

Boardtalk

May 2015

Issue 42



President's Report

As we go to print, we have no news from Racing NSW (RNSW) in regards to the possible licensing of vets, other than the fact that they, by law, can license vets. It is what is in the fine print that is of greatest concern to the Board. I am sorry to report we have been unable to find a middle ground or a workable solution that satisfies the wishes of RNSW while ensuring that the Board fulfils their legislative obligations.

This issue has been on the agenda for several years. When discussions concerning the introduction of a licence first began, RNSW told the Board that they believed that the penalties imposed by the Board for veterinarians who breach clause 14 of the Veterinary Practitioners Code of Professional Conduct (Code) are insufficient, and that the processing of complaints by the Board takes too long. It is clause 14 which states that veterinarians must obey the rules of an animal sporting organisation when working within that industry unless the rules are contrary to the *Veterinary Practice Act 2003*, the *Veterinary Practice Regulation 2013*, or any other legislation.

As we have mentioned before, since 2006 RNSW has submitted only two complaints against veterinarians based on a potential breach of the Rules of Racing. The Board believes the penalties imposed in relation to these two cases have been sufficient and, during negotiations with RNSW to avoid a licensing regime, agreed to expedite the complaint handling processes for RNSW.

RNSW later also expressed the opinion that to ensure the integrity of Thoroughbred racing in NSW, they needed a representative on the Board's Complaints

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President's report continued

Committee and the ability to search veterinarians and their premises (including vehicles) for illegal substances. The Board offered RNSW a place on the Complaints Committee. For complaints initiated by RNSW, the Board required that this representative was not a current employee of RNSW. The Board also agreed that the Board's Inspector, who has investigatory powers under the *Veterinary Practice Act 2003*, would investigate concerns raised by RNSW and the two bodies could then confer on possible breaches of the Rules of Racing (and therefore the Code). This compromise has also been rejected by RNSW.

Should a licence scheme for veterinarians involved in the racing industry be announced by RNSW, please look out for an email from the Board with our advice on how to approach legal conflicts which may arise. Importantly, consider seeking legal advice before signing any licence documents.

The Board continues working to ensure that veterinarians in the equine industry act responsibly. Board Investigator and Hospital Inspector Glenn Lynch is currently inspecting records and facilities for the on farm and mobile vets and this includes those doing equine work.

If evidence is brought to the Board by RNSW, whether from other members of the profession, from members of the public or from our Investigator about wrongdoings, the response will be rapid and the penalty appropriate. I note that it has been reported that a veterinarian interviewed by Racing Victoria Limited has admitted to supplying the banned substance cobalt chloride to trainers.

I shouldn't need to remind veterinarians that the Board's powers are very broad and that evidence of actions endangering the international reputation of Australia in relation to sporting events could lead to the immediate imposition of strict conditions on that veterinarian's registration.

Extracting from the Act and paraphrasing a little...

After the Board has completed an investigation into a complaint against a veterinary practitioner, if the Board is satisfied that the veterinary practitioner is guilty of unsatisfactory professional conduct or professional misconduct, the Board may apply to the Tribunal for a disciplinary finding against the

veterinary practitioner. If the Board is satisfied that the veterinary practitioner is guilty of professional misconduct of a kind that is of a sufficiently serious nature to justify the suspension or cancellation of a veterinary practitioner's registration, the Board must apply to the Tribunal for a disciplinary finding against the veterinary practitioner.

If the Board is satisfied that the veterinary practitioner is guilty of professional misconduct and has applied to the Tribunal for a disciplinary finding against the practitioner, the Board may suspend the practitioner's registration pending determination of the matter by the Tribunal.

However, the Board may suspend the registration of the veterinary practitioner with immediate effect if satisfied that immediate suspension of the veterinary practitioner's registration is justified:

- (a) to protect the health or safety of a person, or
- (b) to protect the health or welfare of an animal, or
- (c) to prevent damage to Australia's international reputation in relation to animal exports, animal welfare, animal produce or sporting events.

Of course that is one end of the spectrum. More commonly Board investigations resulting in a finding of unsatisfactory professional conduct or professional misconduct may result in:

- (i) a reprimand or caution,
- (ii) a fine not exceeding \$5,000,
- (iii) impose conditions on the veterinary practitioner's registration with respect to the practice of veterinary science. This may be conditions limiting the type of work the practitioner can do or could limit what restricted drugs they may purchase for instance.
- (iv) require the veterinary practitioner to complete specified educational courses,
- (v) require the veterinary practitioner to report on his or her veterinary practice at specified times, in a specified manner and to specified persons,
- (vi) require the veterinary practitioner to seek and take advice, in relation to the management of his or her veterinary practice, from a specified person or persons,
- (vii) require the veterinary practitioner to pay specified costs relating to the hearing.

