus” phrase....meaning if you suddenly didn’t go to work tomorrow can someone look at the records and understand from beginning to end what was going on, what you were thinking and what your plans were. Ancillary

medical data such as pathology findings, or results of diagnostic imaging should also be attached to the medical record, or in another form which is easily accessed. Communication about status, both medical and financial, should also be inserted in the medical record.

Complete medical records not only demonstrate all the things that a veterinarian has done, and the manner in which they have done it, but they also are a record of the things that have not been done. A complete medical record has repeatedly proven the best defence a veterinarian can have against allegations of unprofessional conduct. We do understand they take considerable time and effort in a busy private practice, but it is an effort that the Complaints Committee sees make a huge difference in case after case.

Administrative Decisions Tribunal

General Division File Number 113186
Veterinary Practitioners Board of NSW
(applicant)

v

Dr Brian James Schubert Taylor
(respondent)

At the hearing held on October 31st 2011 the following decision was made:

The Tribunal determines that the Respondent is guilty of professional misconduct and makes the following orders, by consent:

1. The Respondents veterinary practitioner's registration is cancelled
2. The Respondent cannot reapply for registration as a veterinary practitioner for a period of 12 months from the date of these orders.
3. The Respondent is to pay the Applicants costs as agreed or, if not agreed, as assessed in accordance with the Legal Profession Act 2004

This case was referred to the Tribunal due to the performing of restricted acts of veterinary science while unregistered, conducting surgery in unlicensed premises, lack of adequate record keeping, failure to submit an annual return and breaching of conditions placed on his registration by the Veterinary Practitioners Board of NSW.

Australian Veterinary Workforce Survey

The Australian Veterinary Association Ltd (AVA) along with others has for some time intended to do a workforce survey to enable representation and planning to be based on real data. A survey carried out in New Zealand by the NZ Veterinary Council provided valuable information for these purposes.


Registration boards agreed, through the Australasian Veterinary Boards Council (AVBC), to deliver the survey questionnaire to registrants in their jurisdictions. Under this agreement, in April, a link to this questionnaire was sent via email to all registered veterinary practitioners in NSW. If you did not receive this email or have not yet completed the questionnaire please go to the following address <http://ava.informz.net/survistapro/s.asp?id=1284>


The results of this survey will be shared by the AVA with other veterinary organisations such as registration boards and university veterinary schools. The AVA hope to gain valuable insight into workforce trends, educational needs and other issues relating to the future of the profession. It is anticipated that a similar survey will be run each year to gather workforce data annually.

Responses from veterinarians will go directly to the website and contents and respondents will be individually untraceable.

Should you have any questions regarding the survey please contact the AVA directly on (02) 9431 5000.

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From the Department of Primary Industries

Pig dogs with brucellosis pose potential threat to human health

Veterinarians should be aware that three pig dogs in northern NSW have been detected as infected with swine brucellosis (*Brucella suis*). Although feral pigs are the usual source of infection for people, infected dogs are a potential source of infection for people, pigs, and other dogs through contact with urine, saliva and reproductive materials. Infection in people can cause serious disease and spontaneous abortion in pregnant women.

At this point, it is unknown how long dogs remain infectious or what degree of risk they pose to people. A private vet saw one of the infected dogs, which exhibited the notable symptom of markedly enlarged testicles but was otherwise bright and alert.

Treating dogs is often ineffective, prolonged and expensive, relapses of infection can occur and no treatment can guarantee a cure. The NSW Department of Primary Industries recommends that dogs confirmed as infected be euthanased to reduce risk to people.

Symptoms in people include intermittent fever, sweating, lethargy, loss of appetite, headaches, and back pain. The onset of clinical signs generally begins two to four weeks after exposure, but can occur up to six months later. Infection, often with abscesses, can occur in a number of organs including the liver, spleen, joints, heart, and testicles, and about two per cent of untreated people will die. Chronic infection may occur and delays in diagnosis increase the risk of complications.

In Australia, swine brucellosis is mainly a recreational or occupational disease of feral pig hunters, farm workers, veterinarians, and abattoir workers.

Between December 2006 and December 2011, nine men from NSW were diagnosed with swine brucellosis following regular recreational or occupational feral pig hunting in North-West NSW. All men had butchered feral pigs without wearing any protective clothing. None reported any other risk factors for contracting swine brucellosis.

Brucellosis is a notifiable disease in NSW. Any suspect cases in animals should be reported to your local government veterinarian or the **Emergency Animal Disease Watch Hotline** 1800 675 888.

