

Boardtalk

May 2014

Issue 40



President's Report

Since writing the last Boardtalk negotiations have continued with Racing NSW (RNSW) to see if a Memorandum of Understanding (MOU) could be agreed upon which would satisfy RNSW (and prevent the introduction of a RNSW controlled licence system) and preserve the legislative role and powers of the Board. These MOUs are non-binding and rely on mutual cooperation. I wish I could report some success. I can say negotiations have not been stopped at this point. They are however labelled as confidential so the Board is unable to spell out what has taken place in the last 6 months. I believe it's useful to repeat some of the points the Board has made over the last 2 years this issue has been discussed:

- *The Board is the statutory regulator of the veterinary profession and RNSW is the regulator of thoroughbred racing in NSW. The Board does not see RNSW as a co-regulator of the veterinary profession but does see how information from RNSW may assist with the performance of its statutory functions.*
- *The Board has significant concerns in relation to the potential impact of RNSW as a co-regulator of the veterinary profession on animal welfare. Whilst the first object of the Veterinary Practice Act 2003 is to promote animal welfare and the first basic principle of the Veterinary Practitioners Code of Professional Conduct is primary concern for the welfare of animals, animal welfare is not mentioned within the Thoroughbred Racing Act 1996. It is vital that veterinarians remain independent from RNSW and its functions to ensure animal welfare outcomes in the thoroughbred racing industry are not further compromised.*

- *The proposal for further regulation of the veterinary profession in NSW is without merit as only 2 complaints against veterinarians have been brought to the Board's attention by RNSW during the last 7 years. Both complaints were against veterinarians who had provided schedule 4 medication to horse trainers without a label.*

Inside This Issue

President's Report.....	1
Hospital Licence Renewals.....	2
From the Registrar's Desk.....	3
Questions about bats?.....	3
Complaints Committee Report.....	4
Registration Renewals.....	5
CPD Audit.....	5
Neuticles.....	6
Faculty of Veterinary Science - The University of Sydney ...	6
Veterinary School at Charles Sturt University.....	8
Abandoned Animals.....	9
Mental Health in the Veterinary Profession.....	9
Administrative Decisions Tribunal.....	10
Helpline for Veterinarians - DHAS (NSW).....	10
Compounded Pharmaceuticals.....	11
Updates from the Department of Primary Industries NSW (DPI).....	11
Veterinarian refuses to see a dog and bat.....	14
Are you storing, handling or using Cyclophosphamide to treat patients?.....	15
Tick Bites for People.....	16
Anabolic steroid ban in horse racing.....	16
Which steroids are banned under these rules?.....	16
Which horses are affected by these rules?.....	17
New Rule 178H:.....	18
Meet the New Board Members.....	19
Geoffrey Gibbons.....	19
Ian Russ.....	19
Companion Animals (Amendment) Act 2013 - The Key Changes.....	20
Annual General Meeting.....	20

President's report continued

- *The proposal for further regulation of the veterinary profession in NSW is counter to both NSW and Federal government initiatives to cut red tape.*
- *In the absence of evidence to suggest a failure of self-regulation of the veterinary profession in NSW it is deeply insulting to the profession that this fundamental privilege be diminished or revoked.*
- *A racing industry initiated licensing scheme for veterinarians has been rejected by all other Australian jurisdictions.*
- *The Board has significant concerns regarding the perceived ability of RNSW to create a non-statutory rule which usurps the authority of its statutory powers and undermines existing legislation.*

The Board believe we have an honourable and hardworking profession. Sometimes mistakes are made. How can we avoid those? Let's start with education. We will endeavour to provide ongoing education of issues involving the racing industry and I thank Dr Craig Suann for his contribution to this Boardtalk. This isn't the first time Dr Suann has assisted with education articles and we hope this will be an ongoing relationship. I would also suggest that veterinarians who are involved in the racing industry consider membership of the Equine Veterinarians Australia (EVA) - a professional body with a significant educational role.

We are committed however to enforcing the *Veterinary Practice Act 2003*, the *Veterinary Practice Regulation 2013* and the accompanying *Veterinary Practitioners Code of Professional Conduct* to ensure the work which takes place within the racing industry is of the highest standard.

Minimum standards are being raised in practice situations all the time. Most of these are not driven by the Board but by continuing professional development. The Board has now added a new minimum requirement to licensed veterinary hospitals. As of 30 June 2014, the Board requires that a pulse oximeter is available for use when monitoring anaesthesia. We acknowledge having a nurse or another veterinarian monitoring your animal is valuable and that an apalert tells you when the animal has taken a breath but the information being given to the profession tells us this is not sufficient for meeting the current standards of 2014. Following the hospital inspections recently completed by Glenn Lynch, we know that only a dozen practices presently do not reach this standard.

As mentioned in previous issues we do hope that you are getting value from our now regular inserts

in Boardtalk. This issue we have an article from toxicologists Drs Rhian Cope and Rosalind Dalefield. The Board is very grateful to both authors and believes this is very helpful advice for veterinarians who may find themselves having to deal with light petroleum distillate toxicity.

Finally I would like to acknowledge the contribution of two Board members who have recently vacated their positions. Dr John Alexander was appointed to the Board in September 2012 as the representative of veterinary practitioners working in urban areas. John brought a broad range of experience in the profession including over six years' service on the Veterinary Surgeons Investigating Committee under the previous Act. Dr Jacob Michelsen was appointed to the Board in September 2012 as the representative from academics in the field of veterinary science and was the first appointee to the Board from Charles Sturt University (CSU). Jacob had also worked in Australia and overseas and managed to complete the requirements for specialist registration (small animal surgery) during his Board term. John resigned from the Board due to increasing commitments as a sole practitioner and Jacob has now left the employment of CSU.

The wealth of knowledge, experience and different perspectives of both John and Jacob will be missed but I am sure their respective replacements Dr Ian Russ and Dr Geoffrey Gibbons will provide valuable contributions to the Board.

Ruth Thompson
President

Hospital Licence Renewals

Hospital licence fees (\$250) are due by 31 May 2014 for the licensing period 1 July 2014 to 30 June 2015. Please contact the Board if you have not yet received your offer to renew a hospital licence.

Any premises where a procedure is undertaken that according to current standards requires the administration of a general anaesthetic must be licensed. This does not apply in an emergency, if it is impractical to move the animal or if it is dangerous to the health of the animal to move it to a hospital.

A reminder that the minimum standards required by the Board for a hospital licence now include a pulse oximeter for anaesthetic monitoring. There are only a dozen practices in NSW who do not presently comply and the Board expects that these practices will comply with this new requirement within the next 3 months.

From the Registrar's Desk

It is registration renewal time for veterinary practitioners who reside in NSW so please remember to submit your Annual Return and registration payment by 31 May. Here are five important points to remember:

1. Registration renewal is a two-step process (submission of Annual Return and registration payment) which can be completed online using your website reference number contained in your letter of renewal.
2. If you forget or cannot find your website reference number please call our office.
3. Before you go to the website to submit your Annual Return please work out your structured and unstructured CPD points for the previous period (1 April to 31 March).
4. If you do not plan on remaining registered in NSW after 30 June this year please complete a Voluntary Removal from the Register Form. If you do not renew and do not remove yourself from the Register and then wish to restore yourself at a later date you will be charged a penalty fee.
5. If your contact details change during the year it is vital that you advise the Board. Changes to these details must be provided in writing either via our Notification of Change of Details Form or by emailing admin@vpb.nsw.gov.au We are planning an online change of details option for the future in order to make reporting of such changes easier for you.

There has been one minor change to the Annual Return this year. The Board is now collecting information on whether you provide an ambulatory, mobile or home visit practice which is not based from a licensed veterinary hospital. As you may be aware from previous issues of Boardtalk, the Board is planning a program of inspections for these veterinary businesses aligned with the inspections of veterinary hospitals.

Please contact our office if you have not received your annual registration renewal papers.

When do you need to release medical records?

We are often asked this question or variations of this question and there are some important points to remember from the *Veterinary Practice Act 2003 (Act)* and the *Veterinary Practice Regulation 2013, Schedule 2, Veterinary Practitioners Code of Professional Conduct (Code)*:

- A veterinary practitioner must maintain the confidentiality of information obtained in the course of his or her professional practice (s 55 Act)
- If a veterinary practitioner (second) takes

over the treatment of an animal from another veterinary practitioner (first) and requests the medical records for that animal, with the consent of the person responsible for the care of the animal, the first veterinary practitioner must provide copies or originals of all relevant history records to the second veterinary practitioner (cl 10 Code)

- The Board has the power to require any veterinary practitioner to produce records or other documents for the purpose of investigating a complaint (s 45 Act).