The Board is frequently required to remind the profession of the need for good record keeping. We have seen records improve dramatically in many areas but where flocks, herds and the equine industry have been involved, some veterinarians have felt detailed records weren't as important. I can not understand

why colleagues wouldn't recognise the importance of documenting salient information— which horse? what illness? what signs? what treatment? Failure to appreciate these aspects, along with correct labelling of medications including instructions for use and appropriate supply, has implications for the veterinarian under clauses 4, 15 and 20 of the Code.

Being a busy practitioner, having done it this way for many years, trusting your client to do the right thing, or giving some extra to save them coming in next time is not an excuse and the Board will have no choice but to take action if records and conditions of supply are not compliant.

In your community and perhaps in your family you will have come across people who have addictions or serious mental illnesses. Part of your role as a human being is to check they are OK, to talk to them and sometimes to assist them to get professional help.

In this issue of Boardtalk we discuss again the role the Board has with veterinarians who are “impaired” according to the legislation. The Board has a role to protect the welfare of animals and the public and we set out to assist impaired veterinarians and to keep them working safely if that's at all possible. We follow the program implemented by the Medical Council of NSW and I can assure you the process is not punitive. It's tough to admit you have a problem but it doesn't help if you think erroneously that the Board will “strike you off”. So please read the article and take note of who to call if you think you or a vet you know needs some help.

Euthanasia solutions are classed as S4's and over the years veterinarians have left the bottle of green or blue pentobarbitone casually lying around in the practice car or sitting conspicuously on a shelf. The Board asks you to take the time **today** to initiate change in your practice. The Board is suggesting you treat this drug as if it is an S8.... Keep it in a locked safe and consider recording its use. Other States have already moved this way. Please do this today. It will only take a couple of minutes to institute a new protocol. We need to rapidly create an attitudinal change around this dangerous drug and maybe someone who considered its use for self-harm will be deterred.

The increased use of non-steroidal anti-inflammatory drugs in practice has brought with them bonuses along with clinical challenges and the Board has now investigated many complaints having NSAIDs at their core. The Board will never tell you how to

carry out procedures or what drugs to use. In the case of complaints our investigations focus on current standards. The Board notes that the literature clearly indicates a need for caution when using NSAIDs in animals with hypotension, especially if it is simply a result of a general anaesthetic and surgery. The Board recommends you consider intravenous support for all patients undergoing major surgery and who have been prescribed NSAIDs.

There have been many changes to the legislation, current standards and client expectations since I joined the Board in 1996 and I have had the opportunity to work with some truly amazing individuals.

The current Board is the third under the 'new' Act and comes to an end on 30 June 2015. I thank those Board members who are retiring from the Board along with me - Dr Jacob Michelsen and Dr Geoff Gibbons and Mrs Bronnie Taylor - for their untiring work on behalf of the public and the profession. Drs Georgina Child, Mark Simpson and Ian Russ and Mrs Lisa Minogue will be renominating and trust me when I say that the profession is very lucky to have them at the helm.

The work is varied, always demanding, ever increasing in volume, always thought provoking and sometimes distressing. Binding everyone together is friendship, humour and the single aim to do our best to represent our colleagues as we enforce the Act and Regulations.

We are backed up with great office staff.... Mary, Des, Clare and Glenn. John Baguley is our wise counsel who watches over the Board and all the Board functions with great wisdom and grace.

Wishing you good health and happiness,

Ruth Thompson

Hospital licence renewals

Hospital licence fees (\$300) are due by 31 May 2015 for the licensing period 1 July 2015 to 30 June 2016. You can use your website reference number (found in your offer of renewal) to pay your hospital licence fee online.

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 or a spinal 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.

From the Registrar's Desk

The current Board term will end 30 June 2015 and I would like to take this opportunity to thank all the Board members over the last 3 years for their enthusiasm, wisdom, humour and friendship.

A number of Board members have indicated that they would like to stay for another term and I do hope to see them at the Board meeting in July. I am also aware that a number of Board members will be stepping down.

Dr Ruth Thompson has served as President of the Board from July 2009 to June 2015. Ruth has dedicated many years of service to the Board and whilst her vast corporate knowledge and strong leadership will be greatly missed, her leadership and mentoring of colleagues has ensured effective succession planning.

