

# Boardtalk

December 2015

Issue 43



## President's Report

This edition of Boardtalk is a very special one for me personally as it is my first as the new President of the Board. How did this happen?

The term of the previous Board ended on 30 June 2015 and the new Board was appointed by the Governor of NSW on 5 August 2015. The first meeting of the new Board was held on 18 August 2015 and at that meeting I was honoured to accept the role of President.

Four members of the previous Board either did not seek or were not eligible for appointment to the current Board: Mrs Bronnie Taylor consumer representative (s 77(2)(c)); Dr Jacob Michelsen Ministerial selection (s 77(2)(b)); Dr Geoffrey Gibbons representing Charles Sturt University (s 77(2)(a)(iv)); and Dr Ruth Thompson representing rural veterinarians (s 77(2)(a)(iii)). It was a genuine privilege to serve on the Board with Bronnie, Jacob, Geoff and Ruth. All made significant and valuable contributions to the Board over the previous term. Personally I grew as a Board member and veterinarian as a result of the time I spent with these outstanding people. The retirement from the Board of Dr Ruth Thompson however represents a particularly significant event in the history of the Board.

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*President's report continued*

Ruth was a member of the Board (both the Veterinary Surgeons Board and the Veterinary Practitioners Board) for 16 years including her service as President from 2009 to 2015. Her knowledge of Board functions and processes and her dedicated service to the Board and our profession provide a rare and outstanding example of public service. The Board, and especially the new President, will miss her leadership, wisdom and attention to detail and we wish her well for the future.

It was with profound sadness that the Board noted the passing of Dr Andrew Hansen in June. Andrew was first registered as a veterinary surgeon in NSW on 1 January 1968 and over a long and distinguished career made significant contributions to the profession and the local community of Orange. Andrew was appointed to the first Veterinary Practitioners Board in 2006 and resigned due to ill health during his third term in June 2014. On a personal level, Andrew became a friend and mentor during my time on the Board, and I continue to miss his insight and wisdom.

During the year the Board focused on implementing its program of inspections of unlicensed veterinary premises, improvements to its website and refinement of its health program for veterinarians.

The cycle of inspection of licensed premises (hospitals) will begin again in the 2016 financial year and will now integrate with inspections of unlicensed premises (on-site and house call veterinary services and consulting rooms). Most unlicensed premises in NSW have now been inspected thanks to the efforts of our Hospital Inspector Glenn Lynch.

The Board's website remains an important method for communication with the profession and the public and underwent a significant re-development in 2015. In addition to improved functionality, including becoming mobile friendly, the website now allows veterinarians to login and change their details, pay their renewal fees and submit their annual returns. Forms

have been re-designed to be more user-friendly and there is more detailed information available to the profession and the public including guidelines, policies and statistics.

Research continues to highlight a higher rate of suicide in the veterinary profession than in the general population and other professions. The distress of a personal friend suffering depression and resorting to suicide has touched my life, and drives my personal ambition that our Board does everything within its legal ambit to help lessen the impact of this most difficult scourge on our profession. The Board adopted the framework of the Doctors' Health Program developed by the Medical Council of NSW in 2010 and has been refining the implementation of a Health Program for Veterinarians.

The Health Program is designed to assist veterinarians with physical and mental conditions which may detrimentally affect their ability to practice. The goal of this program is to support veterinarians to safely continue to contribute to the profession where possible. The Board continues to provide support to veterinarians through its contribution to the Doctors' Health Advisory Service.

Finally, I would like to thank all the Board members and staff for their valued contributions which continue to ensure the effective and efficient performance of Board functions.

Wishing you and your families a very Happy Christmas and a Happy New Year.

Dr Mark Simpson  
President



## From the Registrar's Desk

This time last year I outlined our plans to change the website to 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

I feel we have achieved those aims and we have received some good feedback. I have been told the main problem with the new website is having to remember yet one more login and password. Unfortunately this is currently the only way we can provide the additional functionality with all the necessary confidentiality and security.

Your [login](#) is the email address we have on our database and if you forget your password you can just click on the 'forgotten your password?' link. A link will be sent to the email address on our database to enable you to create or re-create your password.

Please use the login to keep your email address and other contact details with the Board current so we can contact you.

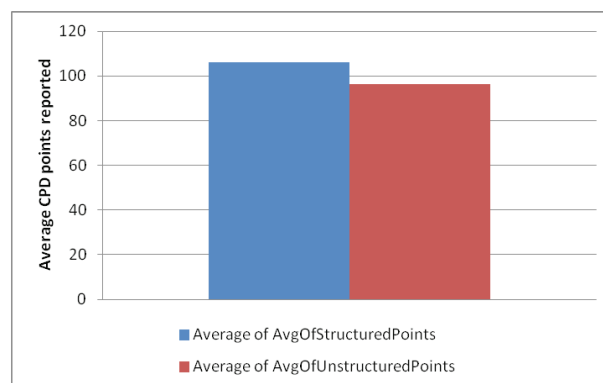
The [Annual Report for 2015](#) is available from our website (Resources). I would particularly like to thank Dr Anne Fawcett this year for providing the photos. This publication is all completed in house and we are able to keep the costs to just a few dollars for the two copies (black and white) required by parliament.

The Board has collected a great deal of information about the profession over many years and this is a good time to remind you

all that data collected about the demographics of the profession are available in each of our annual reports.

In addition, if you haven't found it yet there is also a [Statistics](#) page under the Resources tab of the new website which summarises some registration, licensing, complaint and CPD data.

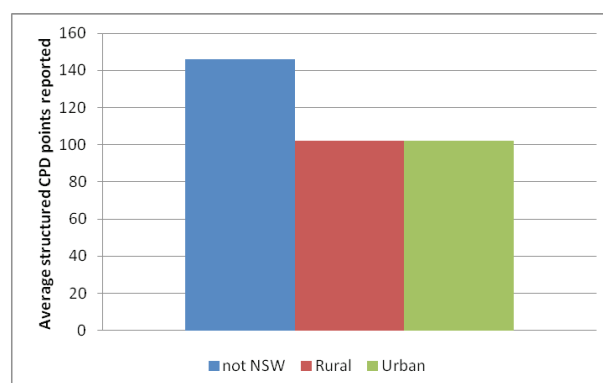
*Figure 1 Average number of CPD points reported for all completed cycles*



The CPD data are based on the completed 3 year cycles since the introduction of compulsory CPD. The summary shows that on average veterinarians are reporting the completion of more structured than unstructured CPD points (see Figure 1).