Amanda Lee, Technical Specialist Pigs, 4640 6308, amanda.lee@dpi.nsw.gov.au

Q Fever and Veterinary Staff

Q fever, caused by the bacterium *Coxiella burnetii* is an important zoonotic disease in Australia and veterinary staff are a group at risk of infection. Veterinary practices should have a vaccination program for Q fever. NSW Health has updated information on its website (http://www.health.nsw.gov.au/factsheets/infectious/q_fever_and_vets.html) about Q fever and veterinary staff.

Bronwyn Hendry, Animal Biosecurity 6391 3101 bronwyn.hendry@dpi.nsw.gov.au

Exotic Animal Disease Newsletters and Bulletins

Keep up to date with the latest information on animal disease exotic to Australia by visiting the Department of Agriculture Fisheries and Forestry (DAFF) website at: <http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin>. The Emergency Animal Disease Bulletin Number 107 (<http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin/ead-bulletin-107>) summarizes the latest information on canine influenza: while the latest Exotic Animal Disease Newsletter (<http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin/newsletter-volume-6-issue-1>) includes details of the outbreak of Schmallenberg virus

in Europe, reports of Shuni virus and pigeon fever in horses, and an update on the spread of Porcine Reproductive and Respiratory disease. You may also click to subscribe directly to the new bulletins and newsletters.

Remember - New diseases do occur. You may be looking at the first case. Report suspicion directly to your local government veterinarian or to the 24 hour **Emergency Animal Disease Watch Hotline** on freecall 1800 675 888.

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

Pigeon Paramyxovirus (PPMV1)

Since August 2011 pigeon paramyxovirus (PPMV1) has affected 73 pigeon lofts in Melbourne and Shepparton and is now circulating in feral pigeons in Melbourne. Infection has also been detected in a native sparrow-hawk and spotted turtle dove.

No cases have been detected in NSW.

The main clinical signs of PPMV-1 in pigeons include depression, nervous signs and difficult breathing. Poultry that have been in close contact with infected pigeons remained healthy and contact with infected pigeons under experimental conditions resulted in no apparent clinical signs in chickens.

On the 25 April 2012 Victoria lifted the restrictions on movements of pigeons and their participation in various events. Restrictions still apply to movements of domestic pigeons from Victoria into NSW. They must be subjected to testing regimens as specified in the current Importation Order Pigeons (<http://www.dpi.nsw.gov.au/agriculture/livestock/poultry/health-disease/paramyxovirus-in-pigeons>).

Attempts to introduce a specific pigeon PPM1 vaccine into Australia have been unsuccessful to date. Currently the only vaccines available are Newcastle Disease Virus (NDV) poultry vaccines. The efficacy of these vaccines in pigeons has not been demonstrated.

If a decision is made to vaccinate pigeons with these vaccines, it is recommended that two

applications of inactivated poultry NDV vaccine be given 4-6 weeks apart. A permit is required and will be issued by the NSW Department of Primary Industries on request from either owners or veterinarians. Contact George Arzey for details. Since the vaccine is not registered for use in pigeons, off labelling with instructions for use is required.

George Arzey, Technical Specialist Poultry 4640 6402 george.arzey@dpi.nsw.gov.au

Exotic Animal Diseases Refresher Course for Veterinarians

An exotic disease refresher training course for veterinarians will be held at Dubbo on May 7-9 2012. The program will feature speakers from the Australian Animal Health Laboratory, Elizabeth Macarthur Agricultural Institute, NSW Department of Primary Industries and the Livestock Health and Pest Authority. Limited fully funded places are available.

Please contact Samantha Allan, Regional Veterinary Officer Tamworth 6763 1103 sam.allan@dpi.nsw.gov.au

Accreditation Program for Australian Veterinarians

Animal Health Australia has advised that after many years, the Accreditation Program for Australian Veterinarians (APAV) Training Program has finally moved away from the traditional hard copy manual training to an online system.

The APAV Online can be accessed from the APAV page on the Animal Health Australia website <http://www.animalhealthaustralia.com.au/training-centre/accreditation-program-for-australian-veterinarians-apav/>

Bronwyn Hendry, Animal Biosecurity 6391 3101 bronwyn.hendry@dpi.nsw.gov.au

Stock Medicines Update

Lee Cook

Dispensing large animal drenches

Following a request for advice on this subject a handout for veterinarians has been prepared which spells out the requirements for such a process.

One essential requirement is that any repackaged drenches to be dispensed must not be sold over the counter but only to clients for whom the sale is recorded on their client notes.

A copy of the handout sheet is available from the DPI website (www.dpi.nsw.gov.au) or from Mr Cook on request (but see the last item below).

Pesticides in NSW – a good news story for vets After a very long gestation, changes to both the Stock Medicines Act and the Pesticides Act are close to fruition and will transfer controls of most (but not all) pesticides to veterinarians.