Dr Jacob Michelsen served on the Board as the first representative from Charles Sturt University and then, after leaving their employment, as a Ministerial nomination. Jacob brought a great variety of knowledge in general practice together with the depth of knowledge of a veterinary specialist and as such made a significant contribution to the Board.

Dr Geoff Gibbons served as representative from Charles Sturt University when Jacob stepped down and in addition to his experience in general practice, specialist practice and academia, Geoff brought a great passion for ensuring the Board followed exemplary processes with respect to investigations and decisions.

Mrs Bronnie Taylor leaves the Board as a newly elected Member of the Legislative Council in NSW. Bronnie often ensured that Board discussions and decisions focused on the most important areas and her wisdom and compassion will now be available to both animal owning and non-animal owning members of the public. On behalf of all the staff and current Board members I wish Bronnie well in her new role and I am confident she will make an outstanding contribution to the government of NSW.

Registration Renewals

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 payment of the registration fee) both steps can be easily completed using your [Vet Login](#).
2. Alternatively, you or your employer can pay your registration renewal using your website reference number (contained in your letter of renewal) and you can submit your Annual Return using your [Vet Login](#).
3. If you do not have a Vet Login just go to the website www.vpb.nsw.gov.au, click on the large [Vet Login button](#) to the right of screen and then click on the Forgotten your password link. An email will be sent to the address held on our database enabling you to create your secure password. Any problems please just call our office for assistance.
4. **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 2014 to 31 March 2015).
5. 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.

If your contact details change during the year it is vital that you advise the Board. You can check that we have the correct contact details for you using your Vet Login. Changes to these details can be made using your Vet Login or by completing our *Notification of Change of Details Form* and by emailing admin@vpb.nsw.gov.au or posting this completed form to the Board's office.

If you use your Vet Login to submit the Annual Return the Board will be able to record any change in your contact details. If you submit your Annual Return any other way (email, fax or post) you will need to either separately use the Vet Login to change your details or complete and submit a *Notification of Change of Details Form* to enable the Board to process this change.

Please contact our office if you have not received your annual registration renewal papers by email or post or if you experience any difficulties with your Vet Login.

John Baguley
Registrar

From the Hospital Inspector's car

I've certainly put some kilometres on my vehicle since the last edition of Boardtalk.

During this period of the inspection cycle I'm concentrating on re-inspecting hospitals that required significant improvement from my last visit, newly licensed veterinary hospitals, and mobile veterinarians, including equine practices.

I've already inspected a number of mobile veterinarians and have discovered significant variance, especially in regards to record keeping; some are very good, in enough detail to show treatment to date which would allow another veterinarian to carry on if necessary.

Some are not so good and look more like records for invoicing purposes rather than clinical histories!

If these types of (invoice looking) records are produced to the Board to assist with a complaint or enquiry the Board is left with a decision to make in regards to compliance with the legislation.

It is satisfactory (although not best practice) to incorporate an invoicing and history record keeping system in certain circumstances, so long as there is enough detail to satisfy:

Clause 15 (Code of Professional Conduct)

- 1) *A veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as practicable.*

- 2) *The record a) must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal and b) must include the results of any diagnostic test, analysis and treatment.*

Do you think an invoice to a client with only 'sedation' and \$ cost, would satisfy the legislation above?

The purpose of my 'inspections' is to monitor compliance with the many facets of the Act and importantly, provide the veterinarian with the opportunity to rectify any issues that are identified. I do not take punitive action as a result of inspection findings – it is more of an educational exercise. I appreciate that practitioners are always open and transparent and much can be learned and achieved with this collegial approach.

Investigations are different – the purpose of an 'investigation', is to discover facts and report these to the Board to assist in their decision making. Veterinarians and non veterinarians are informed of reasons for conducting the investigation.

The Board has developed a 'House call practices and on-site veterinary services, self-assessment checklist' which is available on the Board's website for reference.

On a personal note, I would like to thank the Board members who are stepping down for their dedication to the Board and in particular, Dr Ruth Thompson for her outstanding contribution as President of the Board and NSW member of the Australasian Veterinary Boards Council.

Best wishes to you all.

Glenn Lynch
Hospital Inspector / Investigator

Compounding

The Board received a number of calls and emails about articles in the May 2014 and December 2014 issues of Boardtalk.

For those of you with further questions, the Pharmacy Board of Australia has released its new Guidelines on compounding medicines (<http://www.pharmacyboard.gov.au/News/2015-03-02-media-release.aspx>)

The Complaints Committee Report

The Complaints Committee has determined findings on 16 complaints made against veterinary practitioners since the last report in December 2014. Of these, 14 complaints were dismissed. Two veterinarians were found guilty of unsatisfactory professional conduct and cautioned, and in this time period no veterinarians were found guilty of professional misconduct.

