

# Boardtalk

December 2014

Issue 41



## President's Report

We have come to the end of one of the busiest years ever for Board members and staff. Changes in Board membership continued unfortunately. In June this year Dr Andrew Hansen retired from the Board due to ill health. As a member of the first Veterinary Practitioners Board eight years ago he oversaw the introduction and interpretation of the new Veterinary Practice Act 2003 and Regulations 2006. A long professional career in mixed practice, active in community and AVA activities Andrew brought to the Board enthusiasm, dedication, ability and absolute professionalism. And a great sense of humour. Thank you Andrew for your decades of work for the profession, for animals and the public. Having been off the Board for just a couple of months, Dr Jacob Michelsen was able to return to the Board to slot into Andrew's position.

Negotiations with Racing NSW continue in the hope that an agreement can be reached. The Board continues to emphasise its willingness to assist Racing NSW where they have concerns about a veterinarian's conduct. The Board is the body which has the legislation to regulate the veterinary profession. It will come as no surprise to the equine veterinarians that the Board will enforce the legislation with the full force of the powers given to it, should they be found by the Board to be guilty of misconduct. You will see in this edition of Boardtalk, Dr Craig Suann from RNSW has another educational article for all veterinarians who work in thoroughbred racing.

Now the hospitals have all been inspected we are focusing on inspecting mobile, consulting rooms and "on farm" practices. These vets may have a

consulting room only or may visit pets in their home. These businesses don't have a licensed veterinary hospital as their base. In rural areas the veterinarians tend to be equine or cattle vets who again don't have a base practice. Records, S8 books, drug storage and vehicles will be checked to ensure appropriate minimum standards and legislative requirements are met. Vets are notified in advance of the inspections by John Baguley and are told of what will be expected of them before Glenn Lynch arranges visits.

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*President's report continued*

The Board looks at current standards and not best practice when assessing the actions of veterinarians involved in complaints. The Board's role is not to dictate to the profession how they conduct their practice but when needed makes a judgement as to whether the veterinarian is operating at current standards. This is often the crux of a client's complaint. These "current standards" change over time with increased knowledge gained by the profession as they undertake continuing education. Sometimes a complaint will initiate the Board members to review the latest in literature, liaise extensively with colleagues and finally conclude current standards have changed. A large range of non steroidal drugs is now available to the profession. They have been accepted with great enthusiasm and are an important tool in our practices. However they feature a great deal in the complaints investigations. This led to the Board publishing a short educational paper on their use and misuse which is still available via the website. I would urge you to read this paper again and assess your protocols with your staff. Are your clients sufficiently educated about correct administration and adverse signs? Are clients advised to return promptly if adverse signs are reported over the phone? Do you consider instigating fluid therapy in the animal requiring anaesthesia which is taking NSAIDs? These are professional decisions we all make daily. The Board asks that you take the time to check your decisions are current practice.

The AGM was held this year in Orange. The weather was glorious and the local veterinarians welcoming. The Board's financial documents are available on the website and were discussed at the AGM. I will be asking the minister to agree to an increase in some of the fees charged by the Board. With low interest rates and higher costs we are finding the real value of our savings dropping. High interest rates kept our fees very low for over 10 years so the small rises we are seeing now were inevitable and are now necessary.

I would ask that, in this terribly frantic period for practice veterinarians, that you take a little time out to enjoy the company of friends and family. On behalf of all Board members and staff I wish you a Merry Christmas and Good Health for 2015.

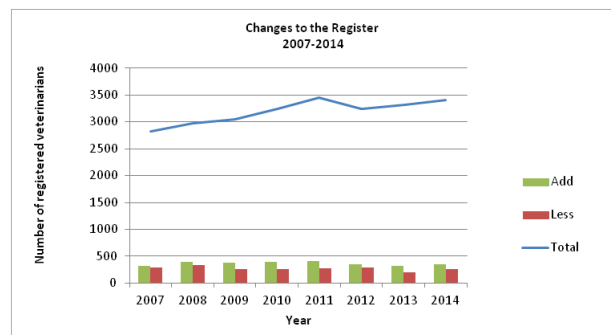
Ruth Thompson - President

## From the Registrar's Desk

The Annual Report for 2014 is available from our website (publications). Each year there is a section which details statistics from the profession derived from Annual Return submissions. These figures provide an interesting snapshot of the profession each year.

A point of concern to the profession in recent years has been the number of veterinarians entering the profession. Figure 1.1 shows the total number of registered veterinarians in NSW between 2007 and 2014 and net changes in these numbers by year.

Figure 1.1 Registered veterinarians in NSW



The total number of registered veterinarians in NSW changes constantly due to registration of new graduates, registration of veterinarians moving to NSW, restorations to the Register, voluntary removal and deaths. Annual Report data show that there was a significant rise in the number of new registrations in 2011 from typical levels of around 260 to just over 300 but the numbers have since settled to pre-2011 figures. The fall in total registrations in 2012 seen in the above graph was most likely associated with removal of secondary registrants under National Recognition of Veterinary Registration.

The other helpful source of data about veterinary numbers and questions about over-supply or otherwise is Graduate Careers Australia ([www.graduatecareers.com.au](http://www.graduatecareers.com.au)).

Figure 1.2 shows the percentage of new graduate veterinarians seeking employment in Australia and Figure 1.3 shows median starting salary data for veterinarians. Both graphs were created from data provided on the GCA website. Graduates are surveyed each year soon after graduation.