Most pest control products – such as pour-ons, spot-ons, tags, collars etc – which are applied externally to control ectoparasites, will soon be defined as stock medicines. This means they can be used off-label by veterinarians, and by owners under veterinary direction, as for other stock medicines.

Only the concentrate products (dips and sprays), which require dilution before use, remain restricted and cannot be dispensed or used off-label. Provision also exists for some of these to be declared “low risk” under the Regulation if there is appropriate justification made to the Department.

Stock Medicines Act controls

A document outlining the controls over veterinary chemical use under the Stock Medicines Act 1989 in NSW has been posted on the NSW DPI web site.

It is available at: <http://www.dpi.nsw.gov.au/agriculture/livestock/residues/stock-medicine>.

Other stock medicine related documents are posted under the Residues heading.

Final article

It is with mixed feelings that I announce my retirement from DPI, effective some time before the next Boardtalk is due. As a result this will be

the last communication from me in relation to drug issues. I trust other avenues of information will continue to be available to the profession.

Lee G Cook

Veterinary Officer, Biosecurity Business and Legislation

Department of Primary Industries

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e-mail: lee.cook@dpi.nsw.gov.au

President's Comment:

Lee Cook has been a major contributor to BoardTalk since this newsletter started in 1998. Every edition contains helpful and in fact vital information for the profession and Lee's contributions will be missed. A strong supporter of the profession and active AVA leader, Lee has also been available to assist the Registrar, Board members, the Universities and any member of the profession who has needed his indepth knowledge of Stock Medicines and related Acts. On behalf of the Board and Staff I wish Lee the best for his retirement.

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 organisation 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

Transmissible Spongiform Encephalopathy (TSE) submissions from sheep and cattle

Please be aware that the TSE programme offers incentives for both veterinarians and stock owners to submit samples from animals with clinical signs similar to TSE/BSE/scrapie. These incentives exist to provide evidence to OIE that Australia remains TSE-free so we can continue to export livestock produce.

At nearly three quarters through the fiscal year, it's time to take stock of our NSW TSE submission targets. In summary, the numbers of cattle submissions are excellent (however, please keep them coming!) but sheep submissions have slowed considerably. We are at about 60% of our target sheep number for the year so we need more private veterinarians to remember to submit eligible samples viz livestock showing neurological signs prior to death or euthanasia. A reminder of the incentives for TSE submissions from sheep: The owner incentive is \$50 and the veterinary incentive is \$100 in addition to a collection/documentation fee of \$100 and freight incentive \$20.

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

An additional bonus for both owner and veterinarian is that the laboratory costs of identifying the cause of death/sickness are free of charge! Veterinarians are encouraged to use the TSE programme wherever possible on eligible animals.

For a free DVD on brain extraction techniques, contact dermot.mcnerney@dpi.nsw.gov.au Dermot McNerney, State TSE Coordinator, Phone 03 5019 8411 or email dermot.mcnerney@dpi.nsw.gov.au

Vets Beyond Borders ... VetTrain 2012 India

In 2012 Vets Beyond Borders, with support from University of Queensland and the Animal Welfare Board of India (AWBI), plan to run VetTrain courses in Delhi (at the Jeevashram Foundation) and Gangtok (at the VBB SARAH project in Sikkim).

The purpose of these courses is to produce increased skills and knowledge for veterinarians, assistant veterinarians, project managers and animal handlers in the areas directly relevant to an Animal Birth Control –Anti-Rabies (ABC-AR) programme. The project aims to significantly impact animal welfare in India by promoting the use of accepted surgical, anaesthetic and pain management protocols and humane animal capture and handling techniques. In addition, aiming to reduce or eliminate inhumane culling as a means of dog population control by promoting the use of ABC. It will allow the AWBI to implement and enforce a higher quality of ABC-AR standards and increase the capacity for rabies control work in India.

Vets Beyond Borders requires volunteer veterinarians and veterinary nurses with at least 2 years practical experience to assist with the training courses. The course length is 2 weeks and volunteers can attend more than one training course in a different location if desired or also visit one of Vets beyond Borders' other projects in India on the same trip. For more information please visit Vets Beyond Borders website at <http://www.vetsbeyondborders.org/our-projects/ybb-vet-train/>.