It is also interesting to see that around 7 times the required amount of structured CPD is reported on average over the 3 year cycle and the average amount of structured CPD reported is the same for rural and urban veterinarians (see Figure 2).

*Figure 2 Average number of structured CPD points reported by location for all completed cycles*



So what about gender, specialists and unstructured points? [Take a look!](#)

Finally as another year passes by I would like to take this opportunity to thank Mary, Clare, Des and Glenn for their on-going hard work and support over the last year. It has been a busy year with a number of complex complaints, a new Board and changes to the website and database.

Wishing you a safe and Happy Christmas.

*John Baguley*  
*Registrar*

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## **From the Hospital Inspector's Car**

### **Every 4 years!**

Yes, every 4 years...that is the time frame in which the Board wants veterinary hospitals routinely inspected.

As you are aware, I am employed on a permanent casual basis. My role is to inspect hospitals, mobile practices, those practices that don't legally require a licence (no surgery) and to conduct investigations as required. Sometimes investigations are for matters relating to offences by lay persons. The *Veterinary Practice Act 2003* regulates the practice of veterinary science (not just by registered veterinarians).

As I reported to the new Board at the November 2015 meeting, my inspections have changed emphasis slightly over the last few years. The compliance part is obviously a process that is built into an inspection - checking for compliance with the Board's minimum standards for a licensed veterinary hospital or requirements of a mobile practice providing

veterinary services to the public. I have now inspected all the licensed hospitals in New South Wales, some of them a few times. Issues that may be called the 'big investment items', such as flooring, animal accommodation/cages, equipment, or even new facilities have mostly been resolved, although some are ongoing.

Aspects such as Board expectations regarding various record keeping requirements, S8 storage and recording, PAR (S4) dispensing protocols, Annual Return requirements including CPD, after hours availability, specialist referrals, the Board's website functions, complaint handling processes, the Veterinary Practitioners Code of Professional Conduct and the legislative functions of the Board are some of the specific matters often discussed at a deeper level.

When I conduct an inspection, my role is essentially the interface between the Board and veterinarians in private practice. I approach it as more of a collegial meeting than an authorised regulatory inspection under the legislation.

It is a very good opportunity for practitioners to discuss with me any uncertain conceptions or to clarify the Board's general thoughts regarding issues within its domain. My previous experience as Registrar has provided me with a level of understanding where I can usually answer most enquiries - so I invite you to make the most of my visit!

A 'self assessment checklist for licensed veterinary hospitals' and 'checklist for house call and on-site veterinary practices' can be found under 'Resources' then '[Guidelines](#)' on the Board's excellent website – [vpb.nsw.gov.au](http://vpb.nsw.gov.au)

Other useful documents found at the same place are; 'Responsibilities of a Veterinary Hospital Superintendent' and the 'Veterinary Practitioners Code of Professional Conduct'. Every veterinary hospital should have all the above documents at hand as reference material.

Merry Christmas to all.

**Glenn Lynch**  
Hospital Inspector / Investigator

## The Complaints Committee Report

The Board has reviewed and determined 33 complaints made against veterinarians in the last six months. Of these, one case was withdrawn, 21 complaints were dismissed, 2 complaints were dismissed with a recommendation made, 8 veterinarians were found guilty of unsatisfactory professional conduct and cautioned, and one veterinarian was found guilty of unsatisfactory professional conduct and reprimanded.

Of the veterinarians found guilty of unsatisfactory professional conduct:

1. A specialist small animal surgeon was cautioned and fined due to a failure to obtain consent from a person responsible for the care of the animal before performing a surgical procedure.
2. A veterinarian was cautioned and fined as a result of not performing stifle surgery in a dog to current standards.
3. A veterinarian was cautioned for failure to obtain clear consent for the euthanasia of a dog from a person responsible for the care of the animal when it was presented after a motor vehicle accident.
4. A veterinarian was cautioned for failure to secure restricted drugs in a vehicle in an area accessible to the public.
5. A veterinarian was cautioned and fined as a result of prescribing restricted drugs to a dairy farm for the treatment of animals that were not under his care, providing restricted drugs that were not labelled as required by the Poisons and Therapeutic Goods legislation and failure to keep a medical record of any consultation and dispensing of restricted drugs that would enable another veterinarian to continue treatment.
6. A veterinarian was cautioned as a result of failing to diagnose and treat to current standards a cat presented with pelvic limb paralysis associated with aortic thromboembolism.
7. A veterinarian was cautioned as a result of advising that a bitch was not

pregnant when the diagnostic modality used was not a reliable indicator of pregnancy at the possible gestation indicated by the bitch's last mating date.

8. A veterinarian was cautioned and fined after the death of a young dog during anaesthesia where the combination and doses of drugs used were not recommended, and advised against, in anaesthesia and pharmacology texts.

The veterinarian found guilty of unsatisfactory professional conduct, reprimanded and fined had written prescriptions for drugs to be supplied by a pharmacist in the name of an animal with the knowledge that the drugs were for the use of a person.

The Board has the power to dismiss a complaint against a veterinarian but offer a recommendation to assist with preventing similar issues and the Board provided two recommendations during the last six months:

1. A recommendation to seek assurance that clients are aware of hospital policies in relation to body disposal. In this case a body was released for cremation after 48 hours in accordance with hospital policy but the owner, despite having signed a consent for euthanasia, had not confirmed their wishes for the dog.
2. A recommendation to ensure communications regarding treatment options, including referral, and any financial constraints be included in the animal's medical record.