A veterinary practitioner was cautioned and fined for accepting a dog for treatment that had suffered significant trauma after having been attacked by another dog, and then failing to provide veterinary care at an acceptable standard. The dog failed to receive analgesia, or appropriate fluid therapy, and the extent of the injuries was not adequately assessed.

When the client enquired about referral this was discouraged. Treatment at a referral hospital would have provided a higher level of care. Parts of the medical record were illegible and would not have allowed another veterinarian to continue this dog's care.

This dog did receive a dose of dexamethasone, and the Complaints Committee found that the use of dexamethasone to treat "shock" in trauma cases is generally no longer recommended.

An equine veterinary practitioner was cautioned and fined for failing to ensure that a detailed record of consultations, procedures, and treatments was made in sufficient detail to enable another veterinary practitioner to continue treatment.

The Complaints Committee noted in this case the practitioner essentially depended on their appointment book and invoicing system as a form of medical record system. While this may have been acceptable in the past, the Board considers that this is not compliant with current legislation. In an age where other authorities are challenging the integrity of equine veterinarians the medical records for these patients need to be much more than a record of time of attendance and list of dispensed medications and services performed.

The *Veterinary Practice Regulation 2013*, Schedule 2 Veterinary Practitioners Code of Professional Conduct (Code of Conduct), clause 15 states:

15 Records

- (1) A veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as is practicable.
- (2) The record:
 - (a) must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal, and
 - (b) must include the results of any diagnostic tests, analysis and treatments.
- (3) If a record is altered, the alteration must be clearly identified in the record as such.
- (4) A veterinary practitioner must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.

While there is no doubt that keeping medical records is an onerous task, it is legislatively mandated in the Code of Conduct. It has been noted in the pages of previous issues of Boardtalk that such records should include the reason for veterinary consultation, history, clinical examination findings, any clinical pathology or diagnostic imaging findings, an assessment of the accumulated data, and the plan arising from that assessment including medications, procedures or other interventions. Most importantly, any medical record should be written so that another veterinarian can continue that patient's care.

Medical records of groups of animals, such as flocks of birds or litters of puppies must include identification of the animals examined as well as the other usual medical record information.

A particular recurring issue for the Complaints Committee, over the period since the last edition of Boardtalk, has been complaints concerning the identification of medical conditions in young animals presented just before disposition, or soon after acquisition. The future significance

of certain findings in puppies or kittens presented to veterinarians for health examinations may be impossible to predict.

If, for example, a puppy has undescended testicles at six weeks of age, it is likely that they will descend by the time the next puppy examination is conducted. A client that is unaware that there is a small proportion that will remain cryptorchid and require additional medical care as a consequence, may feel aggrieved that they were not made aware of that possibility in the first instance.

In cases where there was the potential to return an animal within a certain time after acquisition, and this opportunity is lost, clients may be even more upset. A note of finding such medical conditions in the medical record, with a specific identification of the individual patient AND a note of the communication with the client about the nature and risks of the condition will go a very long way in defending veterinarians faced with complaints of this nature.

Another, more frustrating, trend has been noted in recent complaints where response to Board correspondence by veterinarians, or their agents, has been significantly late or even ignored. The Board completely understand the very stressful nature of a complaint in a veterinarian's career, but procrastinating in response, or even ignoring communications from the Board serves no purpose but to extend the time taken on a complaint and the consequent stress for all concerned.

While all reasonable requests for extensions to deadlines for responses are acceded to by the Board, failure to respond will result in complaints being determined on the basis of the information before the Complaints Committee at that time or the Board being forced to issue the veterinarian with a summons to produce documents.

We encourage all veterinarians dealing with the Board to be punctual with their correspondence, or to communicate well about the circumstances which may delay responses to requests by the Complaints Committee.

Identifying and contacting owners of injured and/or lost cats and dogs

The Office of Local Government, which operates the NSW Companion Animals Register, is encouraging veterinarians and veterinary practice staff in NSW to become 'Approved Persons'.

Approved Persons are operators or employees of 'Approved Premises', which include veterinary clinics, approved animal welfare organisations and national private microchip registers.

Approved Persons can carry out online searches of the Companion Animals Register using animals' identification (or microchip) numbers, 24 hours a day, seven days a week, to obtain the contact details of owners of injured and/or lost cats and dogs.