In summary, the Board may require that a veterinary practitioner release medical records for the purpose of investigating a complaint and relevant records must be released to another veterinary practitioner who is taking over the treatment of an animal providing the person responsible for the care of that animal (client) has consented to their release.

It is also important to note that if there is a change in ownership of the animal and therefore change in person responsible for the care of that animal, you would need the consent from the first person or owner to release any records to another veterinary practitioner. The new owner or person responsible for the care of that animal cannot provide consent to release records when the animal was under the care of the previous owner.

You can release medical records to the client or person responsible for the care of the animal but there is no requirement in our legislation to do so. Similarly, you can release medical records to a third party with the consent of the client or person responsible for the care of the animal but there is no requirement in our legislation to do so.

If you work in a multi-person practice the Board considers that the medical records belong to the practice and therefore release of records in compliance with the circumstances above should be with the consent of the Hospital Superintendent.

John Baguley
Registrar

Questions about bats?

The latest information is available at: <http://www.dpi.nsw.gov.au/biosecurity/animal/humans/bat-health-risks>

Complaints Committee Report

Since November 2013, the Board has determined twenty-seven complaints made against veterinary practitioners after investigation of these complaints by the Complaints Committee (to the end of April 2014). The Board made the following decisions:

- Two practitioners were found guilty of professional misconduct and reprimanded
- Ten practitioners were found guilty of unsatisfactory professional conduct and received cautions
- Sixteen complaints were dismissed, two with recommendations.

Currently eighteen complaints are being processed by the Complaints Committee.

A practitioner was reprimanded and fined \$2000 for failing to label restricted substances in accordance with the *Poisons and Therapeutic Goods Regulation 2008* and the Rules of Racing on three occasions. He also allowed an unauthorised person to dispense a restricted substance without veterinary supervision and failed to ensure a detailed record of each consultation was made in sufficient detail to enable another veterinarian to continue treatment of a horse under his care.

This complaint involved the treatment of Thoroughbred horses. It is imperative that practitioners are familiar with the Rules of Racing and abide by those rules. Veterinarians practising over State borders must be aware that the Rules of Racing vary between the States and that they must make themselves familiar with the Rules in each State in which they practise. A practitioner was reprimanded and fined \$2000 for failing to consider the welfare of a cat whilst hospitalised under his care. He failed to carry out professional procedures according to current standards and failed to produce the required documents when requested by the Board during the investigation of this complaint. The cat was discharged into the care of the owner in a fly-struck moribund state and died the same day.

A finding of unsatisfactory professional conduct with a caution was determined for:

- A practitioner who failed to identify a capital physal fracture of the femur in a dog that had fallen from a vehicle and failed to investigate the cause of persistent lameness in this dog when presented to her again one week later.

- A practitioner who performed surgery not in accordance with current standards in that he failed to identify the correct site for surgery. The practitioner's records did not contain sufficient detail to ensure surgery was conducted at the appropriate site.
- A practitioner, acting as a locum, who performed surgery on a dog without ensuring effective administration of intravenous fluids and performing surgery despite inadequate facilities and equipment. It was the opinion of the Board that more aggressive therapy should have been instigated the day before surgery and postoperatively as the dog had a history of dark, foul smelling vomitus for 24 hours.
- A practitioner who failed to adequately label dispensed drugs and failed to present any record of the consultation, treatment or any procedure performed with respect to this particular dog. This practitioner also failed to provide validation or report CPD points.
- A practitioner who left two surgical swabs in the abdomen of a bitch after ovario-hysterectomy and tumour removal and also failed to investigate the cause of the dog's clinical deterioration post-surgery.
- Two practitioners who failed to investigate why a dog was clinically deteriorating post operatively after surgical removal of a large tumour on the hind limb at their practice. Some supportive therapy was provided but there were no records of investigation into the cause of this dog's deterioration. Records were found to be inadequate and hard to decipher.
- A practitioner whose investigation of a dog presenting with haemoabdomen did not meet current standards of care.
- A practitioner who failed to carry out a clinical examination of a horse with colic in accordance with current standards. This practitioner failed to determine a list of differential diagnoses and an appropriate treatment plan to enable him to base his professional decisions on evidence based science or well recognised current knowledge. The Board determined that he failed to offer timely referral. The practitioner's records failed to provide details of the consultation, procedures and treatment undertaken.
- A practitioner who failed to obtain the informed consent from the person responsible for the care of the animal for the extensive surgical procedure performed on a cat. The owner had

agreed to an exploratory laparotomy but not the invasive and complex surgery performed including resection of the duodenum and resection and reinsertion of the bile duct.

Two complaints were dismissed with recommendations:

- A recommendation was given to two practitioners investigating urinary problems in a dog. The Board recommended that they consider radiology as a rapid diagnostic test for urinary calculi.
- It was recommended to two other veterinarians that they revise their treatment regimes for stomatitis in cats. Long term corticosteroid treatment has been the norm in many practices but now specialists are available who can recommend and provide more definitive treatment for this common and debilitating condition.

For many practitioners, having a complaint made against them is a very disturbing event whether or not their treatment of an animal has been felt to be appropriate or not. Remember that many complaints can be defused at the start if someone in the practice issues an apology for an unsatisfactory outcome - saying sorry is not an admission of guilt. Many complaints are precipitated by the loss of a pet and the owner's distress, the lack of an explanation as to the possible causes and a perceived lack of support at the time of the incident, and the way the owner is then treated by the practitioner and staff in the period post- incident.

Registration Renewals

Registration fees (\$250) and Annual Returns are due by 31 May 2014 for the registration period 1 July 2014 to 30 June 2015. Please contact the Board if you have not yet received your offer of registration renewal.

Veterinary practitioners who reside in NSW are required to be registered with the Board. To register with the Board you must pay the registration fee (unless Honorary) and submit an Annual Return

CPD Audit

The Board conducted its first audit of Continuing Professional Development (CPD) point submissions by veterinary practitioners last year. A random list of 100 veterinary practitioners was created from our database. Quotas were placed on different employment areas to ensure the audit covered the breadth of the profession.

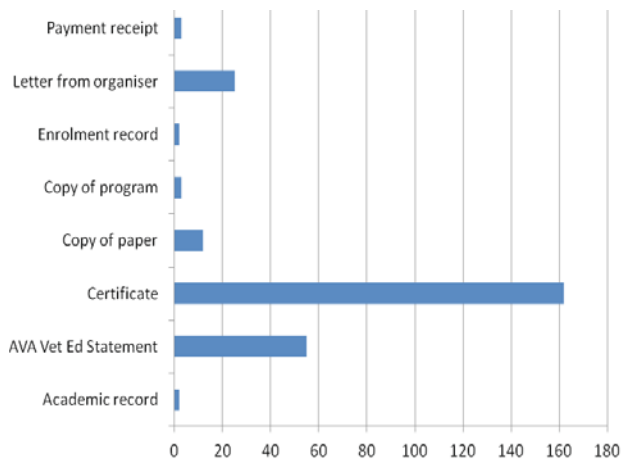
All veterinarians contacted were able to provide the required validation for their CPD points and there were some useful lessons for future audits:

- A small number of veterinarians could not be contacted. It is a statutory requirement that you advise the Board as soon as possible of any change to your contact details.
- Some CPD providers do not issue a certificate of attendance and as a result the Board accepted payment receipts as an alternative. For free seminars and lectures the Board strongly recommends that CPD organisers either issue a certificate to attendees or maintain an attendance record to avoid problems for participants.
- AVA Vet Ed Statements proved to be an efficient and effective method for validating CPD points.
- One CPD provider issued a certificate without a date and this provider was contacted to correct the problem. If you have a CPD certificate without a date please go through your records or check with the provider and write the date of completion on the certificate if possible.
- Ensure you keep records validating your CPD for 4 years. The Board plans to audit a random sample of veterinarians each year after completion of their three year CPD cycle.
- Many veterinarians reported completing significantly more CPD than the required minimum.

Figure 1 Reported CPD Activities



Figure 2 CPD Activity Validation Methods



Veterinary practitioners are all placed in a three year CPD cycle and must attain 15 structured CPD points and 45 unstructured CPD points during that cycle. CPD points are submitted by veterinary practitioners when completing their annual returns.

The Board plans to audit a random sample of 100 veterinary practitioners who have just completed their three year cycle each year to check compliance with CPD requirements.