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.*

1300 366 653

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

The teaching year, which began in March, is always a very busy time as we have well over 1000 students in the Faculty, enrolled in either undergraduate or postgraduate degrees. Our students often assume that when they are on holidays that we, their teachers, are also on holidays. As in other workplaces we are entitled to four weeks annual leave, but the remaining weeks of the year when we are not teaching, are focused on research and administration activities, continuing our supervision of postgraduate 'research' and some honours students and preparing for the next teaching semester

In the last couple of reports, I mentioned that the Faculty was developing a postgraduate Doctor of Veterinary Medicine (DVM) to replace the Bachelor of Veterinary Science (BVSc) as the degree required for veterinary registration. These plans are still progressing but the Faculty is currently in a holding position with this plan, due to the Government's lack of direction across the entire tertiary sector in making available postgraduate commonwealth supported places (CSP). When the Government makes clear its intentions, the Faculty and University will then reassess the situation and decide whether an undergraduate or postgraduate model for a registrable veterinary degree is the better option. However this Faculty continues to offer the BVSc until further notice.

The Faculty has also been working on the implementation of a 'combined' postgraduate degree for the training of veterinary specialists. This combined degree which will consist of postgraduate coursework which is provided as units of study and a postgraduate research project. This program is currently undergoing the final stages of university approval and the combined degree is called the Master's in Veterinary Studies/Master's in Veterinary Clinical Sciences. The learning objectives and assessment tasks

of this program have been closely aligned with the applicant requirements to undertake the veterinary specialist examinations offered by the Australian College of Veterinary Scientists (ACVSc). It is anticipated that this program will be offered by our Faculty from semester 1, 2013. Details on the combined program will be posted on the Faculty website in coming months.

The Faculty is also undergoing preparations to prepare for its regular accreditation visits. In early June we will receive a visit of a team comprising of representatives from Veterinary Schools Accreditation Advisory Committee (VSAAC), the American Veterinary Medical Association (AVMA) and the Royal College of Veterinary Surgeons (RVCS). These visits are held approximately every seven years to ensure that the veterinary educating body is delivering the expected level of veterinary training to its students. The major preparatory work for the visit at this stage is to compile a 'self study report' whereby the Faculty is required to consider and document their performance on a variety of functions that are required for generating the expected level of veterinary training. Once this document has been submitted, the Faculty awaits the accreditation visit when the committee will interview some non-faculty university staff such as the Vice Chancellor and Provost, many faculty staff and of course, many of its students as well as tour the University's and Faculty's learning spaces, general student and staff facilities, teaching hospitals and animal holding facilities over a course of several days.

Assoc. Professor Merran Govendir
Faculty of Veterinary Science
The University of Sydney

Clinical workplace learning at Charles Sturt University

Clinical workplace learning comprises a significant component of the veterinary course at Charles Sturt University. Supervised workplace experience allows students to engage with, and participate in practice in all of its complexity. By working alongside others they foster the development of their professional practice knowledge and the shaping of their professional identity. We deliver these experiences both by using our internal facilities and extramural workplaces. CSU operates 2 veterinary teaching hospitals, an ambulatory dairy practice, farm consultancy and veterinary diagnostic laboratory. Internal rotations in years 4 & 5 provide a series of placements as an introduction to these settings, followed by the final year of clinical rotations. The facilities have students on a year-round basis thus providing commercial services. We also closely partner practices especially in the small animal and cattle areas.

The contribution of the wider veterinary profession to clinical workplace learning is considerable and is something that the School and its students value highly. Private practices, livestock consultants, government agencies and abattoirs all play a role in student learning, from participating practice visits in years one and two through to clinical rotations in the final year of the course. The 'real-life' factors of unpredictability, commercial pressures, time constraints and workplace relationships can provide a rich learning experience that is highly motivating. These experiences are underpinned by rigorous processes of reporting and assessment.

Sustainable success in external workplace learning for the CSU program will lie in fostering and maintaining positive and respectful relationships with veterinarians. The students themselves are crucial agents in the relationship; as a University we can support students to develop as good 'workplace learners' by providing exposure to practice situations early in the course with opportunity for debrief and reflection. Our students also gain competence in skills such as animal handling, communication and problem solving early in their course. We hope this

provides them with confidence and enhances opportunities to learn in a practice environment. We strive to better understand learning in practice settings by conducting research into supporting and assessing workplace learning. In fact CSU has a broad platform of research in workplace learning with strengths in the human health field. In the veterinary field recent projects have highlighted the importance of opportunities for students to share and discuss their practice experiences. Further, we have documented a clear desire from practitioner supervisors for specific training in interpersonal skills and promoting professional behaviour.

The University continues to improve its support for practitioners involved in workplace learning by providing opportunities for continuing professional development. So far workshops have been held on campus on diverse topics including bandaging and casting, equine medicine, field anaesthesia, clinical pathology and practical cytology techniques. Recent guest lecturers have included Kersti Seksel on behaviour and Brian Farrow on neurology. Clinical education workshops on facilitation of learning in practice and assessment techniques have been held to support our practice partners. We also have a valuable role in providing a forum for networking and socialising for practitioners in the region, and those hosting clinical rotations. We are developing new opportunities too. For those who seek to acquire postgraduate qualifications there are opportunities for practitioners in farm consultancy and clinical education and we are also developing degree courses in advanced clinical studies both for internal and distance study. Look out for these future opportunities at CSU.