Figure 1.2 Percentage of new graduates seeking employment

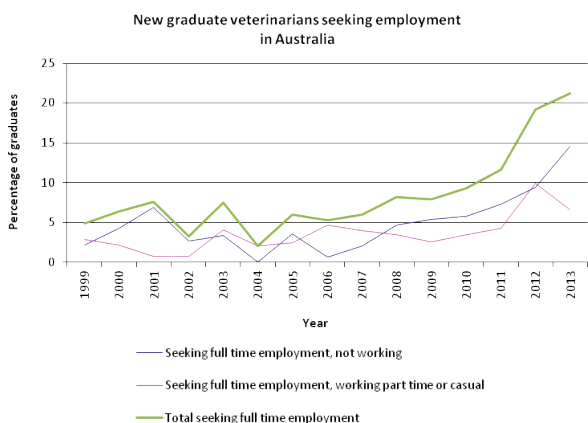
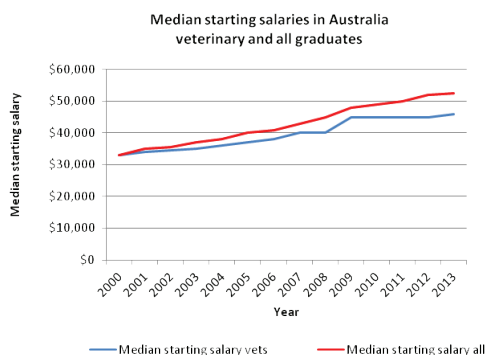


Figure 1.3 Median starting salaries for veterinarians and all university graduates



The increasing numbers of new graduates seeking full time work from 2010 (particularly the group not currently working) and flat median starting salary data all suggest the possibility of a relative over-supply of veterinarians. The trends in employment are consistent with many other graduate careers.

At this stage the total number of registered veterinarians together with employment and salary data probably provide the best indication of whether there is an over-supply or otherwise of veterinarians in Australia.

Please note that the Australian Veterinary Association is also looking to examine this issue through its annual workforce survey. If you have not completed the survey in 2014 please consider doing so now by accessing the following link:

<https://ava.informz.net/survistapro/sn.asp?gid=E90D89E8-C9C9-4640-972A-9DE49E59BECF>

On hopefully a less controversial note, the Board is looking to change the look and function of its website to improve services to the profession and the public. The Board would like to create a website more focused on enabling users to perform specific tasks rather than just find information.

Specifically, the Board believes its website should enable veterinarians to:

- i. More easily complete tasks such as apply for registration, renew their registration, check their registration status or request a letter of professional standing when moving to another jurisdiction
- ii. Access and change their personal contact details online rather than having to submit forms
- iii. View their CPD cycle and currently reported structured and unstructured CPD points
- iv. More easily find and complete requirements for hospitals such as apply for a hospital licence, transfer a hospital licence and appoint a superintendent

If you are interested in being involved in a small group to consider possible website improvements please contact me.

John Baguley - Registrar



## From the Hospital Inspector's car

Well I'm back on the road again and there is plenty to do.

Firstly, as conveyed by the Board's President, Dr Ruth Thompson in the Board's report to the profession at the recent AGM (reports are available on the Board's website);

*"In January 2014 our Hospital Inspector, Mr Glenn Lynch, completed the first phase of the Board's hospital inspection program. This involved inspections of over 630 licensed premises in NSW.*

*Glenn, the previous Registrar, has continued his employment with the Board and has commenced a new program of follow-up inspections, inspections of new licensed premises and inspections of unlicensed premises".*

In addition to the inspections referred to above by Dr Thompson, the Board has also committed to, and provided me with the resources to make contact with 'mobile veterinarians' i.e. those who are not employed directly by a licensed veterinary hospital.

All veterinarians are bound by the provisions of the legislation and once contact has been made with the mobile vets, the full gamut of veterinarians who provide services to the public in NSW will be complete.

The mobile vets I'm referring to will initially be contacted with a letter from the Registrar, along with the guidelines (also available on the website) as to what is specifically expected of mobile veterinarians – wait for my phone call and I will arrange a meeting at a suitable time and location (I shall be seeking co-operation).

Regarding previously inspected premises, the Board has specifically requested that I follow up on issues that were identified over the last few years, so I am also calling in and checking that these issues have been rectified.

From a professional and observational point of view, I have noted the general standard of facilities, equipment and staff education at veterinary hospitals in NSW is constantly improving.

All those hard working staff in this category should be rightly proud - your clients and their animals are undeniable beneficiaries, keep up the good work.

I wish everyone a safe and happy Christmas.

Glenn Lynch - Hospital Inspector

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## Reports of alleged fraud on veterinary practices

The Australian Veterinary Association (AVA) has informed the Board of an alleged fraud on at least six veterinary practices in Sydney.

A call is made to the practice to organise purchase of an over-the-counter product. The practice is told another person will pick up the product.

After a couple of successful transactions the practice receives a letter from the card issuer disputing the transaction. As there is no signature the dispute is upheld and the practice is unable to recover fees for the product.

Advice from the AVA is to not perform an over the phone transaction unless you have the client on file and where possible make sure you get a signature to authorise the transaction.

If you believe a similar situation has happened to you please report the matter to the AVA ([avapm@ava.com.au](mailto:avapm@ava.com.au) or [avansw@ava.com.au](mailto:avansw@ava.com.au)) and police.