Neuticles

Neuticles are artificial replacements for testicles in dogs and were invented by Gregg Miller of Missouri who was subsequently awarded an Ig Nobel Prize for medicine in 2005 for his efforts. (www.improbable.com)

The Board has considered the use of neuticles in castrated dogs with reference to obligations under the Veterinary Practitioners Code of Professional Conduct (Code). The Board has accepted the use of neuticles under the following circumstances:

1. Their use must not be for the purpose of deception (clause 6 of the Code)
2. Their use must not be for the correction of a genetic defect (clause 18 of the Code)
3. Implantation should be performed at the time of castration to minimise any adverse impact on the welfare of the animal (clause 2 of the Code)

Faculty of Veterinary Science - The University of Sydney

The Faculty has seen a busy start to the new year and is excited about the many highlights and achievements.

Teaching

The Faculty continues to develop the curriculum for our new, four year graduate entry program, the Doctor of Veterinary Medicine (DVM). This is an opportunity to further improve on the outcomes of our current program, and to ensure our graduates have the professional skills to address current local priorities as well as aligning with international developments in veterinary medicine and education. The Faculty has already identified several areas where we can improve our existing program to meet the changing needs of the profession and provide a superior learning experience for students. However, to ensure our graduates are career ready, we are seeking advice from the wider profession. If you would be interested in providing feedback or contributing in some way to our new DVM curriculum, please contact the DVM Curriculum Development Project Officer, Ms Lisa Ashley (email lisa.ashley@sydney.edu.au or phone 02 9351 8026).

The Faculty has 10 new residents in the Clinical Masters program for 2014 in the areas of small animal medicine, veterinary cardiology, small animal surgery, diagnostic imaging, veterinary pathology, ruminant medicine, equine surgery and equine veterinary science (exercise physiology and rehabilitation).

Research

The Faculty is undertaking some very exciting research which is leading the profession. A new publication has been produced which highlights some of our ground breaking research. This can be found on our website at: http://sydney.edu.au/vetscience/news/documents/2014_Research.pdf

Professor of Veterinary Orthopaedics, Ken Johnson, was recognized for his leadership with the World Small Animal Veterinary Association's Hills Pet Mobility Award and has just published a major new edition of the classic textbook: Johnson KA: Piermattei's Atlas of Surgical Approaches to the Bones and Joints of the Dog and Cat. This new edition included three new surgical approaches in the cat, as well as three new minimally invasive surgical approaches in the dog.

San Diego Zoo Global and the University of Sydney are collaborating to assist the endangered Tasmanian

Devil through the reintroduction and management of a disease-free population. Tasmanian devils have become increasingly threatened in the wild by the spread of a fatal cancer. Professor Kathy Below is leading this project and is focused on ensuring these populations will be managed in the best possible way to maintain the genetic diversity of the species. The Faculty has also established a new Koala Health Hub - Koalas throughout NSW and potentially nationwide will benefit from the establishment of this Hub. The funding of \$400,000 for the Hub is money contributed by members of the public in the 1980s, including bags of five cent coins from thousands of school children. Led by Dr Damien Higgins the Koala Health Hub is dedicated to supporting koala hospitals, veterinarians and researchers working to improve koala health and welfare, including the 950 sick or injured koalas hospitalised in NSW each year. The Koala Infectious Diseases Research Group and the Wildlife Health and Conservation Clinic in the Faculty of Veterinary Science have over 40 years of combined expertise in koala health and disease. The 2014 Beveridge lecturer will be Professor Ed Breitschwerdt from North Carolina State University. Professor Breitschwerdt is an expert in Bartonella and other "stealth" pathogens, and works within the One Health field. The lecture is on Friday August 1st with a reception from 5 – 6 pm and the lecture from 6 – 7.30 pm.

Hospitals

The Veterinary Teaching Hospitals are actively involved in the planning of the new DVM curriculum which will see earlier exposure for students to the clinics. The combined Clinical /Research Masters program has proved very popular with most clinical disciplines now covered. The Hospitals have been busy planning for much needed facility upgrades to maintain accreditation for those areas where the building infrastructure dates back to the 1960's. The "Animals in Need" fund has received generous philanthropic support over the past year to enable some animals in greatest need to receive lifesaving treatment.

Events


From March 17 – 20 a collaborative event with the Charles Perkins Centre, Marie Bashir Institute and the Sydney SouthEast Asia Centre held a conference on "Good Food, Good Health: delivering the benefits of food security in Australia and Beyond". This conference drew together academics and industry professionals locally and internationally to discuss and share ideas on the future of food production, ensuring food security, health and nutrition, food

systems and infectious disease, One Health approach and challenges around international food and nutrition security.

Graduation will be on Friday 23 May, 2014. There will be two ceremonies this year; one at 2.00 pm for Animal & Vet Bioscience, Postgraduate Research and Postgraduate Coursework and another commencing at 4.00 pm for BVSc and BSc(Vet). Following graduation there will be a reception for our Prize/Awards Ceremony. Students, graduates, families and our wonderful final year mentors are invited to attend. This year on the 6th June we will host the 2014 Alumni Awards Cocktail Reception where we will present awards to some of our remarkable alumni who have been not only been successful in their chosen career path, but instrumental in elevating the profession to new heights. This will follow the JD Stewart Lecture. This year the JD Stewart address will be presented by Professor David Raubenheimer. This year's Partners in Veterinary Education Conference will be held on Thursday 17th and Friday 18th July, at the Veterinary Science Conference Centre, Sydney campus. The conference's title this year is Essential Skills for Practice Success: Keeping your practice on the Sharp Edge of the Educational Roundabout. The program this year is aimed more at some of the new challenges in veterinary practice. We are fortunate to have Professor John August from Texas A and M University who is this year's Evelyn Williams Visiting Scholar and Emeritus Professor Paul Canfield as keynote speakers. Both are eminent clinical scholars in their own fields and both boast a keen and proven track record in teaching and mentoring junior clinical veterinarians over many years.

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Veterinary School at Charles Sturt University

The designers of the program at CSU adopted several distinctive features to differentiate the course. We covered the process of student selection in the last issue of Boardtalk.

Once students enter the program they face a 6 year course in a double degree format. This provides an exit point after the first degree, Veterinary Biology. The 12 teaching sessions include one summer session and so the program finishes in July, the students graduate in August and enter the job market. Every year several practices contact us in November, disappointed that they have missed out on employing a graduate.

A move to a DVM has been scoped but is on hold until the Government clarifies future funding for these degrees, which are the equivalent of a Masters level qualification. The accreditation outcomes are the same.

The curriculum is built around having all staff on a single campus, ready access to animals and clinics on the campus in Wagga, a large animal focus and a large number of cooperating practices that provide wonderful experiences for our students. The course is in 3 phases.

The first, which is the B Vet. Biol degree, covers foundation material (Anatomy, Physiology, Nutrition, Reproduction) as well as a Professional Practice theme and introductions to Pathology. The last component is an introduction to Problem Based Learning (PBL) including an emphasis on team work and problem solving. This approach is used to provide introductions to Microbiology, Parasitology, Pharmacology, Systems Pathology, Clinical Pathology and Diagnostic Imaging. Phase 1 also incorporates animal husbandry experience.

Phases 2 and 3 make up the BVSc degree. Phase 2 is based around PBL and clinical skills classes. PBL is an approach to learning used in many medical schools and increasingly in Engineering and Nursing. Several veterinary courses also use components of it to help integrate material or provide a case context. Other courses use case-based learning to make material more engaging than lectures.

PBL is a step further than case-based learning in that it is more student centred. It encourages group work and develops skills in finding data and evaluating information. Typically, a case is presented to students through timed disclosures during a week to simulate an investigation or clinical case. They use well defined approaches of situation analysis and clinical reasoning to work through the case and also decide what material they need to learn.

Like many student-based systems, this journey is more important than the destination. The feedback we get is that our graduates are better equipped than graduates from traditional courses for problem solving and gathering and using information. With regards to content, PBL plus the clinical skills workshops that accompany it in Phase 2 deal with all of the –ologies plus surgery and other clinical skills. PBL is also an excellent platform for learning about and integrating complex issues such as public health and professional contexts. Because the subjects are in blocks we can focus on a theme for a whole week and also bring in experts.

There are a number of PBL models, but ours emphasises team work and is arranged in such a way that the costs are no higher than didactic teaching. However, it presents challenges including in training staff to facilitate groups rather than teach them. The skill is in standing back and directing rather than being the ‘sage on the stage’.