The University and the profession have a common interest in supporting the development of undergraduates and graduates who will serve the profession and the community, and who will flourish in future practice. We look forward to fostering the partnerships to achieve that.

Emma Scholz, Lecturer in Veterinary Practice
Charles Sturt University
Wagga Wagga

Registration forms are being sent out this month!

The Board provides at least 4 weeks notice for the registration payment and Annual Return to be submitted and has made this process very easy by adding electronic means through the Board's website. Have you tried renewing your registration online?

All you need is your Website Reference number which is printed on your invoice and annual return. No logging in, no user ids, no passwords needed.

Payment can be done via the website (www.vpb.nsw.gov.au<<http://www.vpb.nsw.gov.au>>)

by Visa or Mastercard credit cards or from any account connected to BPAY (r). Check your invoice for BPAY reference numbers.

Submit your annual return online by using your unique Website reference number and follow the prompts.

Make sure you press the last SUBMIT button. The website will always offer you the choice of a receipt to print - even for the annual return - when your submission is successful.

Why is it so important to get it right?

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

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

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

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

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

The maximum penalty for offences under this section of the Act is \$5,500 or imprisonment for 12 months or both.

Hendra Submissions

Veterinarians are reminded that samples for Hendra virus testing must be submitted to the State Veterinary Diagnostic Laboratory (SVDL) at the Elizabeth Macarthur Agricultural Institute (EMAI) rather than to private veterinary laboratories. This includes cases where Hendra infection is unlikely, but the veterinarian wants it excluded.

All Hendra submissions must include a clear warning **under** the lid of the outer packaging to alert the SVDL staff that potentially zoonotic material is included.

For more detailed information on Hendra submissions see <http://www.dpi.nsw.gov.au/agriculture/livestock/horses/health/general/hendra-virus/vets>.

Hendra is a notifiable disease in NSW. Any suspect cases in animals should be reported to your local government veterinarian or the Emergency Animal Disease Watch Hotline 1800 675 888.

Drugs of Addiction (Schedule 8)

The veterinary profession is unique in that, unlike our medical or pharmaceutical colleagues, we are able to both prescribe and dispense. This is an essential part of the way we function particularly in ambulatory practices and is the result of long traditions and methods of diagnosing and treating medical or surgical conditions of farm animals. This unique privilege carries a great responsibility and is even more so when dealing with schedule 8 drugs, the drugs of addiction.

In an era when all drugs including antibiotics and other schedule 4 drugs are subject to misuse there is a special need to take care in our handling of those likely to be items of substance abuse which, be it anabolic steroids or narcotics, are more commonly sought for misuse or sale.

To this end all veterinarians handling schedule 8 drugs [includes ketamine and anabolic steroids] are required to record their use in a special prescribed way. This is not optional. This is described in the Poisons and Therapeutic Goods Regulation 2008 (Regulations). To quote (reg 111):-

Drug Registers to be kept

- 1) *A person who has possession of drugs of addiction at any place must keep a separate register (a drug register) at that place.*
- 2) *A drug register is to be in the form of a book whose pages*
 - a) *are consecutively numbered; and*
 - b) *are so bound that they cannot be removed or replaced without trace and*
 - c) *contain provision for the inclusion of the particulars required to be entered in it.*
- 3) *Separate pages of the register must be used for each drug of addiction, and for each form and strength of the drug.*
- 4) *The Director-General may from time to time approve the keeping of a drug register in any other form.*

The Regulations (reg 112) also provide strict rules on how and when entries should be made.

Entries in drug registers

- 1) *On the day on which a person manufactures, receives, supplies, administers or uses a drug of addiction at any place, the person must enter in the drug register for that place such of the following details as are relevant to the transaction;*
 - a) *The quantity of drug manufactured, received, supplied, administered or used;*
 - b) *the name and address of the person to, from or by whom the drug was manufactured, received, supplied, administered or used;*
 - c) *in the case of a drug that has been administered to an animal or supplied for the treatment of an animal, the species of animal and name and address of the animal's owner;*
 - d) *in the case of a drug that is supplied or administered on prescription;*
 - (i) *the prescription reference number; and*
 - (ii) *the name of the medical practitioner, nurse practitioner, midwife practitioner, dentist or veterinary surgeon by whom the prescription was issued.*
 - e) *in the case of a drug that has been administered to a patient, the name of the medical practitioner, nurse practitioner, midwife practitioner, dentist by whom, or under whose direct personal supervision, the drug was administered;*
 - f) *In the case of a drug that has been administered to an animal, the name of the veterinary surgeon by whom, or under whose direct personal supervision, the drug was administered;*