## Complaints Committee Report

The Complaints Committee has determined findings on 27 complaints made against veterinary practitioners since the last report in May 2014. Of these 21 complaints were dismissed. Five veterinarians were found guilty of unsatisfactory professional conduct and cautioned and one veterinarian was found guilty of professional misconduct.

A veterinary practitioner was cautioned and fined for failing to enter the details of the Hendra virus vaccination of two horses onto the required register in the prescribed time.

A veterinary practitioner was cautioned for failing to investigate the possibility of a spinal cord injury in a dog unable to use its hind limbs when presented after a road traffic accident and not providing records in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal.

A veterinarian practitioner was cautioned and fined for failing to ensure that a record of a procedure was made in sufficient detail to enable another veterinary practitioner to continue treatment of the animal. This pertained to a puppy that was presented for a health check and vaccination pre sale and subsequently determined to have a heart murmur after sale and no clinical record of the pre sale health check had been made.

A veterinary practitioner was cautioned for failing to obtain the owner's consent for the extractions performed on a dog as part of a dental procedure.

A veterinarian was cautioned and fined for behaving in such a way as to have an adverse effect on the standing of any veterinary practitioner or the veterinary profession. This complaint pertained to information given by the practitioner in the public domain that advised a diagnostic and surgical procedure for hip dysplasia in young large breed dogs was income generating (overservicing) for veterinarians rather than an accepted treatment.

Fines can be imposed by the Board as a result of any finding of unsatisfactory professional conduct or professional misconduct against a veterinary practitioner and the magnitude of the fine depends on the degree of any breach of the Veterinary Practice Act 2003 or

Veterinary Practice Regulation 2013, including the Veterinary Practitioners Code of Professional Conduct. A fine may not be imposed even when a finding against a veterinary practitioner is made if other circumstances are taken in to consideration. One veterinary practitioner was found guilty of professional misconduct and fined as a result of breaching the Australian Rule of Racing 178AA by administering Langs Solution to a thoroughbred within one clear day of racing. It must be noted here that the Complaints Committee must find a veterinary practitioner guilty of professional misconduct if in breach of any Australian Rule of Racing (clause 14 of the Veterinary Practitioners Code of Professional Conduct) and the minimum fine imposed for such a breach is \$2000.

Complaints against veterinarians are understandably stressful for the veterinarians involved. The instigation of a complaint is often associated with the death of an animal or a poor treatment outcome that maybe a consequence of the animal's condition rather than the veterinary care provided. Although the process of investigating complaints is often a protracted and time consuming one this process is necessary to adequately address the issues raised by the complainants and allow the veterinarians to respond. Further time may be taken to gain information from other treating veterinarians and to seek further advice from other parties if indicated. The Complaints Committee and the Board aim to process complaints as quickly and efficiently as the timeliness of the responses from both parties and the prescribed process allows. This process is detailed in the Veterinary Practice Act 2003 and is as important for the veterinary practitioner as it is for the complainant.

Recurring themes amongst complaints against veterinarians this year have been the lack of client consent given for the extent of procedures performed and the cost of veterinary services provided. Complaints have been made after dogs have had multiple tooth extractions during dental treatment when the owners felt they had not been informed of the likelihood of extractions. Regardless of whether the extraction of teeth was

deemed necessary for the animal's ongoing dental health, where practicable, the owner must be given the opportunity to provide consent for the extent of any dental treatment. The same would also apply to the extent of surgical treatment when exploratory surgery is discussed and agreed to. Consent preferably should be written and consent for treatment should include all procedures that may be undertaken. If unforeseen treatment is indicated during a procedure an attempt should be made to obtain client consent by phone and care should be exercised in proceeding without consent especially if this treatment, not previously discussed with the client, is not necessary for the animal's survival. Any verbal contact should be recorded in the animal's clinical record.

Complaints are frequently made concerning the costs of veterinary services. The Board does not make decisions regarding the appropriateness or otherwise of the cost of veterinary services, however an estimate of costs prior to treatment and frequent updating of costs during ongoing treatment is required and may prevent acrimony regarding final costs. An estimate of costs should be made preferably in writing (and archived) and any verbal discussions regarding costs should be recorded contemporaneously in the clinical record.

Complaints are also made to the Board regarding the difference in cost of drugs dispensed by veterinarians and those provided on pharmacy prescription and this is a significant source of dissatisfaction for some clients. This difference in cost can be difficult to justify for some non veterinary drugs available on prescription that are commonly used in the treatment of small animals. The wholesale price of drugs to pharmacies and veterinarians can be considerably different and while there is no set guidelines regarding the mark up on drugs dispensed, the provision of a prescription for drugs to be filled at any pharmacy can be an option offered to clients. A prescription writing fee may be charged for this service.

The keeping of good medical records is an onerous but essential task and a board requirement. These records should provide the record of an animal's presenting complaint, history, findings of clinical examination, a list of the possible causes under consideration, any treatment given (including drug and concentration dispensed,

dose, period of treatment) and plan for any ongoing care. For hospitalised animals clinical examination findings, progress notes, treatment and ongoing plan should be updated daily and a summary of any communications with clients recorded in the record. Any record should be written so that another veterinarian at the same practice or at another practice, if the record is requested, can continue the animal's care. For health checks provided for litters, records must include identification of animals examined and any abnormal findings.

Medical records must be provided if requested in the investigation by the Board of complaints and inadequate medical record keeping may incur a finding of unsatisfactory professional conduct and a fine.