Complaint investigation is invariably stressful for veterinarians involved. The process of investigation can be long. The Complaints Committee aims to be impartial and provide both the complainant and veterinarian with an opportunity to submit information pertinent to the complaint. Information is shared between the complainant and veterinarian to assist the investigation process and improve each party's understanding of the circumstances.

Outside expert opinion is sought on occasion when deemed helpful and when the subject of the complaint is beyond the experience of the board members.

The findings from investigations by the Complaints Committee are presented to the entire Board and the Board is responsible for making a decision. The Board can accept the recommendation from the Complaints Committee, alter the recommendation after further discussion, or direct a re-examination of the complaint by the Complaints Committee. The Board may dismiss the complaint, find the veterinarian guilty of unsatisfactory professional conduct, or find the veterinarian guilty of professional misconduct. When a veterinarian is found guilty of unsatisfactory professional conduct the Board will issue a caution or a reprimand (more serious). The Board is also able to fine veterinarians up to \$5,000.

The Board may impose conditions on a veterinarian's registration after a complaint investigation in order to restrict their practice or to try to address any deficiencies such as a requirement to complete specific continuing professional development courses.

If a veterinarian is found guilty of professional misconduct the Board will issue a reprimand or if sufficiently serious seek removal of the veterinarian from the Register by referring the matter to the NSW Civil and Administrative Tribunal (NCAT). The latter typically involves misconduct of a nature that makes a veterinarian's continued practice a risk to the welfare of animals, the public interest, public health, or national and international trade requirements.

A summary of [complaint statistics](#) is available from the Board's website.



## **Don't be fooled by fraudulent prescriptions**

Vets are able to supply drugs on the written authority of another veterinarian who has examined the animal or has that animal under his or her direct care. If you receive a written request to supply drugs there are a few steps you should take to ensure the authenticity of the 'script':

- The written authority should be on the vet's letterhead
- The format should be similar to a prescription
- As you are responsible for the supply and you are effectively supplying as if you had physically examined the animal or had the animal under your direct care you need to
  - Make sure you create a client record for this supply and that you retain this record for at least 3 years
  - Make sure a therapeutic basis for supply has been established
  - Make sure the drug being supplied is appropriate for the therapeutic need, for the species and that the dose rate is appropriate
  - Make sure the client is aware of any administration issues (for example with food) or possible interactions
  - Make sure you fulfil labelling requirements as you would under more usual circumstances of supply
- The name and the registration number of the vet providing the written authorisation must be clear
- You must check the registration status of the vet with the relevant Board (some may be interstate) prior to supply
- For NSW registered vets use the Board's [website](#) or call 02 8338 1177

Don't forget ..It is appropriate to contact the vet who has provided the authority to discuss the case given the above requirements and you must do so if you have any concerns about the case or supply.

## Vets and Stray Dogs and Cats

The Office of Local Government is encouraging vets to become Approved Persons. Approved Persons are able to carry out online searches of the Companion Animals Register 24 hours a day, 7 days a week specifically for the purpose of re-uniting cats and dogs with their owners.

For people working in veterinary practices becoming an Approved Person is voluntary and the potential costs and benefits should be carefully considered.

If you choose to become an Approved Person you must submit an Application Form and once approved you must comply with the Guidelines for Approved Persons to Access the Register. The [Application and Guidelines](#) are available from our website.

*What should I do if I am presented with an **un-injured stray cat or dog?***

If you are an Approved Person you can search the Register to try to find the owner. If you are unable to contact the owner within 72 hours you must contact the Council to arrange for delivery of the animal to the Council Pound.

If you are not an Approved Person you need to contact the Council to facilitate the cat or dog being returned with its owner as soon as possible.

*What should I do if I am presented with an **injured cat or dog?***

If the animal is injured you must provide first aid treatment, timely referral to another veterinarian or euthanasia as appropriate. The latter requires you to take the animal under s 26AA of the *Prevention of Cruelty to Animals Act 1979* and is only possible if the animal is so severely injured, diseased or in such condition that it is cruel to keep it alive.

Should you consider euthanasia the best course of treatment you should maintain complete records of the injury/illness to document the reason for your decision.

Should first aid be required the animal could be returned to the Council pound when ready.

Have you checked for a microchip? Again, if you are an Approved Person you can search the Register for the purpose of re-uniting the animal with its owner and then discussing the injuries you have been presented with.

If you cannot establish ownership of the animal or if there is some discrepancy you should notify Council as soon as practicable.

If the animal is deceased and has a microchip it would be appropriate to report this to the Council as the owners will often call the council looking for their pets.

*What should I do if I am presented with a dog or cat that is not a stray?*

The Board is aware that animals seized by police may be presented to veterinarians due to various circumstances being faced by their owners such as hospitalisation and incarceration.

You are not obliged to accept these animals. If you would like to assist animals with seeking refuge in these circumstances you may consider discussing such cases with the police, local animal shelters and the local Council Pound.

For further information on injured and un-injured strays see our [previous article](#) from Boardtalk May 2013.

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## Brucellosis suis in dogs in NSW

*Brucella suis* has been detected in dogs from northern NSW and veterinarians should remain alert to the possibility of this disease. It is important to remember that this is a notifiable disease in NSW and that infected dogs are a potential source of infection for people.

You should consider brucellosis as a differential diagnosis in dogs used for pig hunting, dogs bred for pig hunting or dogs fed raw pig meat. The range of signs for this disease includes:

- Fever
- Enlarged testicle/s
- Enlarged prostate
- Back pain
- Lameness
- Vomiting
- Lethargy
- Enlarged lymph nodes
- Haematuria

The DPI has put together a great deal of information including an information sheet for clients plus guidelines for veterinarians. These can be found at <http://www.dpi.nsw.gov.au/biosecurity/animal/humans/brucellosis-in-dogs>

## Health of our veterinarians

Sometimes veterinarians have health concerns which can negatively impact on their colleagues, their family, their business and even their patients. While the Board has a legislated role to protect the public and the animals under a veterinarian's care, the Board is also committed to assisting veterinarians facing these difficulties. The Board has developed a [Health Program for Veterinarians](#). The goal of this program is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board.