Approved Person status is not transferable; each person wishing to carry out online identification (or microchip) searches of the Companion Animals Register will need to apply to become an Approved Person.

To become an Approved Person, you will need to:

1. Read the Guideline for Approved Persons to access the NSW Companion Animals Register (http://www.olg.nsw.gov.au/sites/default/files/CA_Guidelines_approved_persons_0.pdf); and
2. Complete the Approved Person Application Form (http://www.olg.nsw.gov.au/sites/default/files/Approved_Persons_Application_Form_0.pdf)

Further information on becoming an Approved Person is available on the Office of Local Government's website at www.olg.nsw.gov.au (FOR THE PUBLIC>>DOGS & CATS>>Information for professionals>>Vets and identifiers).

Health Program

The Board has adopted processes used by the Medical Council of NSW to enable veterinarians with a health problem (physical or mental impairment that affects or is likely to affect ability to practise) to be reviewed in a constructive, non-disciplinary and confidential manner. A copy of the Doctors' [Health Program Handbook](#) is available from the Medical Council of NSW website.

Veterinarians with health problems or veterinarians and staff who are concerned about a veterinary colleague can call the Doctors Health Advisory Service on (02) 9437 6552 (24 hours).

In addition to risk factors found in the general population, including conflict and personal relationship problems, veterinarians may be exposed to specific risks such as:

1. Stressors associated with the performance of their professional duties
2. Ready access to prescription drugs
3. Temptation to self-medicate
4. Poor remuneration and long hours

If you believe a colleague is behaving in a way that is of concern the Board has the following advice, again based on that provided by the Medical Council of NSW:

1. 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.
2. If you are not sure you are able to deal with this matter discuss your concerns with a senior colleague in the practice.

Self-disclosure is a difficult step but the processes adopted by the Board have been developed with the aim of enabling veterinarians to continue to practise safely and assist with either managing their impairment or their recovery.

All veterinarians are required to declare if they suffer from any physical or mental impairment, disability, condition or disorder that is likely to detrimentally affect their physical or mental capacity to practise veterinary science in the Annual Return. The Board will treat such disclosures confidentially and will work with you to ensure an optimal outcome is achieved.

Hearing of Pups

Several NSW veterinary practices use their own in-house testing (BAERCOM) to check the hearing of puppies. It is important that veterinarians explain the limitations of this screening test to clients. Dr Susan Sommerlad has over 20 years experience in this area and has kindly written this piece to assist practitioners.

Do those pups have congenital deafness?

Dr Sue Sommerlad BVSc MANZCVS PhD
Small Animal Hospital, VMC, Gatton Campus,
University Queensland

The aetiology of deafness in dogs and cats may be peripheral or central, sensorineural or conductive, inherited or acquired, congenital or late-onset. The most common forms seen in practice are: congenital sensorineural deafness, which is probably inherited in many dog breeds (CHSD); acquired conductive deafness, associated with external or middle ear pathology; and sensorineural deafness seen in older dogs. The gold standard for deafness testing is electrophysiological assessment using the Brainstem Auditory Evoked Response Test (BAER). In the absence of a DNA test for CHSD the importance of selective breeding of normal hearing dogs over generations based on BAER test results cannot be over emphasised.

There are two groups of BAER testing machines available to veterinarians. First, the full electrodiagnostic machines such as the *Biologic*, which are used in human hospitals. With these machines it is possible to vary all parameters, and therefore diagnosis of most forms of deafness is possible. These machines can be costly but in my experience, give consistent reliable results and are often found in larger veterinary centres. Some machines such as the *Biologic* are laptop-based and are portable for regional use. Second-hand machines may be available and increase the diagnostic scope for the veterinarian.

The second group are machines such as the BAERCOM that perform a screening test

only, and if issues with hearing are found, then the company states that the animals can be retested at a later date at a referral centre (www.ufiservingscience.com/baercom). The company records that the machine supplies just one stimulus frequency with an adjustable decibel level up to 80dB but other parameters are fixed. The company also records that “successful use of the BAERCOM requires both a substantial familiarity with the meaning and appearance of the BAER signal” and an “attention to detail approach to instrumenting and testing an animal”. It is also noted that “power supplies can introduce substantial electrical interference which can distort or mask the actual BAER signal that the BAERCOM is designed to measure”.

Therefore the BAERCOM, which is more modestly priced, can be used to screen for the diagnosis of CHSD where we find there is either normal hearing or complete deafness in the tested ear. However the machine is not useful for the diagnosis of acquired late-onset sensorineural deafness or conductive deafness where bone conduction testing and parameter variations are required. As the company stipulates that electrical interference can mask the test trace, it is important that the veterinarian can differentiate a proper hearing trace from electrical interference. A quiet patient reducing muscular activity artifacts, a well maintained machine, and a good working knowledge of the discipline is needed.