The list continues to cover laboratories, etc in the same way. And finally:-

- 2) *Each entry in a drug register must dated and signed by the person by whom it is made.*

Feedback from recent hospital inspections is showing the Board that the profession needs reminding of these strict requirements. While

a bound exercise book in which the pages are numbered consecutively [printed on the page and not numbered by the vet] and which has columns which include all the necessary details, a "**Register of Drugs of Addiction**" can be purchased from most pharmaceutical wholesalers or from Salmat, Print on Demand (Tel: 1300 656 986) This book meets all the requirements for recording and in the front lists the requirements for

- storage,
- entries,
- periodic inventory,
- and what to do if drugs are lost or stolen.

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 2002/2003/2006/2007 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.

Quick Quiz

[1] What happens if you lose or destroy your drug register?

The veterinary practitioner must immediately notify the Department of Health in writing of the fact and of the circumstances. The notification should be addressed to:

Chief Pharmacist
Pharmaceutical Services Branch
NSW Department of Health
PO Box 103
Gladesville 1675

or may be faxed on (02) 9859 5165.

(For advice, telephone the Duty Pharmaceutical Adviser, (02) 9879 3214).

While a drug register must be kept for 2 years for the Department of Health from the date of the last entry, the Veterinary Practice Regulations 2006 (sch 2 15(3)) requires you to retain this record for at least 3 years after it is made. Under the Regulations (reg 119), an accurate inventory of all drugs of addiction must then be created in a new drug register.

[2] What happens when a veterinary practitioner loses (or has stolen from them) a drug of addiction?

Under regulation 124, the practitioner must immediately notify the Director General of the Department of Health. This can be done by telephoning or faxing the Duty Pharmaceutical

Adviser, Pharmaceutical Services Branch on Phone: (02) 9879 3214 or Fax: (02) 9859 5165. The relevant details must be entered in the drug register and the police should also be notified where theft has occurred.

[3] What do you do if the drugs are out of date or not required anymore?

A drug of addiction in the possession of a veterinary practitioner for use in connection with their profession and which has become unusable, may legally be destroyed (reg 126):-

- (i) by a community (retail) pharmacist {in the presence of the practitioner, either at the pharmacy or the practitioner's practice premises} who must record the destruction in the practitioner's drug register. The entry must show the date, the name, professional registration number and signature of the pharmacist and the name and signature of the practitioner,
- (ii) by or under the direct personal supervision of a police officer, or
- (iii) by a person authorised by the NSW Department of Health to do so.

(Phone the Duty Pharmaceutical Adviser on (02) 9879 3214).

You can not dispose of unwanted S8s in any other manner.

Consultant? Specialist? Cat Vet?

Permitted terminology varies according to the State you are working in. NSW has straightforward legislation assisting with the use of the word “specialist” or the interpretation of words implying specialist status,

Veterinary Practice Act 2003 No 87

13 Offence to practise as specialist unless registered as specialist

(1) An individual must not represent himself or herself to be a specialist in a branch of veterinary science unless he or she is the holder of specialist registration in that branch.

(2) Without limiting the ways in which a person can be considered to be represented as a specialist, a representation using any of the following titles, names or descriptions constitutes such a representation:

(a) the title or description “specialist” or any abbreviation or derivative of that word in connection with the person’s practice of veterinary science,

(b) any title, description, words or letters implying, or capable of being understood as implying, that the person is a specialist in a branch of veterinary science.

All the State Veterinary Boards work under different state laws and that won’t change despite moving to National Recognition of Veterinary Registration. You need to be aware of differences as you travel. If in doubt call the Veterinary Board of the state you are travelling to.

For example “Does ‘cat vet’ or ‘bird vet’ imply a specialist qualification in these species?” In NSW it would be seen that the use of the term ‘cat vet’ means the veterinarian sees only cats and doesn’t imply specialist expertise. This is well accepted in rural areas where the terms “horse vet” and “cattle vet” are used all the time with no record of misunderstanding. Importantly to the vets who travel to other states, this is Not the case in some other states where the term cat vet wouldn’t be allowed. In NSW the use of the term ‘cat expert’ is more likely to be misinterpreted by the public and is therefore unacceptable.

Across Australia Boards are encouraging the registered veterinary specialists to call themselves “**Registered Specialists in XXX**”. This gives the public a clearer understanding that the veterinarian holds the required specialist qualifications and is accepted by the profession as a specialist. The public may also be more assured the veterinarian is a specialist in the field and maintains continuing professional development in the area of expertise. It is important the registered specialist identifies their area of speciality with accuracy. If their area of qualification is Canine Medicine then they are

not a “Cardiologist “. If their area of qualification is Small Animal Surgery then they are not a registered “Orthopaedic Surgeon”.