What sort of health issues are we talking about? It might be mental health concerns such as those rising from personal trauma or loss, marriage breakdown, domestic violence, depression and overwhelming sadness, episodes of mania or misuse of prescription drugs or illicit drugs. Addiction to alcohol or gambling might be a concern.

- 1 Veterinarians with health problems or veterinarians and staff who are concerned about a veterinary colleague can call the **Doctors' Health Advisory Service (NSW) on (02) 9437 6552 (24 hours)**. This is a confidential service staffed by a trained team of qualified doctors. The Board and your family or your friend in trouble will not know you have called.
- 2 If a work colleague is behaving in a way that is of concern to you the Medical Council of NSW has the following advice:
  - If you believe you can deal with the matter try to arrange a private meeting, tell the veterinarian what you have noticed and why you are concerned, and ask them to consult with an appropriate medical practitioner or call the Doctors' Health Advisory Service.
  - If you are not sure you are able to deal with this matter discuss your concerns with a senior colleague in the practice.
- 3 You can call the Board and discuss the general principles of case with the Registrar. The

Registrar will give you advice of a general nature as to the available assistance and you need not identify the person you are calling about.

- 4 You can call the Registrar and tell him of your personal situation if you are struggling with any of these issues. You will find the Board keen to help you before a complaint is made and the supportive Health Program can be explained to you. Confidentiality about your situation is paramount.

So, if you have ever had a concern about your own health or the health of a veterinary colleague or staff member there is support available from a number of sources including the Board.

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## New appointments to the Veterinary Practitioners Board

### Kylie Parry

(Representing vets in rural areas)

Dr Kylie Parry graduated from the University of Queensland in 1993 and worked in various mixed practices throughout the Eastern States until finally settling in north-west NSW in 2002. Together with her vet husband Scott and loyal staff, she has derived great satisfaction from seeing the one-man Coonamble Vet Surgery grow into a thriving five vet mixed practice now called NorthWest Vets. Amongst this hard work, Kylie was fortunate enough to squeeze in a family Gap Year living in the UK in 2011. Kylie was a part of the inaugural intake of the Graduate Certificate in Vet Practice Management in 2000. She has a longstanding commitment and passion for rural vet practice and rural communities. Kylie has presented to colleagues on the subject of women in rural vet practice, and is an active member of the Orana branch of the AVA.

Away from vet practice, Kylie loves a good holiday, good food, keeping fit, quilting and community volunteer work. Being mum to her two wonderful teenage daughters, Tessa and Emma, keeps her busy!

She feels privileged to be appointed to the Board to represent rural veterinarians.



## **Steven Ferguson**

(Ministerial appointment)

Dr Steve Ferguson graduated from the University of Sydney in 1998 with a BVSc. Initially Steve worked for a short time in mixed practice in Cootamundra before returning to Camden where he remains as a partner, with his wife and three other partners, in four small animal practices servicing outer South West Sydney.

Along the way Steve has obtained an MVS in small animal medicine and surgery from Murdoch University and Cert IV in Veterinary Practice management from University of New England.

Steve has been an AVA member since before graduation and remains very active within the AVA at the local branch level as Highlands branch secretary and a long stint on the NSW division executive where he has served as AVA NSW State President in 2012-13 and as policy councillor. During this time Steve has been a strong advocate for the AVA and profession on issues including regulation, companion animal management, welfare and continuing education. Steve is married to fellow veterinarian Kirsty and has three young children. He lives with a large menagerie of horses, sheep, cows, alpacas, chooks, cats and dogs along with whatever Kirsty brings home next.

Steve is looking forward to the challenge of serving our profession on the Veterinary Practitioners Board.

## **Julia Beatty**

(Representing vets in academia)

Dr Julia Beatty is Professor of Feline Medicine, Associate Dean of Clinical Sciences and Head of Small Animal Medicine at the University of Sydney.

After graduating from the Royal Veterinary College, Jules worked for the RSPCA then completed a PhD and post-doctoral studies on feline immunodeficiency virus at the University of Glasgow.

Jules is a Fellow and past-President of the Feline Chapter of the Australia and New Zealand College of Veterinary Scientists and an RCVS recognized Specialist in Feline Medicine.

Her group's clinical research focuses on infectious diseases, particularly infectious causes of cancer. Jules was awarded a Thompson Fellowship from the University of Sydney in 2012 and is the 2014 recipient of the ASAVA Award for Scientific Excellence. She teaches veterinary students, provides CPD internationally and contributes to the clinical services at the Valentine Charlton Cat Centre.

Jules shares her life with her partner Vanessa and two rescue cats.

## **Wendy Cochrane**

(Ministerial appointment as consumer representative)

Mrs Wendy Cochrane comes to the Board as a consumer representative with a wealth of large animal experience and a background in Risk and Compliance Management, including 5 years as the Compliance Officer for a Work Health Safety Registered Training Organisation. She brings a solid understanding of legislative requirements, and believes accountability and continuous improvement are a major part of moving forward for any organisation.

Having grown up on a sheep and cattle property at Cassilis NSW, Wendy has spent the majority of her life around animals. She is heavily involved with the Berrima and District Pony Club, has worked in the UK as a polo groom, was a member of the Inglis Thoroughbred Auctioneer team for 4 years and currently works for Hindmarsh Stock and Station Agents in Moss Vale. Wendy is married to Harley and they have two great children Georgie and Hamish, both of whom compete in equestrian events, Georgie reaching national level this year which was very exciting.

Wendy is looking forward to the challenges of representing the consumer interests on the Board. She sees education as a major tool in getting the message across to the consumer on veterinary practices and procedures.

## Training non-veterinarians to perform euthanasia

The Board does not provide accreditation to non-veterinarians for the purpose of administering euthanasia solution.

Whilst the administration of an anaesthetic agent (and therefore euthanasia solution) is a restricted act of veterinary science, the *Veterinary Practice Act 2003* provides a number of exemptions including the act being performed by a person under direct supervision of a veterinarian, by the owner of the animal or by an employee of the owner of the animal.

When not being performed under the direct supervision of a veterinarian the main issues become possible breaches under the *Poisons and Therapeutic Goods Act 1966* and the *Prevention of Cruelty to Animals Act 1979*.