The issue of responsibility regarding a diagnosis and for the care of an animal has also come to the attention of the complaints committee. Complaints regarding diagnosis and subsequent treatment of animals by new graduates are devastating to the veterinarians concerned. In the majority of these complaints the new graduate has not had adequate supervision or has not had advice available from senior veterinarians and the poor outcome at the centre of the complaint was in part due to the veterinarian's inexperience. However, whilst mentoring and significant help to new graduates is expected of senior veterinarians, the veterinarian that is attending the animal is responsible for the care and treatment decisions made.

Similarly, reports provided by specialists (on diagnostic tests performed or interpreted by them) where they do not have primary care of the animal document the abnormalities found and an interpretation of these tests but the specialists are not responsible for a diagnosis or for recommendations regarding treatment unless the animal is under their primary care. This includes a radiologist's ultrasound examination, CT, MRI or radiographic reporting and a pathologist's review of clinical pathology or histopathology. The veterinarian with primary care of the animal is responsible for ordering the tests performed, final interpretation of the results, the diagnosis and the treatment recommended.

## More on compounded pharmaceuticals

Our article in Boardtalk (May 2014) on compounded pharmaceuticals generated a few questions and comments from the profession. This is clearly a growing area of interest for the profession and the purpose of this article is to provide some further background and share a few frequently asked questions. Veterinarians have indicated that compounded medications provide a number of potential benefits for veterinarians, animal owners and animal welfare. Compounded medications may

- i. Increase the range of available therapeutic agents to veterinarians
- ii. Allow more precise dosing of some animals
- iii. Improve animal owner compliance
- iv. Provide a more cost efficient method for dosing some animals

As noted in the AVA Guideline, current standards of veterinary practice require that compounded medications are indicated when a suitable registered veterinary product is not available. It is important to note that the regulations surrounding the use of compounded medications create some difficulties for the veterinary profession which should also be considered when advising clients of compounded medication options. Here are some frequently asked questions received by the Board regarding the use of compounded pharmaceuticals:

1. Is the veterinarian able to supply the compounded medication to the client directly rather than the medication going straight to the client from the compounding pharmacy? Yes. There is a provision for indirect dispensing to the client by the compounding pharmacy. So, if it is more convenient for your client the compounding pharmacy may dispense the medication to the client via your veterinary practice. However, the compounding pharmacy must be able to demonstrate a direct pharmacist-client relationship.

Please note that the veterinarian is not dispensing the compounded medication in this circumstance as the compounding pharmacy is a pharmacy and not a wholesaler.

2. Can the veterinarian put a dispensing fee on the price of the compounded medication when supplying to the client? No. Unlike medication received from a wholesaler the veterinarian is not dispensing

the product. You cannot treat medication from the compounding pharmacy the same as medication from a wholesaler. The veterinarian is best able to deal with the costs and time involved with supplying a compounded pharmaceutical through a prescription fee. If the veterinarian is supplying the medication indirectly then a freight fee may also be applicable.

3. Can the veterinarian provide an additional label to the compounded medication (so that it does not obscure the pharmacy label such as on the outer package)? No. The medication is being dispensed by the compounding pharmacy and not the veterinarian. If the veterinarian places a label on the medication as they would for other medication received from a wholesaler then they are treating the medication from the compounding pharmacy as if it was from a wholesaler.
4. Can the veterinarian provide additional written instructions to the client to augment the information provided by the pharmacy generated label? Yes. This may also be a good place to remind the client of the potential time delays in providing further supply of medication as this is medication specifically compounded for their pet and therefore there are no stocks of the medication kept on the premises.
5. If a client has a question or problem with a compounded medication the label will typically provide contact details for the compounding pharmacy but it might be equally important to discuss an adverse event or other problem with the veterinarian as well. How can this issue be addressed? Compounding pharmacists are able to discuss the problem with the client and provide either specific advice about the medication or refer the client to the veterinarian as the veterinarian's contact details are linked to the label and prescription. Alternatively, as there is a direct veterinarian-client relationship, the client may choose to contact the veterinarian initially and the veterinarian can attempt to resolve the issue or refer the client to the pharmacist as appropriate.

6. The compounding pharmacy may need more than 24 hours to fill the prescription. If the client is late requesting a repeat there is a gap in medicating the animal. Is the vet able to prescribe and store any quantity of compounded medications? No. Compounded medications are prepared for an individual client by the compounding pharmacy and therefore they cannot be stored in the practice or treated as if they were provided by a wholesaler. Compounded medications provide a number of benefits to clients but this is one potential disadvantage that you should discuss with the client to try to avoid periods where the animal is not medicated.
7. Is the veterinarian able to titrate the dose of the compounded medication? For example, can the directions for use on the prescription state: "Give 3 mL twice daily or as directed by your veterinarian"? Yes. For compounded products, the veterinarian is responsible for providing instructions to the pharmacist for compounding of the products and the required label directions for use. You can also provide additional written information to assist your client.

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

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

A compounding pharmacist may only commence compounding on the instruction or a prescription of a veterinarian. The instructions do not have to be in writing, but it is best practice to provide instructions in writing where possible. In order for the compounding pharmacist to dispense the compounded product, a prescription must be issued that identifies the owner, the specific animal and quantity of compounded product sufficient to treat the animal. The veterinarian cannot order compounded

veterinary pharmaceutical products for general use in other animals at a later date. There is no provision allowing for the general preparation and storage of compounded pharmaceutical products.

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## **Work health and safety and Hendra**

The Board and the DPI have received calls from distressed clients who are unable to obtain veterinary services for their sick horse. The Board will not instruct veterinarians to see horses where they have made an assessment that it is unsafe to do so.