Phase 3 is comprised of clinical rotations each of 3 weeks duration. Some are internal in CSU clinics, labs, specialisms and farms. Others are external. Of the external rotations some are in distributed practices where the School has a relationship and we oversee assessment. Others are of the seeing practice type which is more flexible. CSU provides international opportunities for some of these and several students have completed rotations overseas either in an official exchange or on an ad hoc basis. We also receive international exchange students.

Students who select the honours stream complete projects during the rotations and several have been published including in the AVJ. Students complete Phase 3 by passing capstone exams in July. These are a set of final exams held on the Wagga Wagga campus that include written, practical and oral assessments. External examiners are used and they help us in benchmarking.

Once the exams are over, the students plus their supporters and staff attend a dinner entitled ‘Welcome to the Profession’. It is a great way of both farewelling them and bringing them into the veterinary fold. To ease their path we are developing Phase 4 which is an online support and information package for graduates. Next time I’ll talk in more detail about workplace learning in the vet curriculum at CSU.

Professor Nick Sangster
Head of School, Charles Sturt University

Abandoned Animals

Veterinarians often call the Board's office seeking guidance about clients not returning to pick up treated animals. The Board provides the following information for veterinarians in these circumstances:

Prevention is best:

1. Firstly ensure admission forms and records include as many details as possible about the client such as home and work phone numbers (and not just a mobile) and a street address (not just a post office box).
2. Ensure as best you can that you are dealing with either the owner or a person responsible for the care of the animal.
3. Ensure that you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal. Informed consent must include the likely extent and outcome of the veterinary services and an estimate of the costs of those services.
4. Explain any payment policies adopted by your practice prior to admission.

Next steps:

1. If the animal has not been collected at the arranged time, attempt to contact the client by phone to politely inform them that their animal is now ready to go home.
2. If the client is reluctant to pick up the animal because of lack of funds you will need to discuss payment options (as above it is best to have a written policy on these and to communicate these earlier).
3. If you are able to work out a payment plan put this in writing and note the possibility of further action if the agreement is breached.

Further steps:

1. While the animal remains in your possession you have to feed, water and look after the animal and if you have chosen to hold the animal while awaiting payment then you are responsible for these costs.
2. If you are unable to contact the client by phone the next step is a letter posted to the address or addresses available. Provide details of the animal's progress, include a detailed account, payment option information if appropriate and invite immediate contact. The letter should also include a deadline after which date you will consider the animal to be abandoned.

If all the above fail and you are left with an abandoned animal the final step is to surrender the animal to the local pound.

Mental Health in the Veterinary Profession

New research examining the impact of euthanasia on mental health in Veterinarians

Recently, a research team at Macquarie University conducted the first investigation into the association between euthanasia-administration frequency and depressed mood and suicide risk. Five-hundred and forty veterinarians participated in the study from across Australia. The results found that the more euthanasia performed in a typical week the greater the risk of depressed feelings. While this might initially sound alarming, euthanasia frequency only explained a small amount of the variation in depressed mood. This indicates that there are some other very important factors that are critical determinants of wellbeing in veterinarians.

With respect to suicide-risk, a greater amount of euthanasia performed in a typical week actually *reduced* the risk of suicide in depressed veterinarians. Thus, rather than contributing to greater suicide-risk in depressed veterinarians, the highly frequent (>11 in a typical week) performance of euthanasia may be a protective factor against suicide risk in depressed veterinarians.

The findings highlight that the relationships between performing euthanasia, depression and suicide-risk are more complex than previously anticipated by authors in the area. First, euthanasia frequency appears to play a minor role, and is one of many factors, contributing to depression in veterinarians. The impact of euthanasia on depression is likely to be mitigated by more extensive preventative self-care training and appropriately targeted mental health support. These findings may also indicate that strategies used by veterinarians to manage the emotional labour of the euthanasia process are generally effective (e.g., emotional distancing).

The study can be found here:

Tran, L., Crane, M. F., & Phillips, J. K. (2014, March 17). The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians. *Journal of Occupational Health Psychology*. Advance online publication: <http://dx.doi.org/10.1037/a0035837>

How you can get involved with our new research:

Future research will be seeking to confirm these findings and to examine the reason that euthanasia plays a protective role in the emergence of suicide-risk. Moreover, given the fairly limited role of euthanasia in predicting depression the follow-up study will seek to investigate other factors that may play a greater

role in impacting the mental health of veterinarians. The research team have used the comments from veterinarians in the previous study to target particular factors considered to be creating distress in Australia's veterinarians.

Researchers from Macquarie University are again seeking your support for a further study. If you would like to participate in this confidential survey please go to the following link:

https://mqedu.qualtrics.com/SE/?SID=SV_ahrgbz6jt7UDAqx

Your participation is greatly appreciated.

Helpline for Veterinarians - DHAS (NSW)

Nearly 17 years ago veterinarian Dr Frank Doughty facilitated an arrangement with the Doctors' Health Advisory Service (NSW) Inc. to provide **confidential**, personal and health assistance to all members of the veterinary profession in NSW. The Veterinary Practitioners Board of NSW fully supports this service and continues to contribute towards its funding on behalf of the veterinary profession. Importantly **the Board never learns any identifying details about any veterinarian who calls this confidential service.** This is an independent and confidential service offering advice to doctors, dentists and veterinarians and to medical, dental and veterinary students in need of help.

A dedicated telephone service is available 24 hours a day: **(02) 9437 6552.**

Calls can come from practitioners themselves, their families, staff and professional colleagues.

Incoming calls are referred to one of the first call panel of senior medical practitioners, experienced in handling the health problems of colleagues and other health professionals. The caller might receive advice directly from this doctor or might be referred to one of a panel of DHAS specialists. Extreme care is taken to maintain confidentiality.

Once the caller enters into a formal doctor/patient relationship, whether with a first call panel doctor, a member of the DHAS specialist panel, or another medical practitioner, then the advisory role of the DHAS is completed – it is not a treatment service.

Calls generally relate to substance abuse (alcohol and other drugs), psychological or physical issues, financial

difficulties, or a combination of these problems. Each caller's problems are unique.

The DHAS (NSW) continues to be well-respected amongst professional colleagues and takes its rightful place as one of the leading health care advisory organisations in this state, if not Australia. We (the Board) aim to assist veterinarians to maintain full personal, professional and social capability. If this is possible, alternatives can be explored which enable veterinarians, with appropriate support and dignity, to function in their profession.

Helpline: (02) 9437 6552

- 24 hours -

Administrative Decisions Tribunal

Notice of Decision
General Division File Number: 133172
Veterinary Practitioners Board of NSW
(applicant)
v
Dr Susan Joy Hughes
(respondent)

At the hearing held on 22 November 2013 the following decision was made:

1. The Respondent is guilty of professional misconduct on the grounds particularised in the application filed by the Applicant on 29 May 2013.
2. The Respondent's registration as a veterinary practitioner is cancelled.
3. The Respondent cannot apply for registration as a veterinary practitioner for a period of 12 months from the date of these orders.
4. The parties to bear their own costs of the proceedings.

This case was referred to the Tribunal due to failure of the veterinarian to appropriately account for drugs of addiction and anabolic steroids (including contravening Order 1998/1 made under s 46 of the Stock Medicines Act 1989); supply of excessive doses of anabolic steroids to horses; use of anaesthetic regimes in horses that were not to current standards; and failure to ensure medical records were in sufficient detail to enable another veterinary practitioner to continue the treatment of animals.

Compounded Pharmaceuticals

The Board has endorsed the Australian Veterinary Association's Guidelines for Compounded Pharmaceuticals which was released late 2013.

With some restrictions under the *Poisons and Therapeutic Goods Act 1966* and the *Stock Medicines Act 1989* (most notably in relation to food producing species), the supply options for a veterinarian in NSW include a registered product for that animal species, a registered product for use in another animal species or humans or an unregistered product compounded by either a compounding pharmacy or veterinarian.

There are a few important points to consider under schedule 2 of the *Veterinary Practice Regulation 2013* (Veterinary Practitioners Code of Professional Conduct or Code) when considering the use of compounded pharmaceuticals:

- i. You may supply a compounded pharmaceutical for an animal that you have physically examined or have under your direct care and only in respect of that animal. You may also supply a compounded pharmaceutical with the written authority of a veterinarian who has physically examined an animal or has that animal under his or her direct care and only in respect of that animal (clause 20).
- ii. You must carry out procedures according to current standards and you must base professional decisions on evidence-based science or well-recognised current knowledge or both (clause 4). The Board is of the opinion that the current standards of veterinary practice suggest that a registered product should be the first choice when considering supply or prescribing options.
- iii. You must ensure you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal and this includes the likely extent and outcome of the veterinary services (clauses 7 and 16). It is important to ensure the client is aware of the likely risks and benefits surrounding the use of a compounded pharmaceutical.
- iv. You must obey any code or rule of an animal sporting organisation when working within that industry (clause 14). It is vital to ensure that the compounded product does not contain any substances prohibited under the rules of the relevant animal sporting organisation.