If you are approached to provide training to non-veterinarians to perform euthanasia there are a number of issues you need to consider including:

1. Is the person who will be performing the procedure the owner of the animal or an employee of the owner of the animal? If not, this procedure must be performed by a veterinarian or under the direct supervision of a veterinary practitioner.
2. What training do you need to provide, how will you provide the necessary training, how will you assess competency and will your assessment of competency be considered sufficient by the appropriate regulator (NSW Health)?
3. If you provide training involving animals what are your obligations under the *Animal Research Act 1985*?
4. What are your responsibilities under work health and safety legislation?
5. What are your obligations under poisons and therapeutic goods legislation?
6. What are your obligations under veterinary practice legislation?
7. What is your liability in the event of misadventure?

In order to lawfully possess the euthanasia solution the non-veterinarian must become an authorised person under the *Poisons and Therapeutic Goods Act 1966* (s 16(1)(d)). Possession of pentobarbitone sodium for the purpose of euthanasing animals is covered under the *Poisons and Therapeutic Goods Regulation 2008* (cl 65). Accordingly, the non-veterinarian must be nominated by the council of a local government area or an animal welfare organisation.

An application to become an authorised person would be assessed by NSW Health and their application form outlines the training required. The form is available from their [website](http://www.health.nsw.gov.au/Pages/default.aspx). (<http://www.health.nsw.gov.au/Pages/default.aspx>)

Given the complexities involved the Board recommends that you seek legal advice prior to agreeing to provide training for non-veterinarians to perform euthanasia.

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## Employing a veterinarian

If you are employing a veterinarian it is essential that you check their registration status first. Use the 'Find a Vet or Hospital' button on the homepage of our website to [search](#) for their details on the Register. If you cannot find them double check the spelling of their name (it is best to just put in the last name) or call the office. If the person is registered in another state or territory of Australia you will need to contact the relevant Board to check their current registration status. Under NRVV [National Recognition of Veterinary Registration] veterinarians registered in another Australian state or territory have deemed registration in NSW and could start work straight away. Once they are resident in NSW for 3 months the veterinarian would need to register in NSW as their home state.

## Social media and Veterinarians

Social media, like Facebook and Twitter is now part of daily life. When used effectively social media can be a great platform to educate, market and inform our clients and a wider audience but great care is needed.

Veterinary practitioners need to exercise extreme care when commenting on social media to ensure they maintain professional standards. Specifically, they must abide by their obligations under the Veterinary Practitioners Code of Professional Conduct (Code) when placing comments on social media, including but not limited to:

1. Ensuring the foundation of their comments is a primary concern for the welfare of animals
2. Ensuring their comments are based on evidence-based science or well-recognised current knowledge and practice or both
3. Ensuring their comments do not mislead or deceive in such a way as to have an adverse effect on the standing of any veterinary practitioner or the veterinary profession
4. Ensuring their comments maintain confidentiality of information obtained during the course of their professional practice.

For example, the Board is of the opinion that commenting on the management of a case by a colleague without first obtaining a full understanding of the facts surrounding that case is problematic and may lead to a breach of the Code.

Very clear guidelines should be put in place for the content and use of business social media accounts. Proper informed consent must be obtained to use photographs and to discuss individual cases.

The medical profession has created a [guide for doctors and medical students](#) which veterinarians may find useful.

## After hours care of patients

or “Who will look after my pet when you are closed?”

The answer to this simple question by a veterinary practitioner may be the touchstone upon which confusion and misunderstanding begin, and in some cases this can develop into a full-blown complaint to the Board. Attention to detail, clear and unambiguous communication, and adequate medical record keeping all have a role to play in ensuring no such problems arise.

Enquiries and complaints from members of the general public to the Board have been constant in the last few years where issues associated with the answer to this question have been critical. There are very specific sections of the [Veterinary practitioners’ code of professional conduct](#) that indicate aspects of a veterinary practitioner’s responsibility in this circumstance, including clause 2 (Welfare of animals must be considered), and clauses 5 (Utilisation of skills of colleagues), 6 (Professional conduct), 7 (Informed consent), 8 (Availability to care for animal), and 9 (Referrals and second opinions). It is essential that all veterinary practitioners in NSW are familiar with the code of professional conduct, which is Schedule 2 of the Regulations that addend the *Veterinary Practice Act 2003*. The code is available under resources (legislation) on the Board’s website.

It has long been a commonly accepted practice within the veterinary profession for animals to be hospitalised after hours, most often not fully supervised. There is no argument that many animals have benefited enormously from such hospitalisation. There is a vast range of medical and surgical conditions where after hours hospitalisation will play a key part in treatment or recovery. These range from simple convenience situations to critical care cases where movement of the animal may pose significant risk. There is no blanket rule as to what is *right* in cases of hospitalisation after a veterinary hospital is closed. Each case is affected by factors unique to that case, and several options may represent appropriate levels of care. The veterinary practitioners must make that judgement.

Clearly the Board is not seeking after hours supervision in all veterinary hospitals and recognises that even in quite large regional centres there may be no dedicated after hours or emergency veterinary hospital.

It should be noted the complaints tend to arise when owners find there were options in major centres that they were not informed about.

The client has a right to be fully informed. You should consider discussing, when appropriate, the benefits that the specific form of after hours hospitalisation may provide to the animal and owner, the level of supervision that will or could be provided during hospitalisation, the various other options available, and the costs of these various options. It is the veterinarian's responsibility to ensure the client's right to be fully informed is satisfied.

Options may include (but are not limited to):

- (a) no supervision – animal left unattended;
- (b) minimal supervision – scheduled supervised visits by veterinary or nursing staff during the hospitalisation period;
- (c) constant supervision – veterinary or nursing staff to provide constant supervision throughout the hospitalisation period;
- (d) referral to another facility e.g. an after hours emergency centre;
- (e) owner taking the animal home to provide supervision.