If your practice is developing a strict policy such as not attending any horse which isn't vaccinated, the Board suggests you circulate that information widely to ensure the horse owning public are aware of that policy before they have a need for a horse to be seen.

Some veterinary practices are either not examining or limiting the type of work they will do with horses that are not vaccinated against Hendra virus. This has meant that on occasions owners have had difficulty in getting timely and appropriate veterinary treatment for their animals. The vague nature of the early clinical signs means that almost any sick horse could potentially be Hendra infected hence the precautionary approach by some practices.

The Board supports the decision of those veterinarians who weigh up all the information at hand and then make the assessment that it is unsafe. There are no pathognomonic signs for this disease. Some look like colics and affected horses may simply be found in fences.

If you decline a visit it might be that other alternatives can be offered to the client such as euthanasia by an experienced shooter. Once the horse is deceased the Local Land Services (LLS) veterinarians may assist with sample collection but it is not reasonable to ask the client to call the LLS vets for initial handling and investigation when you have deemed the situation unsafe.

It is important to remember that under the *Work Health and Safety Regulation 2011*, a person



conducting a business or undertaking (the new term that includes employers) must seek to eliminate health and safety risks where reasonably practicable. If the risk cannot be eliminated it must be minimised as far as reasonably practicable.

Further information about Hendra virus is available from NSW and Queensland government websites:

<http://www.dpi.nsw.gov.au/agriculture/livestock/horses/health/general/hendra-virus>

<https://www.daff.qld.gov.au/animal-industries/animal-health-and-diseases/a-z-list/hendra-virus>

<http://www.health.qld.gov.au/cdcg/index/default.asp#h>

Further information about Work Health and Safety legislation and managing risks at work is available from the following website:

<http://www.workcover.nsw.gov.au/newlegislation2012/general-risk-management/Pages/default.aspx>

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## Confidentiality – What’s the secret?

This very important area of veterinary practice is sometimes poorly understood yet it underpins everything we do as professionals. Confidentiality provides a significant foundation to the trust the public and our clients have in the veterinary profession.

Breaches of confidentiality may be subject to investigations by the Board and proceedings in the courts.

### 1. *What does the veterinary practice legislation say about confidentiality?*

- i. The *Veterinary Practice Act 2003* (Act) (s 55) states that:

- (1) A veterinary practitioner must comply with a requirement under this Part to answer a question or to produce information or a document despite any duty of confidentiality in respect of a communication between the veterinary practitioner and a client (but only if the

client is the complainant or consents to its disclosure).

- (2) A veterinary practitioner may disclose a matter to the Board, a committee of the Board or the Tribunal in breach of any duty of confidentiality if the Board, committee or Tribunal is satisfied that it is necessary for the veterinary practitioner to do so to rebut an allegation in the complaint.

‘A requirement under this Part’ in paragraph (1) above refers to Part 5 of the Act, complaints and disciplinary proceedings.

**In relation to a complaint investigation by the Board, if the client is the complainant, you must release records and other information to the Board when requested.**

You may release records or disclose matters without client consent if it is necessary to do so to defend yourself against an allegation in a complaint.

- ii. The *Veterinary Practice Regulation 2013* (Regulation) schedule 2 Veterinary Practitioners Code of Professional Conduct (Code), clause 12 states that:

Except as otherwise required by this code of conduct, a veterinary practitioner must maintain the confidentiality of information obtained in the course of professional practice.

Clause 10 of this Code states that:

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

**If another veterinarian requests the records for a patient that he or she is now caring for and has the consent of the person responsible for the care of that animal then you must release these records to that veterinarian.**

The release of client information gained in the course of your professional activities in other circumstances is therefore likely to be viewed as a breach of client confidentiality under clause 12 of the Code. Exceptions however can be found from an examination of other legislation and circumstances below.

## 2. What about other legislation?

- i. A subpoena is issued in connection with court proceedings and compels you to provide evidence. It specifies exactly what is required, nominates the court to which this must be delivered, and the date by which this information must be supplied.

If your medical records are included in a subpoena, the client has the right to appeal to the court against the release of these records. If you were to give the records to anyone else (e.g. police), you will deprive your client of that right.

### **If a court requires you to release specific client information you must do so.**

- ii. The other area of law that requires veterinarians to release information gained during the course of their professional practice is in relation to notifiable diseases in NSW declared under the *Stock Diseases Act 1923*, the *Animal Diseases and Animal Pests (Emergency Outbreaks) Act 1991* or the *Apiaries Act 1985*.

### **There is a legal obligation on veterinarians (and stock owners or managers) who know or suspect that an animal has a notifiable disease to notify the relevant authorities.**

Finally, there are a few circumstances where you **may but are not required** to release client information such as medical records. For example:

- i. Releasing information to your legal, insurance or other professional advisor who is assisting you to defend an allegation before a court, tribunal or the Veterinary Practitioners Board. That advisor has a duty of confidentiality to you.

- ii. Releasing records to your client but remember consent is specific and release records only for the period when your client was the person responsible for the care of the animal concerned.
- iii. Release of records with the consent of the client to a client's animal insurance provider.
- iv. Release of records to a racing steward upon request and in relation to an investigation where the trainer or person responsible for the care of the horse has provided a signed consent for the release of these records to the racing authorities. It would be prudent before releasing such records to confirm this permission with the client and ensure that you release only the relevant record for that specific horse.