Finally, as detailed in the AVA's Guidelines, it is important to note that if a compounded product is provided by a compounding pharmacy (rather than the individual veterinarian) the pharmacy's label must not be obscured or removed. It is illegal in NSW for a veterinarian to place an additional label on prescription medicine dispensed by a pharmacy (this includes a compounded product).

Updates from the Department of Primary Industries NSW (DPI)

Stock Medicines News and Updates

Registrations and Permits are now much easier to find!

The Australian Pesticides and Veterinary Medicines Authority (APVMA) upgraded its search engines for both registrations and permits in 2012 and 2013. The website now provides a full list of products and permits, with links to copies of the labels and permits that is updated every 48 hours. The database of registered products (PUBCRIS) and the database of permits (Permits) can now be searched by host animal, pest or disease, product name, active name, and product number of registrant. An advanced search can search by product category, product type, registered state, poison schedule and formulation type. Your list of results can be sorted by product number, product name, product type and active ingredients.

PUBCRIS can be accessed at <https://portal.apvma.gov.au/pubcris> Permits can be accessed at <https://portal.apvma.gov.au/permits> both databases can be accessed from the website www.apvma.gov.au An app is also available to enable product and permit searches from your tablet or smart phone.

Mulesing lambs - Tri-solfen re-scheduled from S4 to S5

The Australian Department of Health has re-scheduled Tri-Solfen from S4 to S5, meaning that it can be sold over the counter without a veterinary prescription. The APVMA has approved the relevant changes to product labels and new S5 labelled products should appear in the marketplace soon.

Feeding and medicating poultry, pigs and cattle - Tylosin re-scheduled from S5 to S4

The Australian Department of Health has re-scheduled Tylosin from S5 to S4, meaning that it can no longer be sold in feed mixes, supplement or concentrate without a veterinary prescription. The APVMA have approved the relevant changes to product labels and new S4 labelled products should appear in the marketplace soon.

Permits

During 2013 there were quite a number of changes to veterinary permits that apply in NSW and these are provided in *Table 1 Veterinary Permits Changes 2013*.

*Jenene Kidston, Technical Specialist Farm Chemicals
NSW Department of Primary Industries, Biosecurity NSW
Phone: 02 6391 3625 Fax: 02 6391 3740 Email: jenene.kidston@dpi.nsw.gov.au*

Table 1 Veterinary Permits Changes 2013

Species	Old Permit	Current Permit	Description	Issued date	Expiry date
Horses	PER12231	PER14092	AUTOLOGOUS EQUINE STEM CELLS/ EQUINE / STRAIN INDUCED TENDON AND LIGAMENTS INJURIES	16-Apr-13	17-Apr-16
	PER10931	PER12891	Equiplas E Equine Immunoglobulin to Endotoxin / Horse / Treatment of Diseases and Conditions in Horses including Systemic Infection	12-Apr-13	12-Apr-15
	PER11897	PER13882	Triclabendazole / Camelids, ruminants and equines / Liver fluke.	1-Jan-13	31-Dec-15
Cattle	New	PER14660	Silirum Vaccine / Cattle / Immunisation against Mycobacterium avium subsp	25-Feb-14	25-Feb-15
	New	PER14243	Salmonella B Vaccine/ Cattle/ Salmonella enterica subsp bovis morbificans	14-Nov-13	14-Nov-15
	PER12880	PER14320	Andromed Culture Medium for Bull Semen / Bovine / Preservation of Semen	17-Aug-13	16-Aug-15
	PER12879	PER14319	Triladyl Bovine Culture Medium / Bovine (Ruminant) Spermatozoa / Preservation of Semen	17-Aug-13	16-Aug-15
	PER11897	PER13882	Triclabendazole / Camelids, ruminants and equines / Liver fluke.	1-Jan-13	31-Dec-15
Pigs	PER12829	PER14578	Custom inactivated E. Coli Vaccine / Pigs, Poultry including Chickens and Turkeys / Disease caused by the E. Coli	13-Jan-14	12-Jan-16
	PER13099	PER14482	Custom Salmonella Spp. / Poultry and Pigs / Protection against disease caused by Salmonella Spp.	16-Dec-13	15-Dec-15
	PER12170	PER13753	Custom Pig Pasteurella / Pig / Pneumonia	8-Feb-13	8-Feb-16
	PER12160	PER13756	Custom Pig HPS Vaccine / Pig / Pneumonia	7-Feb-13	7-Feb-16
	PER12167	PER13755	Custom Pig APS Vaccine / Pigs / Pneumonia	7-Feb-13	7-Feb-16
	New	PER14115	Stresnil Neuroleptic Injection for Pigs / Swine / Neuroleptic that produces predictable psychomotor sedation without narcosis after intramuscular administration.	10-May-13	10-May-14
Poultry	PER12829	PER14578	Custom inactivated E. Coli Vaccine / Pigs, Poultry including Chickens and Turkeys / Disease caused by the E. Coli	13-Jan-14	12-Jan-16
	PER13099	PER14482	Custom Salmonella Spp. / Poultry and Pigs / Protection against disease caused by Salmonella Spp.	16-Dec-13	15-Dec-15
	PER13246	PER14560	Autogenous Salmonella Vaccine for Poultry / Poultry / Salmonella	8-Feb-14	7-Feb-16
	PER8044	PER13928	Doxycycline / Grandparent breeding ducks / Chlamydiophila psittaci	12-Feb-13	12-Feb-15
	PER12171	PER13754	Custom Coryza/Cholera // Chickens // Fowl Coryza/Cholera	8-Feb-13	8-Feb-16

Species	Old Permit	Current Permit	Description	Issued date	Expiry date
Bees	PER14167	PER14167	Fluvalinate & Flumethrin / Beehives / Mites	1-Jul-13	30-Sep-15
	New	PER14087	Bayvarol Strips / European Honey Bees / Varroa and Tropilaelaps mites	11-Jun-13	31-Aug-15
	PER916	PER14053	Apistan / European Honey Bees / Varroa and Tropilaelaps Mites	11-Jun-13	31-Aug-15
Dogs and domestic animals	PER12799	PER14259	Mitotane / Dogs / Cushing Disease.	20-Dec-13	20-Dec-15
	PER13980	PER14333	Adaptil Collar / Dogs / Behaviour modification	10-Oct-13	10-Apr-14
	PER12755	PER14172	Ilium Methocarbamol Injection / Cats, Dogs and Horses / Skeletal Muscle Relaxant	8-Jul-13	8-Jul-15
	New	PER14095	Apex / Tramadol Hydrochloride / Dog's and Cat's / Acute and chronic pain / 20mg Tablets / 50mg Tablets	31-May-13	31-May-14
	PER8830	PER14236	Nobivac Rabies/ Dogs and Cats/ Vaccination of dogs and cats against Rabies virus	27-May-13	27-May-15
	New	PER13880	HomeoPet Storm Stress / Small Animal / Storm Stress Phobia	10-Mar-13	30-Jun-14
	New	PER13975	CaniPlus Chill Culture Medium for Chilled Canine Semen /Canine Spermatozoa / Preservation of canine semen	14-Feb-13	14-Feb-15
	PER12852	PER13747	Adaptil Spray / Dogs / Prevent Fear and Stress	1-Jan-13	31-Jan-15
	PER11222	PER13826	ETHYLOESTRENOL / FEMALE RACING GREYHOUNDS / PREVENTION OF OESTRUS WHEN IN TRAINING OR RACING	21-Jan-13	31-Jan-16
	PER12826	PER14213	OESTROTAIN ANABOLIC TABLETS FOR GREYHOUNDS / GREYHOUND / ORAL ANABOLIC STEROID FOR OESTRUS CONTROL IN GREYHOUNDS	7-Aug-13	8-Aug-15
Aquaculture	PER12212	PER14638	Benzocaine / Abalone & finfish / Sedation	26-Feb-14	25-Feb-16
	PER11729	PER14489	Formalin / Prawns, Shrimps, Crayfish, Fresh Water and Saltwater Finfish / Sessile Ciliates	15-Nov-13	14-Nov-15
	New	PER14486	Hydrogen peroxide / Abalone King Fish / Metazoan & Protozoan ectoparasites fungal infections	13-Nov-13	12-Nov-16
	PER12935	PER14396	Custom Fish Yersinia Vaccine / Fish / Septicemia	18-Oct-13	17-Oct-15
	PER12936	PER14395	Custom Fish Photobacterium Vaccine / Fish / Septicemia	18-Oct-13	17-Oct-15
	New	PER14289	Benzocaine/ Abalone/ Sedation or anethesia of the target animal	28-Aug-13	27-Aug-15
	PER11929	PER13800	Ovaprim (Domperidone) / Finfish broodstock / Induce spawning	1-Jan-13	31-Dec-15
Camelids	PER11805	PER13801	Camelplas Camelid Gamma Globulins / Camelids / Increase Gamma Globulin Levels	16-Jan-13	16-Jan-15
	PER11897	PER13882	Triclabendazole / Camelids, ruminants and equines / Liver fluke.	1-Jan-13	31-Dec-15
Sheep	PER11897	PER13882	Triclabendazole / Camelids, ruminants and equines / Liver fluke.	1-Jan-13	31-Dec-15