Discussion and agreement to any of these options and the associated costs constitutes informed consent, and should be noted in the medical record. Once the client has been informed of the hospitalisation option(s) available to them at the practice, and has given their informed consent, the registered veterinary practitioner is responsible for ensuring the conditions of the chosen option are met. If for unforeseen reasons the chosen option can no longer be met, then a new round of communication and choice must be initiated. Please don't assume that, "I thought the client knew that nobody would monitor the animal during the night".

As veterinarians we are dealing with a more sophisticated and knowledgeable general public, with higher and higher expectations. The major consequence of this change is the imposition of higher standards of communication on veterinarians - a challenge our profession meets admirably in almost all circumstances!

### **Hospital licence renewals**

From 2016 the Board will be issuing hospital licence renewals via email to the Hospital Superintendent. The Board asks that the Superintendent ensure that these reach the owners of the hospital if required. If you are a hospital superintendent please make sure the Board has your current email contact details. If you are no longer a hospital superintendent please let us know and we will contact the licence holders. You can update your contact details anytime using the Vet Login function on our website.

**Doctors Health Advisory  
Service Helpline  
02 9437 6552  
24 hours**

**LIFELINE  
24 hour Crisis Support:  
Suicide Prevention  
131114**

## News from the Department of Primary Industries

### Review of Agricultural and Veterinary Chemical Regulation in Australia

The Australian Department of Agriculture and Water Resources is proposing major changes in the way that AgVet chemicals are regulated in Australia. Consultation with industry and government is now underway. The first phase of consultation commenced in April 2015, the second phase commenced in October 2015 and the third phase is proposed for early 2016.

The Australian Department of Agriculture and Water Resources has published nine papers on proposing the following reforms;

1. Using overseas decisions as a basis for registration
2. Scope of regulation
3. Removing efficacy assessments
4. Removing trade assessments
5. Crop Grouping
6. Contestable provision of assessment services
7. Streamlining import and export regulation
8. APVMA CEO as a poisons scheduling delegate and
9. Outstanding issues with legislation

Copies of the papers, more detail about the proposed reforms and an opportunity to provide comment are available at: <http://www.agriculture.gov.au/ag-farm-food/ag-vet-chemicals/better-regulation-of-ag-vet-chemicals>

The Australian Pesticides and Veterinary Medicines Authority (APVMA) also consult with industry, government and other stakeholders regularly on AgVet chemical issues. Open and past consultations are available at: <http://apvma.gov.au/news-and-publications/public-consultations>

### Changes to product labels

As companies register new products and new uses for veterinary medicines the changes are published in the APVMA Gazette each fortnight.

To subscribe or to access past copies go to: <http://apvma.gov.au/news-and-publications/publications/gazette> Some of the most recent changes are listed below.

#### 1. Equivac HeV Hendra virus Vaccine for Horses

Each one mL of Equivac HeV Hendra virus vaccine for horses contains  $\geq 100\mu\text{g}$  G-Protein[sG]. Hendra Virus 0.1mg/mL thiomerson is added as a preservative. **Label** – [Equivac HeV Hendra Virus Vaccine for horses](#)

#### 2. Coopers Tasvax 5in1 vaccine for sheep, cattle and goats

Active: 5.0 U/mL *Clostridium perfringens* Type D toxoid, 2.5 U/mL *Clostridium septicum* toxoid, 3.5 U/mL *Clostridium novyi* Type B toxoid and inactive cells, 2.5 U/mL *Clostridium tetani* toxoid. Meets Ph.Eur. *Clostridium chauvoei* toxoid and inactivated cells **New Use** – To remove seasonal vaccination for pulpy kidney disease, to include swelled head in rams as a separate disease and other minor label changes **Label** – [Coopers Tasvax 5in1 Vaccine for Sheep, Cattle and Goats](#)

#### 3. Y-Tex Agressor Cattle Ear Tags

Active: 80 g/kg abamectin, 180 g/kg piperonyl butoxide **New Use**: to extend use to dairy cattle (including lactating dairy cattle). **Label**: [Y-Tex Agressor Cattle Ear Tags](#)

#### 4. Skin Traction

Active: 70 g/L sodium lauryl sulphate. **New Use**: intradermal sclerosing agent in sheep over 12 months and heavier than 30 kg to increase the bare area around the breech.

### Antimicrobial Resistance Strategy 2015 – 2019

Antimicrobials are antibiotics, antivirals and antimalarials. At the moment resistance to antimicrobials is increasing faster than new drugs can be developed. This means that human and animal health professionals and the community must develop other strategies to reduce the rate of antimicrobial resistance development. In June 2015, Australia's first antimicrobial resistance strategy 2015 – 2019 was released by the Minister for Health the Hon

Sussan Ley MP and the Minister for Agriculture the Hon Barnaby Joyce MP. <http://www.agriculture.gov.au/SiteCollectionDocuments/animal-plant/animal-health/amr/responding-threat-antimicrobial-resistance.pdf>

The strategy advocates seven clear objectives:

1. Increase awareness and understanding of antimicrobial resistance
2. Implement effective antimicrobial stewardship practices across human and animal health care
3. Co-ordinate national One Health surveillance of antimicrobial resistance and usage
4. Improve infection prevention and control
5. Develop a national research agenda
6. Strengthen international partnerships and collaboration
7. Establish and support clear governance arrangements

Currently the best way we know to minimise antimicrobial resistance is to restrict use of antimicrobials to treatment of identified infections in animals. It is also important to employ good hygiene and other prevention strategies in human and animal health care. More recent and detailed information titled 'Surveillance and reporting of antimicrobial resistance and antibiotic usage in animals and agriculture in Australia' can be found at: <http://www.agriculture.gov.au/SiteCollectionDocuments/animal-plant/animal-health/amria.pdf>. Further detail and references are also available at: <http://www.agriculture.gov.au/animal/health/amr>

Contact: Jenene Kidston, Technical Specialist  
Farm Chemicals  
Phone: (02) 6391 3625, Email: [jenene.kidston@dpi.nsw.gov.au](mailto:jenene.kidston@dpi.nsw.gov.au)

**New PCR test for *Brucella suis* in dogs**  
NSW DPI is developing a PCR for brucellosis testing of dogs. This test is expected to give more accurate results than the existing RBT & CFT serological testing. The State Veterinary Diagnostic Laboratory at EMAI invites veterinarians to submit samples to validate the PCR test.