As previously discussed in Boardtalk, medical records are the property either of the individual veterinarian or of the veterinary practice. Veterinarians working in a multi-person practice should also seek permission from the practice superintendent before releasing medical records.

It is worthy of noting that the legislation refers to 'client' and 'person responsible for the care of the animal' and not 'owner' in these matters.

In summary, there are a few circumstances where you must release information you have obtained in the course of your professional practice, a few circumstances when you may release this information, but otherwise you must maintain the confidentiality of information obtained in the course of your professional practice.

If you are unsure about what to do when confronted with issues of confidentiality it is prudent to seek independent legal advice.

## **Confidential Help for Veterinarians**

Doctors Health Advisory Service  
24 hours a day.

**(02) 9437 6552**

## Complications of bandages and splints

Bandages and splints are an essential tool for many soft tissue and orthopaedic conditions in veterinary practice but they are also prone to a range of complications. Many of these complications are minor, however some can be devastating leading to limb loss or even euthanasia. The most severe complications are caused by ischaemic injury. Full thickness rubs can also cause significant injury while most superficial irritations and infections are of a minor nature. Incorrect or inappropriate cast or bandage application causes the majority of serious complications.

Post-operatively, bandages need to be in place during the acute inflammatory phase to prevent swelling from oedema and inflammation. These are natural protective mechanisms designed to assist in healing but can interfere with healing in a post surgical context. As a minimum this means a few days and depending on the degree of surgical trauma up to 7 days. Bandages should be left in place for only as long as required; to manage post surgical swelling 3 to 7 days is generally sufficient, to support soft tissue repairs 2 to 3 weeks is required and for protecting orthopaedic injuries a minimum of 6 weeks is usually needed.

### Principles:

- Any bandage that creates more than 30cm of water pressure under it will stop capillary blood flow, cause ischaemia and tissue death.
- Pressure under a bandage is inversely proportional to the diameter – the smaller the diameter of the limb, the greater the pressure created by a bandage. i.e. distal extremities should be bandaged more loosely than higher on the limb.
- Patient pulling of bandage padding materials can cause a tourniquet effect as can excessively tight proximal bandages.
- Slipping of bandages can cause pressure over bony prominences.
- Padding material loses loft over time, especially cotton wool, leading to loose casts and bandages increasing the risk of rubs or loss of immobilisation.
- Rigid materials are more likely to cause complications and are more likely to rub if too much or too little padding is used. Hence well fitting casts with minimal padding are less likely to rub than heavily padded casts that become loose with time.
- Pain or irritation is a warning sign particularly after a bandage change.

- Owners usually don't detect complications with cast or bandages; meaning weekly (or more often) checks by a veterinarian are required.

### Application rules when you have decided a splint or bandage is necessary:

- Leave the toes or toenails visible at the end of the bandage when possible to detect swelling, the earliest warning of a tight bandage.
- Use stirrups when possible to prevent bandage slipping.
- Avoid application of sticky bandages to thin or hairless skin as much as possible to prevent irritation from the adhesives. This is a common problem and can be reduced by using skin sealers (spray or wipe on).
- The joint above and below an injured area needs to be immobilised making bandaging of humeral and femoral injuries impossible without a body bandage.
- Splints that are moulded to fit the patient are much better than poorly fitting "off the shelf" splints. The close fit immobilises the limb better and is less likely to rub. Use only enough padding to protect the limb to avoid a loose splint when the padding loses loft.
- Check the bandage or cast within a few hours of application for signs of limb swelling or slippage.
- Casts will nearly always create some complications. Full casts are harder to check than half casts which may be safer alternatives and equally effective.
- Full casts can be "bivalved" after application to make examination and removal easier.

### When should you check a bandage or cast?

- If the animal displays signs of irritation or pain.
- If swelling of the foot is seen e.g. by increasing separation of the toe nails of the third and fourth digits.
- If the client calls and is concerned about a bandage, do not ignore them!
- If there is an odour from the bandage or discharge is visible on the outer layers.
- If the bandage/cast has slipped, moved, become loose or the patient has grown.
- On a weekly, or more often as needed, basis. Remove or replace if problems are detected.

### Complications of bandages and splints continued

In general you should anticipate problems, particularly with rigid materials, and especially with sight hounds (greyhounds, whippets, etc.) most likely because of their thin skin and light hair coat. Impress upon the client the importance of minimising activity whilst the bandage or cast is in place and that they should ensure the bandage stays dry and clean. The client should check the bandage or cast daily for signs of problems that should be explained by the veterinary hospital staff at discharge. A handout is a really good idea for the client to refer to at home.

Severe complications are difficult to manage and difficult to explain to clients but by understanding the principles of cast and bandage application and following a few simple rules it is possible to reduce the risks for your patients and your practice. Bandage and cast complications are inevitable but serious complications are avoidable and should be very rare.

## Stock Medicines News and Updates

### Barbervax – a new vaccine for Barbers Pole worm in lambs

Barbervax is a new product with a new active, purified *Haemonchus contortus* antigen min 5 µg/mL. It will assist in the reduction of *H. contortus* egg shedding, resulting in lower pasture larval contamination and reduced disease caused by Barber's Pole worm in lambs.

### Startect – a new broad spectrum oral drench for sheep

Startect is a new product including a new active derquantel at 10mg/mL and abamectin at 1 mg/mL, registered for treatment and control of gastrointestinal nematodes in sheep. It provides an effective alternative where resistance to levamisole, benzimidazoles, macrocyclic lactones and clostantel are a problem.