It would be useful for veterinarians to gain expertise in this field by spending time with a hospital or local audiologist. Also if a greater interest is developed then the purchase of a second-hand larger electrodiagnostic instrument might give more diagnostic scope. A book which is invaluable for use is Professor George Strain’s book *Deafness in Dogs and Cats* ISBN-13:9781845939373 which is available on Amazon. This explains the various forms of canine and feline deafness, the basis of the BAER test and also has a trouble-shooting section in case of problems with the test.

** BAER testing is available at Sydney University Veterinary Teaching Hospital at Camperdown for litters of puppies presented by dog breeders and*

individual animals presented by breeders or pet owners. BAER testing is routinely carried out for breeders of Dalmatians, Australian Cattle dogs and other breeds with a significant incidence of congenital deafness. UVTHS has a Natus Synergy EDX unit (updated Nicolet Viking).

Don't pay your registration fee twice!

This year we are transitioning from distributing invoices by post to distribution by email. That means you will receive your registration renewal invoice by both email and post.

When you login to the website if you see a green tick next to 'Pay registration fee' you will know you have paid your fee for 2015-16. Similarly, if you see a green tick next to 'Submit Annual Return' you will know that you have submitted your Annual Return for 2014-15.

Storage Of Euthanasia Solution

The Board is aware of reports regarding the personal misuse of euthanasia solution by both veterinarians and veterinary practice staff and the tragic consequences of such misuse.

Although Lethabarb® and Valabarb® are schedule 4 (S4) poisons only, the Board strongly recommends that euthanasia solution is stored in a locked receptacle attached to the premises or within the schedule 8 (S8) drug safe. Whilst all S4 medication must only be available under direct veterinary supervision, this additional precaution may help prevent the death of veterinary and para-veterinary colleagues.

Similar to the S8 Register, a register of the use of euthanasia solution whilst not required by law is also strongly recommended.

Report from the Faculty of Veterinary Science

The University of Sydney
Professor Rosanne Taylor

The Faculty launched major new teaching, service and research initiatives in 2015. We have begun strategic planning for 2016-20.

Teaching

The Faculty's first cohort of 52 students in the Doctor of Veterinary Medicine (DVM) commenced in February 2015. This remarkable group of students brings diverse interests and career aspirations, and share their extensive experience in animal industries (poultry, sheep, equine, marine animals, among others), enriching the program. We commenced with an immersive orientation and welcome program, including the first cultural competence modules, exploring indigenous perspectives, which was well received. Normal animal structure, function and management, professional practice and clinical skills are core components of Year 1, with students learning in our Veterinary Teaching Hospitals, and Clinical Skills Laboratory. As this is an advanced, post graduate qualification, research and inquiry themes form a core of around one quarter of all years of the program. All students will benefit from the research strengths and opportunities in our Faculty. Staff and students report they are enjoying the program and its delivery, with its focus on educating professionals with wider skills and capabilities for more diverse veterinary career pathways. DVM scholarships established by the Swan family (rural and regional students) and Mrs Mary Holt in honour of Dr John Holt (animal welfare) were awarded to Jessica McLeod (Swan) and Sarah Jobbins (Holt).

The Faculty currently has 9 indigenous students, drawn from around Australia, enrolled from total of 900 plus students, achieving success at the same excellent rates as all other students. We have offered two Indigenous summer school camps and one winter camp for high school students. Our first indigenous leadership program

for students commenced in 2014 and we are part of the University's National Centre for Cultural Competence.

The Faculty has 14 residents in the Clinical Master's program for semester 1, 2015 with another 5 residents starting in semester 2. Commencing residents have Membership and Honours qualifications. They study feline and canine medicine, cardiology, surgery, diagnostic imaging, oncology, veterinary pathology, ruminant medicine, equine surgery and medicine and equine sports medicine and rehabilitation. These specialist trainees are enrolled in two concurrent master's degrees in coursework and research, and their program involves building a substantial caseload under supervision of a specialist. Scheduled research time and project funding are provided to enable students to complete a substantial research project in their discipline and to participate in the wider University research community. The residents join a record number (more than 120) of higher degree students in the Faculty.

Research

During February 2015, the research development group, led by Professor Belov, hosted an excellent 2 day research conference – launched by Mr Angus Taylor and Mr Simon Marnie. Presenters provided tools for research (e.g. crowd sourcing and use of social media) and opportunities for future projects (including advice on industry and ARC funding), celebrated success, and forged new collaborations.