Suitable samples from seropositive (RBT & CFT) dogs include:

- Blood in EDTA
- Urine in sterile specimen jar
- Saliva swab in PBGS
- Genital fluid in sterile specimen jar
- Preputial /genitourinary swab in PBGS
- Fresh Tissue – testicles, uterus, foetus or foetal membranes
- Joint fluid in sterile specimen jar

Samples from seronegative and inconclusive dogs include:

- Blood in EDTA
- Saliva swab in PBGS
- Preputial /genitourinary swab in PBGS

**DPI will cover the cost of transport and testing of these samples at the SVDL.**

Any additional costs (e.g. sample collection, surgical procedures etc.) are the responsibility of the veterinarian/dog owner. Samples must be transported by the Department's preferred couriers to qualify for subsidy. Information on couriers, packing and sending samples can be found under 'Laboratory Submissions' at: <http://www.dpi.nsw.gov.au/biosecurity/animal/info-vets>.

For further information on sample collection visit

<http://www.dpi.nsw.gov.au/biosecurity/animal/humans/brucellosis-in-dogs>

Contact: Veterinary Officer Orange  
Phone: 02 6391 3717, Email: [biosecurity@dpi.nsw.gov.au](mailto:biosecurity@dpi.nsw.gov.au)

## 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 2015						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	21 Open	22 Open	23 Open	24 Open	25 Closed	26 Closed
27 Closed	28 Closed	29 Open	30 Open	31 Open		
JANUARY 2016						
					1 Closed	2 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

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## A Class Hospital is misleading

**If you are still advertising your practice or making reference to your practice being licensed as an A or B or C Class Hospital you must stop.** Either you haven't kept abreast of the legislative changes or you are using terminology which is false, misleading and inappropriate.

Changes to licensing of hospitals since the introduction of the *Veterinary Practice Act 2003* include:

1. The defined classes of hospitals (A, B and C) in the previous legislation were removed as were the tightly controlled terms surgery, clinic and hospital. All licensed premises are referred to as hospitals under the *Veterinary Practice Act 2003*.
2. The Board relinquished the role of approving Distinguishing Names. Prior

to 2006 the Board had strict policies concerning the approval of names prior to any registration with Fair Trading. The Board has not controlled distinguishing names for more than 6 years. When you register your business name you now contact ASIC on <http://www.asic.gov.au/business-names> or the ASIC Client Contact Centre on 1300 300 630.

It is however important to note that the Board considers the name of hospitals and veterinary practices in relation to compliance with the *Veterinary Practice Act 2003* and Veterinary Practitioners Code of Professional Conduct. The Board has developed the policy [Business Names for Veterinary Practices](#) to assist the profession in this regard. This covers the use of comparative terms and specific terms such as hospital, clinic, surgery, specialist and referral.

## Reporting illegally kept non-native animals in NSW

### Why are vets being asked to assist in managing pest animals?

Because veterinary practitioners are often involved in looking after the health and well-being of people's pets, they are occasionally called upon to treat non-native (non-indigenous) species. Non-indigenous animals are regulated in NSW to ensure their biosecurity risks are appropriately managed. For this reason, if you become aware of unusual animals in the wrong place or illegal activities such as the unlicensed movement, keeping, breeding and sale of controlled category non-indigenous animals it is important that the NSW Government is notified as soon as possible. Your action could help to protect the NSW environment, economy and your local community from the negative impacts of introduced pest animals.

### Balancing a vet's responsibilities and obligations

Veterinarians often have to balance a variety of responsibilities and obligations when determining the most appropriate course of action to take with respect to the animals in their care. The Veterinary Practitioners Code of Professional Conduct covers responsibilities including professional conduct and client confidentiality whilst legislation such as the *Stock Diseases Act 1923* and the *Animal Diseases and Animal Pests (Emergency Outbreaks) Act 1991* include obligations for vets to inform authorities of notifiable diseases.

Under section 11 of the *Non-Indigenous Animals Act 1987* (NIA Act) it is an offence for a person, (including a vet) to take charge of or keep a controlled category non-indigenous animal. For this reason, vets are asked to balance their professional and legal obligations when becoming aware of or treating controlled category non-indigenous animals. Options for appropriate action from a vet may include:

- informing the client of the need to be licensed to keep controlled category non-indigenous animals,
- providing notification of animals with known or suspected **notifiable animal diseases**,
- providing notification of known or suspected controlled-category non-indigenous animals where client confidentiality will not be breached e.g. where the information provided is not obtained during the course of a veterinarian's professional practice.

### Why does NSW Government regulate the keeping of non-indigenous animals?

On mainland Australia, at least 73 non-indigenous animal species have established wild populations including 25 mammal species, 20 species of birds, four species of reptiles, one amphibian species and at least 23 freshwater fish species. Notable examples of established non-indigenous pest animals include the cane toad, fox, cat and rabbit. However, there are many other less common non-indigenous animals which can cause adverse impacts on agriculture and the environment through the disruption or displacement of native plants and animals. In NSW non-indigenous animals have contributed significantly to the extinction of at least 26 species of native mammals, 12 species of birds, 2 species of fish and 1 species of reptile.

The impact of non-indigenous animals on Australian agriculture is estimated to be greater than \$1 billion per annum through impacts including disease transmission, predation and competition for resources. Indirect impacts of non-indigenous animals include the spread of infectious diseases such as rabies, foot and mouth disease and Herpes simian B virus.

### Restricted animals

In NSW the movement and keeping of many non-indigenous animals is restricted and managed under legislation administered by



NSW Department of Primary Industries (NSW DPI) and NSW National Parks and Wildlife Service (NPWS). The list of restricted species includes mammals, reptiles, amphibians and some birds. It is illegal to keep many non-indigenous species in NSW without an appropriate licence and penalties for breaches include heavy fines and imprisonment.