Veterinarian refuses to see a dog and bat

A veterinarian recently refused to examine a client's dog that had caught a bat and would not send the dead bat for Australian Bat Lyssavirus (ABLV) testing. The veterinarian said they could not touch the bat as they were not vaccinated and were not licensed to administer the rabies vaccine.

We are obliged to consider the welfare of animals at all times when practising veterinary science but at what risk to the staff?

Our work involves dealing with many zoonoses such as psittacosis and Q fever. We need to treat the animals affected and minimise the risks to humans. ABLV is the same - we need to manage the risks to animals and humans.

Recently, the owner of a North Queensland bat sanctuary was prosecuted by Workplace Health and Safety Queensland after he allowed members of the public and unvaccinated workers to have contact with the bats. He had not adequately warned them of the risk of ABLV.

There are an increasing number of bat/animal interactions occurring and veterinary practices need to be prepared. Practices should have procedures in place to deal with zoonotic diseases.

Managing ABLV risks in veterinary practices should be approached in the same way as other work health and safety risks. This would include:

- Ensure that only people who have current rabies vaccination have direct contact with bats (especially live bats). Veterinary practices may need to consider vaccinating staff.
- Provide suitable personal protective equipment (PPE) and ensure that staff know how to use it.
- Provide any information, training, instruction or supervision that is necessary to protect people from ABLV risks.
- Develop a protocol for managing

potential ABLV exposures, and provide appropriate first aid equipment and training.

- Educate staff about ABLV and how to manage bat/animal interactions, and be aware of the availability of rabies vaccine to veterinarians in emergency situations.

Please note that any registered veterinarian in New South Wales may apply for NSW Chief Veterinary Officer (CVO) permission to administer the rabies vaccine as a post exposure prophylaxis to animals that have interacted with bats.

By having the procedures and training in place beforehand, veterinary practices can avoid prosecution and address concerns regarding the safety of staff and clients.

NSW Department of Primary Industries website [Lyssavirus and other bat health risks \(http://www.dpi.nsw.gov.au/biosecurity/animal/humans/bat-health-risks\)](http://www.dpi.nsw.gov.au/biosecurity/animal/humans/bat-health-risks) has information about:

- Bats and Health Risks
- Australian bat lyssavirus
- Application for authorisation to use rabies vaccine
- Post exposure vaccination for Australian bat lyssavirus infection
- Australian bat lyssavirus (ABLV) guidelines for veterinarians

Reminder to check the Veterinary Practitioners Board website for biosecurity advice updates

To keep up to date with biosecurity issues in New South Wales, please regularly check the [Veterinarian News \(http://www.vpb.nsw.gov.au/page/Veterinarian_News\)](http://www.vpb.nsw.gov.au/page/Veterinarian_News) section of the Veterinary Practitioners Board website for recent Biosecurity Bulletins issued by NSW Department of Primary Industries (DPI).

New national employment agreement for private veterinarians working in Emergency Animal Disease (EAD) responses

What happens if we have a foot and mouth disease outbreak? Government will need private veterinarians to help. The equine influenza outbreak highlighted inconsistent employment rates and conditions used by different states.

The great news is there are new nationally consistent arrangements for the employment of private veterinarians in EAD responses. They were developed by a working group consisting of the AVA, government and private veterinarians. Veterinarians may be employed directly by the state government as temporary or casual employees, or as contractors. There are now guidelines about when a veterinarian should be engaged as an employee or contractor. All states/territories have agreed to three indicative salary levels based on the veterinarian's relevant training and experience and in line with Commonwealth awards. Rates of pay will be reviewed annually and increased according to changes in Commonwealth pay rates. The actual salary levels paid by each state will depend on their industrial award but will be as close as possible to the relevant Commonwealth salary levels. The current rates are between \$86,247 and \$109,584 per annum. For contractors the current rate is \$180 per hour excl GST.

Previous issues such as professional indemnity and insurance are also covered in the policy.

A national contract has been drafted and New South Wales is one of the first states to be ready to engage private veterinarians under this national agreement.

Further information is available in the following documents:

- [National guidance document](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0019/503227/national-guidance-document-vet-ead.pdf) on the Engagement of Private Veterinarians during an Emergency Animal Disease (EAD) Response (http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0019/503227/national-guidance-document-vet-ead.pdf)
- [Employment conditions for Private Veterinarians Engaged as Employees](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0020/503228/employment-conditions-vets-ead.pdf) during an Emergency Animal Disease (EAD) Response (http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0020/503228/employment-conditions-vets-ead.pdf)
- [Contract for Engaging the Services of Private Veterinarians](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0015/503232/employment-contract-vet-ead.pdf) during an Emergency Animal Disease (EAD) Response (http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0015/503232/employment-contract-vet-ead.pdf)
- [Frequently asked questions](http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/503229/faq-vets-engagement.pdf) (http://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/503229/faq-vets-engagement.pdf)

Are you storing, handling or using Cyclophosphamide to treat patients?

Cyclophosphamide is a hazardous drug used by veterinarians to treat cancer in animals. This cytotoxic drug is listed as a restricted carcinogen in Schedule 10 of the *Workplace Health and Safety Regulation 2011* and authorisation must be obtained for its therapeutic use.

Authorisation can be obtained by completing the Application Form which is available online from the WorkCover NSW website together with a Guide for Applicants:

<http://www.workcover.nsw.gov.au/FORMSPUBLICATIONS/publications/pages/application-authorisation-use-handle-store-restricted-prohibited-carcinogen.aspx>

The Hazardous Chemical Services team at WorkCover will provide written authorisation to use cyclophosphamide. There is no fee for the authorisation.

Copies of risk management procedures must be provided to support your application. This should include:

1. Procedures and/or summary on dispensing, administration and waste and spill management of cyclophosphamide and other cytotoxic drugs
2. Types of control measures (isolation/engineering/administrative/type of PPE) used to prevent and/or minimise cyclophosphamide and other cytotoxic drugs exposure for outpatient use, if applicable.

You must give written notice to WorkCover of **any change** in the information given in the authorisation application.

Current Notifications issued under the previous *OHS Regulation 2001* are valid till date of expiry:

for notifications acknowledged before 2012, they are valid for 5 years from the acknowledgement date

for notifications acknowledged in 2012, they are valid for 1 year from the acknowledgement date.

Veterinarians must show evidence of the authorisation to the supplier when they purchase cyclophosphamide. For information in managing the risks from exposure to cytotoxic drugs in veterinary practices, refer to chapter 12 in the WorkCover guide *Cytotoxic Drugs and related Waste 2008*:

http://www.workcover.nsw.gov.au/formspublications/publications/Pages/WC05633_CytotoxicDrugsandRelatedWasteRiskManagem.aspx

Hygiene & Toxicology Unit, Hazardous Chemical Services Team, WorkCover NSW

Tick Bites for People

Do you know the major consequences of tick bites for people? Have you heard of mammalian meat-induced anaphylaxis in people following tick bites?

Veterinary practitioners, when treating a tick-affected animal, are often asked by their clients about potential human hazards from tick bites. Do you have that type of information at your fingertips?

Ixodes holocyclus is well known as a cause of paralysis in animals but paralysis in humans due to this tick is usually limited to local effects of holocyclotoxin. Rarely, especially in children, the paralysis will be more severe.