Associate Professor Robyn Alders led two major fora on food security and gender, bringing together multidisciplinary presentations and external partners in this rapidly developing area of interest for the University. Food Security and One Health are overlapping themes of the Charles Perkins Centre (nutrition, health and disease) and the Marie Bashir Institute for Infectious Disease and Biosecurity. The University is investing in supporting major cross disciplinary research networks, focused on some of the most pressing problems facing the planet.

Awards to alumni

Emeritus Professor Paul John Canfield was awarded the AM (Member in the general division of the order of Australia). This was awarded for significant service to veterinary science education, particularly in the field of morbid anatomy and clinical pathology, and to professional associations. Emeritus Professor Canfield was Head, Department of Veterinary Anatomy and Pathology, University of Sydney, 1999-2000; Director of Veterinary Pathology Diagnostic Services, 1992-2010; Acting Dean, Faculty of Veterinary Science, 2003-2004; Pro Dean, 2001-2003; Professor, Veterinary Pathology and Clinical Pathology, 2004. He has been Faculty's archivist and an active member of the pathobiology group and Alumni Association.

Dr William Leith PORGES received the **Medal of Australia in the General Division (OAM)** for service to tertiary education, and to veterinary science. Bill promoted professional practice and small animal medicine, while Senior Lecturer in the Veterinary Teaching Hospital 1969-1999 and was Associate Dean for Professional and Community Relations. He was Principal, St Andrews College, 1999 – 2008; following service as tutor and acting Principal over a period of 3 decades. Dr Porges was Coordinator, Overseas Veterinary Students Clinical Training Program, 1978-1990, and more recently, Member of University Alumni Council, Faculty Alumni Association, and has visited numerous regional towns to meet prospective students for the past 15 years.

Emeritus Professor Frank Nicholas was made a **Life Member of the International Society of Animal Genetics** in August 2014.

A special issue of **Animal Genetics** was devoted to **Emeritus Professor John James** on the occasion of his 80th birthday, March 2015.

Other key awards to staff in the Faculty of Veterinary Science include:

- **Thompson Research Fellowship** for 2015, awarded to **Roslyn Bathgate**
- **Kathy Belov** was awarded the **Fenner**

Medal for research in biology (excluding the biomedical sciences) in 2014.

- **Robyn Alders** was the recipient of the **Crawford Fund 2014 Medal** for continued contributions to international agricultural research and development.
- **Vanessa Barrs** was awarded a **Thompson Research Fellowship** for 2015, and will spend her time researching feline and canine infectious diseases, especially respiratory fungal infections.
- **Julia Beatty** was the 2014 recipient of the **Australian Small Animal Veterinary Association Award for Scientific Excellence**. This award recognises a veterinarian who has rendered outstanding scientific contribution to small animal medicine and is considered outstanding in their field internationally.
- **Alex Chaves** received the **Humboldt Research Fellowship** for Experienced Researchers. A Humboldt Research Fellowship for experienced researchers allows Alex to carry out a long-term research project (6-18 months) in cooperation Prof Breves <http://www.tiho-hannover.de/kliniken-institute/institute/physiologisches-institut/> in Hannover, Germany.
- **Dr Tony Mogg** won the **AVA Excellence in Teaching Award**
- The University's inaugural **Vice Chancellor's award for Outstanding and Innovative Contributions to the Aboriginal and Torres Strait Islander Strategy** was presented to **Associate Professor Jaime Gongora** at the April graduation ceremony. Jaime was recognized for his outstanding work in attracting, supporting, and advancing the success of our indigenous students and staff, and for his highly regarded work on our cultural competence curriculum and indigenous animal management initiatives. View our Faculty website on these initiatives. <http://sydney.edu.au/vetscience/indigenous/welcome.shtml>

Veterinary Hospitals

The Veterinary Teaching Hospitals continue to grow in expertise, services, research and case load, achieving even stronger outcomes last year.

The **Valentine Charleton Cat Centre** celebrated a **decade** of advanced treatment, training and research to benefit cats with a party for clients, many who had attended for 2-3 decades, held on December 2014.

VetFriends has commenced providing management expertise for our small animal operations during 2015. We are delighted that Associate Professor Max Zuber, surgery specialist and teacher, has been appointed as CEO, with his experience as a past director of our Sydney veterinary hospital. The newly established Veterinary Teaching Hospital (small animals) management board has oversight of the small animal teaching hospitals. This board has representatives of the University, the Dean of the Veterinary Faculty, Dr Vera Pickering, as an external representative with veterinary management expertise, and Vetfriends representatives. Key projects for this year are refurbishments of surgeries, improving practice software and incorporation of DVM students within the practices.