#### **Examples of restricted non-indigenous animal**

- Hedgehog
- Monkey
- Squirrel
- All non-indigenous reptiles

#### **Examples of non-indigenous animals that can be kept in NSW (subject to local government guidelines)**

- Dogs
- Cats
- Horses
- Goats
- Rabbits
- Guinea pigs
- Mice
- Rats
- Ferrets
- Selected non-indigenous birds

#### **Report restricted non-indigenous animals to the NSW Invasive Plants and Animals Enquiry Line: 1800 680 244**

Movement, keeping, breeding and sale of any restricted non-indigenous species without the appropriate authority can be reported to NSW Government through the NSW Invasive Plants and Animals Enquiry Line on 1800 680 244. Protecting wildlife, agriculture and the community from invasive pest species is crucial for the long term health of the environment and the NSW economy.

#### **Further information:**

Further information is available by contacting NSW DPI at [www.dpi.nsw.gov.au](http://www.dpi.nsw.gov.au) or the NSW NPWS at [www.environment.nsw.gov.au](http://www.environment.nsw.gov.au)



## **Policies and guidelines**

The Board has a number of policies on registration, hospital licensing and complaint processing as well as accompanying guidelines to assist with interpretation of these policies.

Policies and guidelines are available from the Resources page on our website.



## **Statistics**

The Board releases a number of statistics including the number of veterinarians registered in NSW, the number of hospitals in NSW, the number of complaints processed each year, the percentage of complaints dismissed and many more in relation to performing its functions. Under the Resources tab on the website is a page called Statistics. You can find answers to such questions as:

- What is the average number of structured CPD points reported by vets from rural NSW?
- How many complaints were processed by the Board in 2015 and how many of these were dismissed?
- How many registered veterinary specialists are there in NSW?





## **Important Notice to Owners and Trainers Regarding FORMALDEHYDE**

Racing NSW Stewards are aware of the existence of compounded injectable products for horses containing the substance formaldehyde. Apart from being a prohibited substance, formaldehyde is also known to be toxic and potentially carcinogenic when given by injection, raising serious welfare concerns for horses administered formaldehyde by injection. There are no APVMA-registered veterinary products for injection that contain formaldehyde as their principal active ingredient, although a local compounding pharmacy was identified as having produced an injectable product containing 10% formaldehyde for use in horses. There are other unregistered injectable veterinary products such as Bio- Bleeder and Kentucky Green that have been found to contain formaldehyde and other aldehydes.

**Effective forthwith, RNSW Stewards notify trainers that injectable products containing formaldehyde are totally banned in racing, whether for in- or out-of-competition use, and their presence in a racing stable would constitute an offence under AR80E.** Furthermore, race day and out-of-competition samples will be tested for the presence of formaldehyde. Serious penalties will apply to the finding of such products in a racing stable, or the detection of formaldehyde in a sample taken from a horse on race day.

Furthermore, trainers are again warned of the dangers of having on their premises and using on their horses any unregistered products, particularly those for injection. Many of these products are not properly labelled, do not list their active ingredients, and may be contaminated with other prohibited substances, including those listed in AR.177B(2).

**R P Murrphy  
Chairman of Stewards  
6<sup>th</sup> October 2015**

## Rule banning all injections to Racehorses within one clear day before racing

Dr Craig Suann  
Official Veterinarian  
Racing NSW

Veterinarians, trainers and other thoroughbred racing industry participants should be aware of Australian Rule of Racing AR.178AB that became effective from 1 October 2015.

[This Rule](#) prohibits injections of any type in horses during the One Clear Day prior to racing.

The new rule in thoroughbred racing makes it an offence for any person (including a trainer, anyone else in charge of a racehorse or a veterinarian) to insert a hypodermic needle into a horse within the one clear day prior to a race.

By way of example, if a horse is racing on a Saturday, the last time that the horse may be injected is midnight on the Thursday night prior to the race. The horse must not be injected on the Friday or at any time on the Saturday prior to the running of the race.

The one clear day ban on injections prior to racing includes, but is not limited to, the administration by injection, whether intravenously, intramuscularly, subcutaneously or any other route, of the following medications and substances:

- intravenous infusions, fluids and electrolytes;
- vitamin and mineral supplements;
- haematopoietic (blood building) agents;
- all Schedule 4 Prescription Animal Remedies and Prescription Medicines for injection; and
- any other agents for administration by injection.

Note that the timing of the administration of many injectable products will be determined by the detection periods for the prohibited substances contained in those products. In most cases, the detection periods will be in excess of the one clear day prior to competition.

For the purpose of proving a breach of AR.178AB, it is not necessary to establish what (if any) substance was injected, or was attempted to have been injected, into the horse.

Importantly, under the new rule, a person must not, without the permission of the Stewards, insert a needle into a horse for the purpose of blood sampling for health and fitness assessment during the one clear day prior to competition.

The obvious exception to the Rule is the collection of official pre-race or out-of-competition blood samples at the direction of the Stewards for the purpose of drug analyses.

Racing NSW has [protocols](#) in place to facilitate requests from trainers to collect blood samples for health checks on the day before a race in certain circumstances.

**Doctors Health Advisory  
Service Helpline  
02 9437 6552  
24 hours**

**LIFELINE  
24 hour Crisis Support:  
Suicide Prevention  
131114**



*"I heard the bells on Christmas Day  
Their old, familiar carols play,  
And wild and sweet  
The words repeat  
Of peace on earth,  
good-will to men!"*



*Henry Wadsworth Longfellow*



The Office of the Board will be closed  
from  
Thursday 24 December 2015  
until  
Monday 4 January 2016.

### **Registration Renewals**

From 2016 the Board will be issuing renewal notices for registration via email. Please make sure the Board has your current email contact details.

You can update your contact details anytime using the Vet Login function on our website.

### **Boardtalk**

A publication of the Veterinary Practitioners Board of NSW

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#### **Board Members:**

Dr John Mark Simpson (President)

Dr Julia Beatty

Dr Georgina Child

Mrs Wendy Cochrane

Dr Steve Ferguson

Mrs Lisa Minogue

Dr Kylie Parry

Dr Ian Russ

#### **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.