What is more important in people is the concern over possible infectious disease transmission (e.g. Queensland Tick Typhus [*R. australis*] and Flinders Island Spotted Fever [*R. honei*]) as well as Lyme disease [Lyme borreliosis] and the increasingly prevalent local and systemic allergic reactions induced by tick bites.

The allergic reactions to tick bites can have serious consequences for people and may manifest as either large local reactions at the site of the tick bite, tick-induced anaphylaxis (an immediate IgE-mediated reaction to tick salivary proteins) and mammalian meat-induced anaphylaxis (an IgE-mediated reaction directed against alphagal which is typically seen several hours after mammalian meat ingestion).

The last condition is fascinating and still not fully understood. It is known that the bite of a tick in some people can lead to the production of an allergic class of antibody called IgE which binds to a carbohydrate present in muscle from non-primate mammals and New World monkeys. Sometimes a hive-like rash occurs in sensitized individuals, but in some people a dangerous generalised anaphylactic reaction occurs after ingesting mammalian meat.

TiARA (Tick-induced Allergies Research and Awareness) was established in 2013 at the Royal North Shore Hospital and is dedicated to assisting others in understanding these tick-related allergies. If you wish to find out more about these intriguing conditions, what the current guidelines for tick removal from people are, and what information you can provide to your clients then we recommend you visit www.tiara.org.au and www.allergy.org.au

Anabolic steroid ban in horse racing

Craig Suann
Official Veterinarian
Racing NSW

The Australian Racing Board (ARB) has introduced new Rules completely banning the use of anabolic steroids in thoroughbred racehorses in Australia, effective from 1 May 2014. Harness Racing Australia has also introduced a similar ban on the use of anabolic steroids in standardbreds, effective 1 May 2014.

The relevant rules of thoroughbred racing pertaining to the ban on anabolic steroids can be found following this advice. (Australian Harness Racing Rules enforcing the ban in that code can be found at http://www.harness.org.au/rules/ramend_14may.pdf).

The rules ban the use of “anabolic androgenic steroids” in Thoroughbred horses at any time from birth until retirement. There are no therapeutic exemptions of any kind. The ban applies to all unregistered and registered racehorses until their retirement as a racehorse. Horses of any age can be tested at any time and this includes when spelling and in training and racing. Further, any person, including a veterinarian, who either administers or attempts to administer an anabolic androgenic steroid to a thoroughbred horse at any time commits an offence under these rules.

There are many implications arising from the implementation of these rules, and to assist in their compliance, the following explanatory note is provided.

Which steroids are banned under these rules?

The new rules ban the use of “anabolic androgenic steroids” in Thoroughbred horses at any time from birth until retirement.

“Anabolic androgenic steroids” include those that are currently registered in Australia by the APVMA for use in horses, such as boldenone, ethylestrenol (in Nitrotain), methandriol, nandrolone, stanozolol and testosterone.

Exogenous anabolic androgenic steroids that are banned also include but are not limited to those listed in the WADA prohibited list, such as 1-androstenediol; 1-androstenedione; bolandiol; bolasterone; boldione; calusterone; clostebol; danazol; dehydrochlormethyltestosterone; desoxymethyltestosterone; drostanolone; fluoxymesterone; formebolone; furazabol; gestrinone; 4-hydroxytestosterone; mestanolone; mesterolone; metenolone; methandienone; methasterone; methyldienolone; methyl-1-testosterone; methylnortestosterone; methyltestosterone; metribolone; mibolone; 19-norandrostenedione; norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanazol; quinbolone; stenbolone; 1-testosterone; tetrahydrogestrinone (THG);

trenbolone; and other substances with a similar chemical structure or similar biological effect(s).

Endogenous anabolic androgenic steroids are also banned when administered exogenously, and include but are not limited to: androstenediol; androstenedione; dihydrotestosterone; prasterone (dehydroepiandrosterone or DHEA); and testosterone; and their metabolites and isomers.

Altrenogest (in, for example, *Regumate*) is still permitted to be used in fillies and mares to regulate their oestrus cycle.

Which horses are affected by these rules?

The use of anabolic androgenic steroids in thoroughbreds will be banned from birth. There are no time or therapeutic exemptions of any kind. The ban applies to all unregistered and registered racehorses until their retirement as a racehorse. Horses can be tested at any time and this includes when spelling and in training and racing.

How will compliance with this ban be enforced by Principal Racing Authorities?

Compliance with these rules will be enforced by Principal Racing Authorities through regular stable inspections, inspections of medications and medication records and regular out of competition testing of Thoroughbred horses, as well as through routine race day sampling.

Any registered horse that tests positive at any time for a banned anabolic androgenic steroid will not be eligible to trial or race for 12 months from the date of collection of the sample.

Any unregistered horse that tests positive at any time for a banned anabolic androgenic steroid will not be eligible to trial or race for 12 months from the later of a) the date on which the horse, having been registered, is allowed to start in a race or b) the date of collection of the sample.

Australian Rules of Racing relating to the banning of anabolic steroids (thoroughbred racing)

Addition to AR.1 as follows:

AR.1. "Anabolic Androgenic Steroid Clearing Certificate" means a certificate from an Official Racing Laboratory stating that a sample (taken under the supervision of the Stewards or other official appointed by the Principal Racing Authority to do so) is free of anabolic androgenic steroids or that any anabolic androgenic steroids that are present are at or below the relevant concentrations set out in AR.178C(1).

AR 15D.

This rule applies to all horses: born on or after 1st May 2014; and which are eligible to be registered under these Rules but have not yet been registered under these Rules.

The Stewards or other official appointed by the Principal Racing Authority may, at any time, direct that a horse be

produced to provide a sample to be analysed to determine whether any anabolic androgenic steroid is present in the system of the horse.

Where a horse is not produced to provide a sample as directed pursuant to AR 15D(2), that horse is ineligible to start in any race or official trial:

until at least 12 months after the latter of:

the date on which the horse, having been registered under these Rules, is allowed to start in a race under AR 45A (subject to any further conditions imposed by the Stewards in their discretion); and

the date on which the horse is in fact produced to provide a sample to be analysed to determine whether any anabolic androgenic steroid is present in the system of the horse; and only after an Anabolic Androgenic Steroid Clearing Certificate is provided in respect of a sample taken from the horse, such sample having been taken at a date determined by the Stewards.

Where a sample taken at any time from a horse has detected in it an anabolic androgenic steroid (other than an anabolic androgenic steroid which is present at or below the relevant concentrations set out in AR 178C(1)), that horse is ineligible to start in any race or official trial:

until at least 12 months after the latter of:

the date on which the horse, having been registered under these Rules, is allowed to start in a race under AR 45A (subject to any further conditions imposed by the Stewards in their discretion); and

the date the relevant sample was taken; and only after an Anabolic Androgenic Steroid Clearing Certificate is provided in respect of a sample taken from the horse, such sample having been taken at a date determined by the Stewards.

Any person must, when directed by the Stewards or other official appointed by the Principal Racing Authority, produce, or otherwise give full access to, the horse so that the Stewards or other official appointed by the Principal Racing Authority may take or cause a sample to be taken and analysed to determine whether any anabolic androgenic steroid is present in the system of the horse.

For the avoidance of doubt and without limitation, sub-rule (5) requires an owner, lessee, nominator and/or trainer to produce the horse, or otherwise give full access to the horse, even if the horse is:

under the care or control of another person; and/or located at the property of another person.

Any person who fails to produce, or give full access to, a horse to provide a sample as required by sub-rule (5) may be penalised.

Amendment to Rule 177B(2):

AR.177B(2).

(r) anabolic androgenic steroids (other than an anabolic androgenic steroid which is present at or below the relevant concentrations set out in AR.178C(1)),

(s) metabolites, artifacts and isomers of any of the substances specified in paragraphs (a) to (r).

Amendment to Rule 177C:

AR.177C. In the case of the presence of testosterone (including both free testosterone and testosterone liberated from its conjugates) above a mass concentration of 20 micrograms per litre being detected in a urine sample taken from a gelding prior to or following its running in any race it is open to the Stewards to find that the provisions of AR.177 or AR.178H do not apply if on the basis of the scientific and analytical evidence available to them they are satisfied that the detected level in the sample was of endogenous origin or as a result of endogenous activity.