Startect is effective against adult and immature stages of Barbers pole worm *Haemonchus contortus*; stomach hair worm *Trichostrongylus axei*; small brown stomach worm *Teladorsagia circumcincta*; black scour worm *Trichostrongylus colubriformis*, *Trichostrongylus vitrinus*; small intestinal

worm *Cooperia curticei*, *Cooperia oncophora*, *Cooperia surnabada*; thin-necked intestinal worm *Nematodirus spathiger*, intestinal threadworm *Strongyloides papillosus*; large bowel worm *Oesophagostomum venulosum*; largemouth bowel worm *Chabertia ovina*; whipworm *Trichuris ovis*; and lungworm *Dictyocaulus filarial*.

Note that a login is now required to access all product labels, which are located on the Infopest website at <http://websvr.infopest.com.au/LabelRouter?LabelType=L&ProductCode=68988>

### Tiguvon pour-on cancelled

On Thursday 16 October 2014 the APVMA announced the final regulatory decision following the review of Fenthion.

The cattle lice product Tiguvon Spot-on Cattle Lice Insecticide will be cancelled, as well as all horticultural and home garden products. The Australian Pesticides and Veterinary Medicines Authority (APVMA) have announced a 12 month phase out period. It will remain legal to possess, have custody of, use, deal with or supply a cancelled product, including Tiguvon Spot-on until 15 October 2015.

A copy of the final review report and regulatory decision is available at; [http://apvma.gov.au/sites/default/files/fenthion-finalisation\\_report-rfrd-report.pdf](http://apvma.gov.au/sites/default/files/fenthion-finalisation_report-rfrd-report.pdf)

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### Clean up of lead and other toxic substances - Protection of the Environment Act 1997

Every year at least 200 cattle in New South Wales receive lead statuses - often caused by car batteries in rubbish dumps. Recently, there was a case of a Travelling Stock Reserve which was being used as a dump by locals



and passers-by, where all manner of rubbish was found - including asbestos and yes, the ubiquitous lead batteries. There is a potential solution in the form of the *Protection of the Environment Operations Act 1997*. [The web link to the *Protection of the Environment Operations Act 1997* is at <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+156+1997+cd+0+N>]

Part 4.2 of the above Act provides for an Authorised Regulatory Authority (mostly the local shire council) to issue Clean Up Notices to any occupier, polluter or public authority. If you come across a case of dumping of chemicals, lead batteries, or other toxic substances, you can refer this to your local council and recommend they issue a Clean Up notice to the owner. The Council is obliged to inspect the incident and issue the Clean Up Notice if they believe it is required. If Council decides not to do so, for whatever reason, and you believe a Clean Up is still required, the Act provides for the Environment Protection Authority (EPA) itself to issue a Clean Up notice. If the polluter is not obvious to the Authorised Regulatory Authority, the owner of the land will be issued with the notice. Cleaning up lead needs to be done properly as burying may not be the solution - lead and other toxic chemicals can contaminate groundwater.

In the case of a Travelling Stock Reserve where illegal dumping has taken place, the Local Land Services as administrators of the TSR, is obliged to clean up the rubbish. In cases where large enterprises such as large commercial piggeries, large feedlot operators, abattoirs, etc. are too big for the local council to be the Authorised Regulatory Authority, these enterprises are licensed by the EPA under Schedule 1 of the Act. Under these circumstances, if Clean Up is required, the EPA should be advised and it will issue a Clean Up notice to these enterprises.

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## Laboratory Submissions to the State Veterinary Diagnostic Laboratory at EMAI

Veterinarians are reminded that the **Property Identification Code (PIC)** is required for all submissions where the owner is required to have a PIC. Some smaller landholders with few livestock may not realise they require a PIC even if they only run one animal (sheep, pig, cow, horse etc.) on their land. Your contact with these landholders is an opportunity to remind them of the requirements of this important biosecurity information under the *Stock Diseases Act 1923* (see <http://www.dpi.nsw.gov.au/agriculture/livestock/nlis/pic>).

If veterinarians have an NLIS database account they can search the PIC register or the QuickPIC database to obtain a PIC for submissions when the owner has failed to supply their PIC. The NLIS database now allows a veterinarian to open their own NLIS account even when the veterinary clinic is not required to have a PIC (see [www.nlis.mla.com.au](http://www.nlis.mla.com.au)).

[Click here to see if your veterinary clinic requires a PIC](#). [Print version: To see if your veterinary clinic requires a PIC, check the following web link which details the requirements under the Stock Diseases Regulation 2009 [http://www.dpi.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0011/405200/Clause-14-exemption-from-PIC.pdf](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0011/405200/Clause-14-exemption-from-PIC.pdf) ]

## EMERGENCY ANIMAL DISEASE WATCH HOTLINE

1800 675 888

24 HOURS A DAY TO REPORT SUSPECTED  
OUTBREAKS OR SIMPLY ANY UNUSUAL  
SYMPTOMS

## Laboratory opening days over Christmas and New Year

Over the upcoming holiday period, the State Veterinary Diagnostic Laboratory will operate on the following days.

DECEMBER 2014						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
21 CLOSED	22 OPEN	23 OPEN	24 OPEN	25 CLOSED	26 CLOSED	27 OPEN (am only)
28 CLOSED	29 OPEN	30 OPEN	31 OPEN			
JANUARY 2015						
				1 CLOSED	2 OPEN	3 OPEN (am only)

Please ensure that couriers are contacted to confirm their operation during this time period, and remember that pick-ups just prior to public holidays may be held over in courier holding facilities in which the storage conditions cannot be accounted for. Please discuss this with couriers prior to sending. Deliveries on a Saturday will generate a surcharge. Please ensure that delivery is essential and unable to wait for normal business hours.