Implications for Specialist Centres have been discussed by all the Australian Boards. Basically the expectation is that practices claiming to be specialist centres should be staffed by registered specialists. The public would expect no less. However, it was recognised that veterinary specialists have a responsibility for supervision of veterinarians enrolled in specialist training programs and it would be expected that specialist practices might also employ these trainees. In order to identify the role of these non-specialists within such a practice, the following titles were recommended:

- Resident – may be used in a specialist centre to identify a veterinarian undertaking a training program leading to a specialist qualification.
- Intern- is a general term in diverse situations that does not imply specialist training, but rather is generally understood by the public to be the first step on a continuing education path post graduation.

While various industrial awards and university programs may cause misunderstanding with the use of the term intern, in NSW its all about the perception of the public. At specialist centres, the public need to be CLEARLY informed as to the status of veterinarians they are seeing.

The ability to use the term “consultant” will depend on its application. Veterinarians may be consultants to dog clubs and pony clubs without specialisation. You could envisage “consultant to a Club or Organisation” as NOT implying specialist qualifications but “Consultant in Nutrition” etc., does imply specialisation and couldn’t be used without the appropriate qualifications. If you travel to other states, several will not allow a non specialist to use the term consultant no matter what. So, the message is always to check with the local Board.

If you are Not a specialist but you want to advertise you have an interest or expertise in something, NSW Board will always be governed by the legislation. In general terms “Professional interest “ and “Particular interest “ are both acceptable.

Attention - all veterinarians who prescribe antibiotics to food producing animals

Do you prescribe antibiotic treatments for use in food producing animals? Do you know of the new residue requirements for meat and offal exports to Russia?

These stringent Russian requirements relate to residues of oxytetracyclines and chlortetracyclines in meat and meat products. They have already resulted in some export meat establishments losing their eligibility to supply this market. Any further detection of these residues risks the exclusion of all Australian meat from this market.

For this reason SAFEMEAT is implementing a series of measures to protect access to this major market. One of these measures is to apply a provisional Russian Export Slaughter Interval (ESI) for all products containing oxytetracycline and chlortetracycline (or combinations thereof). An ESI is the time required for residue levels at slaughter to deplete to levels which meet the requirements of sensitive export markets. The proposed provisional Russian ESI is 90 days and will apply until replaced by a veterinary product-specific finalised ESI.

Industry has initiated a process to review these products and identify where possible, product specific interim slaughter intervals. To date, one product "Alamycin 10 Injection" has been assigned a provisional Russian ESI of 35 days. As further products are reviewed information will be made available on any updated interim slaughter intervals on the SAFEMEAT website. www.safemeat.com.au <<http://www.safemeat.com.au>>.

What is needed is the cooperation of all veterinarians who prescribe these drugs for use on food producing animals.

Specifically that each bottle of oxytetracycline or chlortetracyclines is labelled with a statement to the effect that "a provisional Russian ESI of 90 days applies to animals treated with this drug".

Additionally, veterinarians dispensing or providing oxytetracycline or chlortetracycline products to

cattle producers for in-feed use are also asked to include a 90 day provisional Russian ESI on the labels of these products. While there is no legal requirement to include ESIs on dispensing labels, the addition of this advice on labels, or as a minimum verbal advice to this effect, would go a long way to reducing potential problems with this growing export market.

If you need any more information or are interested in the regular updates on this matter check the SAFEMEAT website. www.safemeat.com.au <<http://www.safemeat.com.au>>.

Professional Indemnity Insurance

Indemnity n 1. Security or protection against a loss or other financial burden.

Professional indemnity insurance (PI) provides financial and legal cover for conduct, acts, errors or omissions that give rise to a claim against you as you practise your profession. The aim of the policy is to shield your business and personal assets.

The aim of this article is to give a brief overview of PI Insurance, and how it can affect your professional life.

All health practitioners registered with the Australian Health Practitioner Registration Agency (AHPRA) must have a current PI policy as a requirement of registration. The amount of cover required is set by the controlling body of each profession.

South Australia is the only Australian jurisdiction that requires that veterinary practitioners hold a current PI policy if they are to be registered to practice.

In the Australian Capital Territory it is a requirement that each practice must have a PI policy that covers principals and employees.

In all other states, and the Northern Territory, it is up to the veterinarian to decide whether they should acquire a PI policy.