Amendment to Rule 178C:

AR.178C. (1) The following prohibited substances when present at or below the concentrations respectively set out are excepted from the provisions of AR.178B and AR.178H:

Amendment to Rule 178G:

AR.178G. In the case of the presence of testosterone (including both free testosterone and testosterone liberated from its conjugates) above a mass concentration of 20 micrograms per litre being detected in a urine sample taken from a gelding prior to or following its running in any race it is open to the Stewards to find that the provisions of AR.178 or AR.178H do not apply if on the basis of the scientific and analytical evidence available to them they are satisfied that the detected level in the sample was of endogenous origin or as a result of endogenous activity.

New Rule 178H:

AR.178H. (1) A horse must not, in any manner, at any time, be administered an anabolic androgenic steroid.

(2) Any person who:

- (a) administers an anabolic androgenic steroid;
- (b) attempts to administer an anabolic androgenic steroid;
- (c) causes an anabolic androgenic steroid to be administered; and/or

(d) is a party to the administration of, or an attempt to administer, an anabolic androgenic steroid, to a horse commits an offence and must be penalised in accordance with AR 196(5).

(3) Where the Stewards are satisfied that a horse has, or is likely to have been, administered any anabolic androgenic steroid contrary to AR.178H(1), the Stewards may prevent the horse from starting in any relevant race, official trial or jump-out.

(4) When a sample taken at any time from a horse has detected in it an anabolic androgenic steroid the horse is not permitted to start in any race or official trial:

(a) for a minimum period of 12 months from the date of the collection of the sample in which an anabolic androgenic steroid was detected; and

(b) only after an Anabolic Androgenic Steroid Clearing Certificate is provided in respect of a sample taken from the horse, such sample having been taken at a date determined by the Stewards.

(5) Any owner, lessee, nominator, trainer and/or person in charge of a horse registered under these Rules must, when directed by the Stewards or other official appointed by the Principal Racing Authority, produce, or otherwise give full access to, the horse so that the Stewards or other official appointed by the Principal Racing Authority may take or cause a sample to be taken and analysed to determine whether any anabolic androgenic steroid is present in the system of the horse.

(6) For the avoidance of doubt and without limitation, sub-rule (5) requires an owner, lessee, nominator and/or trainer to produce the horse, or otherwise give full access to the horse, even if the horse is:

(a) under the care or control of another person; and/or

(b) located at the property of another person.

(7) Any person who fails to produce, or give full access to, a horse to provide a sample as required by sub-rule (5) may be penalised.

(8) In respect of a horse registered under these Rules, where an owner, lessee, nominator, trainer and/or person in charge of a horse is in breach of sub-rule (5), the relevant horse will not be permitted to start in any race or official trial:

(a) for a period of not less than 12 months following the day on which the horse is in fact produced to the Stewards, or full access to the horse is otherwise given to the Stewards, so that a sample may be taken and analysed for anabolic androgenic steroids; and

(b) only after an Anabolic Androgenic Steroid Clearing Certificate is provided in respect of a sample taken from the horse, such sample having been taken at a date determined by the Stewards.

Amendment to Rule 196(5):

AR.196(5). Where a person is found guilty of a breach of any of the Rules listed below, a penalty of disqualification for a period of not less than the period specified for that Rule must be imposed unless there is a finding that a special circumstance exists whereupon the penalty may be reduced:

AR64G(1)(a) – 12 months

AR83(d) – 2 years

AR84 – 2 years

AR135(d) – 3 years

AR175(aa) – 5 years

AR175(h)(i) – 3 years

AR175(hh)(i) – 2 years

AR177B(6) – 2 years

AR178E – 6 months

AR178H(2) – 2 years

For the purpose of this sub-rule, a special circumstance is as stipulated by each Principal Racing Authority under its respective Local Rules.

Craig Suann
Official Veterinarian
Racing NSW

Meet the New Board Members

Geoffrey Gibbons

Geoffrey graduated from the University of Sydney in 1970. He has practised in large and small animal practices as an associate, manager, locum or principal in Australia and in the UK and was admitted to Membership of the Australian College of Veterinary Scientists in Canine Medicine in 1981. An Internal Medicine/ Emergency & Critical Care Residency at Tufts University, Grafton MA between 1985-1990 resulted in qualification for ACVIM and led to a Fellowship of the Royal College of Veterinary Surgeons in 1991 and an appointment as Locum Internist at the Goddard Veterinary Group in London.



In Walcha, he ran a hydatid control campaign for the State Government and Local Council and in Canberra held a Federal Ministerial appointment to the Health Services Council of the then Capital Territory Health Commission and served as president of the Canberra & Districts branch of the AVA.

Known unofficially as the “grandfather of Emergency Medicine in Australia”, he served for two years as a Membership examiner in Emergency and Critical Care for the Australian College of Veterinary Scientists, and then as Head Examiner for another six years. Geoff was chairman of the Anaesthesia and Emergency Medicine Chapter when this discipline was first introduced by the College.

In 2010, he sold his practice to take up a Senior Lectureship at CSU and follow two great loves - medicine and teaching Veterinary students. He has a keen interest in Veterinary ethics and law, having acted as an ‘expert’ for law firms, barristers, a state Veterinary Board and members of the public. He has taught part of final year Veterinary jurisprudence for the last two years along with a barrister from Sydney.

Appointment to the NSW Veterinary Practitioners Board will enable him to contribute further to the Profession he loves and is committed to.

Ian Russ

Ian graduated from the University of Sydney with a BAgr in 1973 and BVSc in 1978. He completed his MANZCVS studies in the Medicine of Dogs in 1986, and gained his Diploma in Business Management from the Australian Institute of Management in 1992.



Ian has worked at The Warringah Animal Hospital in Cremorne and later became a partner at Ku-Ring-gai Veterinary Hospital, Turramurra. He is now the principal veterinarian of 4 Paws Vet in Neutral Bay which he owns along with his wife Suzy. 4 Paws Vet is an accredited teaching hospital for veterinary interns from the University of Sydney.

Ian is a member of the AVA, NSW Division of the AVA, ASAVA, The University of Sydney CVE and the ANZCVS.

Ian served as the Veterinarian on the Zoological Parks Board of NSW from 1988 to 1994 and was Director of Veterinary Services at Taronga Zoo from 1994 to 1996. During this time he was Chairman of the Zoological Committee, the Animal Care and Ethics Committee, the Exhibited Animals Advisory Committee and represented the Board in Zimbabwe, the USA and Indonesia.

The number of committees Ian has served on include the AVA and the NSW Division of the AVA, including Ethics and Complaints, PI and PL insurance, Superannuation, Pesticides and Chemicals, and practitioner meetings. He also served on the committee of the Small Animal Medicine Chapter of the ANZCVS.

Ian was a member of the Board of the University of Sydney Veterinary Teaching Hospital from 2002 -2006.

Companion Animals (Amendment) Act 2013 - The Key Changes

The following key changes to the *Companion Animals Act 1998* commenced on 18 November 2013:

1. Significant increase in council powers and penalties to enforce lifetime cat and dog registration.
2. Significant increases to penalties in relation to dog attacks, particularly where the attack is the result of an owner's recklessness.
3. Creation of a clearer dog control framework within the Act to provide a broader range of graduated options for councils to use to deal with dogs ranging from issuing dog nuisance orders through to making a menacing or dangerous dog declaration.
4. New power for councils to declare a dog as 'menacing'.
5. New power for councils to immediately seize a dog for the purpose of microchipping and registration where a notice of intention has been issued to declare the dog as menacing, dangerous or restricted so the dog can be traced.
6. Increased powers for Local Courts in relation to menacing and dangerous dogs. However, no appeal is possible to the Local Court against a menacing dog declaration.
7. New power for councils to seize and destroy dangerous dogs.
8. Removal of the exemption that previously allowed recognised breeders to sell unmicrochipped companion animals to pet stores.
9. An increase to the maximum fee for issuing a certificate of compliance for a prescribed enclosure for a classified dog from \$100 to \$150.

Where to go for further information

- *The Companion Animals Amendment Act 2013* is available on the NSW Legislation website at www.legislation.nsw.gov.au under repealed legislation (the changes have been incorporated into the *Companion Animals Act 1998*)
- The updated Guideline is available on the Division's website at www.dlg.nsw.gov.au

Annual General Meeting

The Annual General Meeting of the Board will be held the evening of 18th November 2014. Notification will be sent to all NSW registered veterinary practitioners in October and further information will be placed on the Board's website prior to the meeting

Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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Dr John Alexander (2012-2014)
Dr Georgina Child
Dr Geoffrey Gibbons (2014-2015)
Dr Andrew Hansen
Dr Jacob Michelsen (2012-2014)
Mrs Lisa Minogue
Dr Ian Russ (2014-2015)
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.