Duty pathologist and duty virologist out of hours contact numbers will be made available to the Emergency Animal Disease Watch Hotline – 1800 675 888 - during this holiday period.

Contact: State Veterinary Diagnostic Laboratory (SVDL) at EMAI  
Phone: 02 4640 6327 or 1800 675623 during office hours

### Primefact - Brucellosis (*Brucella suis*) in dogs

In response to the recent spate of brucellosis (*Brucella suis*) cases in dogs in New South Wales, DPI has developed a 'Brucellosis (*Brucella suis*) in dogs' Primefact that is available on the DPI website at <http://www.dpi.nsw.gov.au/biosecurity/animal/humans/zoonoses>. This Primefact includes information relating

to clinical signs in dogs/people/pigs; diagnosis in dogs and other animals; NSW legislation; and the current DPI recommendations when dogs test positive for *Brucella suis* infection in NSW.

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## Emergency Animal Disease Bulletins

Are you up to date with your knowledge of Rabies? Screwworm? Influenza in dogs? Do you know the rules concerning the importation of live birds into Australia? How current is your knowledge of zoonoses? Some of these subjects may impact your daily work but you may even be asked questions by clients in the consulting room. You need to check out the EAD alerts and bulletins.

The Australian Department of Agriculture regularly releases Emergency Animal Disease (EAD) alerts and bulletins for private practitioners. These alerts can be found at:  
<http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin>

It is very important that veterinarians are familiar with these bulletins so they are aware of diseases which could impact their work.

# Intra-articular corticosteroid treatment stand-down period in thoroughbred racing

Dr Craig Suann  
Official Veterinarian  
Racing NSW

Veterinarians servicing the thoroughbred racing industry should note the introduction of an Australian Rule of Racing that prohibits the administration of an intra-articular corticosteroid preparation to a Thoroughbred racehorse within **8 Clear Days** of competition, including a race, trial or jumpout. This Rule became effective from 1 August 2014.

The Rule reads as follows:

“**AR.64M.** A horse that has been subjected to an intra-articular administration of a corticosteroid preparation, whether the preparation is administered alone or in combination with other preparations, is ineligible to participate in any race, official trial or jumpout at any time during the 8 Clear Days (as defined in AR.1) following midnight on the day of the administration.”

**Note:** A “clear day” is defined within the Rule to mean a twenty four hour period from 12:01 a.m. to 12 midnight. For practical purposes, a clear day restriction means that the calculation of the number of days for which the procedure/treatment is banned does not take into account the day of treatment nor the day of competition.

As such a stand down time of 8 clear days equates to 10 regular days when including the day of administration and the day of racing.

For the purpose of AR.64M and by way of example, if a horse was subjected to an intra-articular administration of a corticosteroid at any time on a Monday (1st day of the month), that horse would be ineligible to compete until the Wednesday of the following week (10th day of the month). Similarly, a horse treated with an intra-articular corticosteroid

on a Thursday is ineligible to compete until the 2<sup>nd</sup> Saturday after treatment.

Corticosteroid preparations that are subject to this rule include, but are not limited to: triamcinolone (*Kenacort, Triamolone Forte*), betamethasone (*Celestone Chronodose*), dexamethasone and methylprednisolone (*Depo-Medrol*) preparations. The Rule also covers the situation when a low dose of a corticosteroid, for example, dexamethasone, is added to other substances that are to be administered intra-articularly, such as in the case of IRAP.

The minimum stand down time is intended as a minimum period before racing within which any corticosteroid preparation must not be administered intra-articularly, including the shorter-acting corticosteroids. This stand down period must not be confused with the recommended “withdrawal” time of the particular drug used. The “withdrawal” period for a prohibited substance is calculated to ensure a horse is presented clear of the prohibited substance when sampled. In certain situations, specifically for longer acting corticosteroid preparations such as methylprednisolone and for injections into low volume joints such as the lower hock joints, the recommended “withdrawal” period may be much longer than the minimum stand down time prescribed by AR.64M, and as such must continue to be observed.

Note also that the administration of intra-articular corticosteroids is “treatment” according to AR.178F and therefore must be recorded by a trainer and/or their veterinarian as required by this Rule. Examination of treatment records will be one of the tools used by the Stewards to ensure trainer compliance with AR.64M.

# The members and staff of the Board would like to wish you a very Merry Christmas and a Happy and Healthy 2015.

*The Board office will be closing at midday on 24<sup>th</sup> December and reopening on Monday 5<sup>th</sup> January*



*And the Grinch, with his Grinch-feet ice cold in the snow, stood puzzling and puzzling, how could it be so? It came without ribbons. It came without tags. It came without packages, boxes or bags. And he puzzled and puzzled 'till his puzzler was sore. Then the Grinch thought of something he hadn't before. What if Christmas, he thought, doesn't come from a store. What if Christmas, perhaps, means a little bit more.*

*- Dr. Seuss*



## Board Staff



*John Baguley is Registrar*

*Mary Lydamore is Deputy Registrar and Complaints Officer*



*Glenn Lynch is Hospital Inspector and Investigator*



*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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Dr Geoff Gibbons  
Dr Jacob Michelsen  
Mrs Lisa Minogue  
Dr Ian Russ  
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.