What does a PI policy cover

A PI policy covers you (subject to the specific terms of each policy) for claims for compensation for loss caused by an alleged breach of your

professional duty in the provision of your professional services. That is, your act falls below the level of competence and skill usual amongst those in the profession who do that work. The policy covers the principals and employees of a practice and directors if the practice has a company structure. Damages, settlements and legal costs are typically covered by the policy.

When does a PI policy not cover you.

When applying for a policy you have a duty to fully disclose any thing that may be material to the risk, or the magnitude of the risk, for which you seek cover. For example, possible future claims, previous claims made against you, or if you, or your associates have been subject to disciplinary proceedings. Non-disclosure may result in cancellation of the policy.

PI policies will not cover you for claims directly or indirectly arising from dishonest, fraudulent or malicious acts, wilful breaches of any statute, contract or duty, or for conduct with a reckless disregard for its consequences.

Employed veterinarians

In NSW employed veterinarians have a legislative right to indemnity from their employer in respect of any actions committed in the course of their employment. This is the principal of vicarious liability.

A PI policy held by the principal(s) of a veterinary practice will cover employed veterinarians.

However, before accepting employment, veterinarians should check to ensure the practice PI policy is, and remains, current.

Employed vets are not covered for acts outside the scope of their role as an employee. For example giving advice or an opinion at a party, vetting at a show or treating an animal owned by friend or neighbour.

Nor does an employer's policy cover employed veterinarians for legal costs that might be incurred defending a complaint made by a client against the employed practitioner to the Veterinary Practitioners Board.

Employees should consider obtaining a non-proprietor PI policy to cover these possibilities.

Locums

Contracted locums, that is, those who submit a tax invoice for their work, are exposed for the treatment they provide and should have, and maintain, a current policy.

The practice contracting a locum should make sure that the locum has a policy in place, and view the certificate of currency of that policy.

Contracted locums differ from employed veterinarians in that they submit a tax invoice, don't have tax deducted from their pay and don't have entitlements such as sick leave and holiday pay.

Contracted locums, thinking they are covered by a practice's policy, may find that they are exposed if a claim is made against them after their period of employment has ceased. Locums that do take out a PI policy should ensure that they maintain run-off insurance to cover this possibility when they stop doing locum work.

If a locum were to work as a part time employee, have tax deducted from pay and appear on the practice payroll, they would be covered by the practice policy.

Overseas veterinarians doing locums on working holidays should ensure that they have adequate and continuing PI cover.

Claims Made Policies

For all of us outside the insurance industry it can be hard for us to accept that PI policies will only cover claims made and notified to the insurer during the period of currency of the policy, irrespective of the date when the wrongful act which has led to the claim occurred.

Most policies will cover claims, if notified in writing during the period of cover, of circumstances that may give rise to a claim. We strongly recommend that you notify, your insurer immediately of any claims made, or circumstance that made lead to a claim within the policy period. Give full particulars.

The policy may not cover claims made prior to the inception of the policy. Or respond to claims or circumstances notified or made after the expiry of a policy.

Run off cover

If you cease trading, sell your practice or cease doing locum work, it is necessary to ensure that

you have “run off cover”, for claims relating to any actual or alleged wrongful acts occurring prior to the sale/cessation of your practice. It is suggested that cover should be maintained for at least six years.

Retirees

Some policies will provide continuing cover for policy-holding veterinarians who retire and do no further work in the profession.

However, should the retiree decide to resume work as a veterinarian, for however short a period, cover may cease.

The veterinarian is advised to acquire a new PI policy to protect against claims made relating to acts committed prior to retirement.

Cost and Cover

Insurance companies assess their exposure to risk based on the information provided in your proposal form. Key rating criteria are the experience of vets providing the service, type and value of animals treated, practice turnover, numbers of employees and the practice demonstrating an adherence to risk management policies and procedures. Thus, premiums range from several hundred dollars annually to over \$20,000 pa for practices engaged in thoroughbred stud work.

Guild Insurance has reported a 33% increase in claims since mid-2008, meaning that 1 in 12 practitioners insured by Guild are subject to a claim in any one year. Guild insurance also reports that the average cost of civil claims (demands for compensation plus legal costs) have increased at a rate of two to three times as fast as general price inflation over the past 7 years. The Veterinary Practitioners Board of NSW strongly recommends that veterinary practitioners are covered by a suitable professional indemnity policy.

This summary of PI Insurance has been compiled using information provided by Guild Insurance, Jardine Lloyd and Thompson, Risk Consultants and Insurance Brokers, AON Risk Services, AXIS Insurance and APESMA.

“Down went the owners-greedy men whom hope of gain allured: Oh, dry the starting tear, for they were heavily insured”. – W.S Gilbert 1836-1911

Boardtalk

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IMPORTANT:

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