Development

The University's Inspire Campaign is approaching the 2016 target of \$600m of funds raised for teaching, research, students and infrastructure. In 2014, we raised \$1.7m for major projects including research on chronic diseases of cats, lymphoma research and Animals in Need funding for treatment of disadvantaged clients' animals. In February 2015 Faculty received the wonderful news of two major new bequests, for research and treatment of the diseases of cats and veterinary science.

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

Self Prescribing

In recent months a number of matters have been brought to the attention of Pharmaceutical Services involving the prescribing of scheduled medicines by veterinary practitioners for the treatment of humans or the supply of medications ordered from a wholesaler by a veterinary practice (with the vet as the authorised person) where the ultimate consumption is for or by a human.

You are therefore reminded under the provisions of the *Poisons and Therapeutic Goods Regulation 2008* that:

- A veterinary practitioner must not issue a prescription for a restricted substance otherwise than for veterinary treatment and must endorse any such prescription with the words "FOR ANIMAL TREATMENT ONLY" (Clause 33(6)).
- A veterinary practitioner must not supply a restricted substance to any person otherwise than for veterinary treatment (Clause 43(6)).
- A veterinary practitioner must not issue a prescription for a drug of addiction otherwise than for veterinary treatment and must endorse any such prescription with the words "FOR ANIMAL TREATMENT ONLY" (Clause 78 (7)).
- A veterinary practitioner must not supply a drug of addiction otherwise than for animal treatment (Clause 112).

Clause 20 of the Veterinary Practitioners Code of Professional Conduct also prohibits veterinarians from obtaining any restricted substance (S4 or S8) in order to take that substance himself or herself.

For a guide to Poisons and Therapeutic Goods legislation for veterinary practitioners:

<http://www.health.nsw.gov.au/pharmaceutical/Documents/guide-vetprac.pdf>

If you have any queries regarding your obligations under the Poisons and Therapeutic Goods legislation please don't hesitate to visit the Pharmaceutical Services website:

<http://www.health.nsw.gov.au/pharmaceutical/Pages/other-health-practitioners.aspx>

Or contact the Duty Pharmaceutical Officer on by phone on (02) 9391-9944 or by email: pharmserv@doh.health.nsw.gov.au

and surgery to current standards of practice and that this equipment is maintained in accordance with the recommendations of the manufacturer.

10. Animals suffering from a suspected contagious disease are isolated from other patients and that all reasonable measures are taken to prevent the spread of disease.
11. Animals admitted to the hospital are identified and treated in accordance with the informed consent that has been provided by the person responsible for the care of the animal or as required if this is not practicable.
12. The hospital has a sufficient amount of medication appropriate for the needs of the hospital and that this medication is acquired, stored, dispensed and details recorded in accordance with relevant legislation.
13. Non-veterinarians employed at the hospital understand the importance of client to veterinarian communication and always communicate with the veterinarian if they are not able to answer enquiries from clients.
14. The hospital does not refuse to provide relief of pain or suffering to an animal that is in the presence of a veterinarian where relief of pain means either first aid treatment, timely referral to another veterinarian or euthanasia.
15. A veterinarian is available for the ongoing care of those animals accepted for diagnosis or treatment and if one is not available arrangements have been made with another veterinarian to take over the care of those animals.

**EMERGENCY
ANIMAL DISEASE WATCH
HOTLINE**

1800 675 888

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

Racing NSW

Important notice to veterinarians regarding the detection of the corticosteroid dexamethasone after administration to horses

Dr Craig Suann
Official Veterinarian
Racing NSW

The International Screening Limit (ISL) for dexamethasone of 0.2ng/mL in urine has been adopted by the Australian Racing Board and will be implemented by Australian racing laboratories with effect from 1 May 2015.

This will have important implications for the detection of dexamethasone following its administration to racehorses, and will lead to a prolongation of detection times for this corticosteroid drug.

By way of an example, the ISL was applied to the analysis of samples collected during a multi-horse administration trial involving a short-acting dexamethasone preparation (dexamethasone sodium phosphate) given intravenously and conducted as part of the Equine Therapeutics Research Australia (ETRA) project and published by the Rural Industries Research Development Corporation (RIRDC). The ETRA data sheet for dexamethasone (published on the RIRDC website at <http://www.rirdc.gov.au/publications>) reports a detection time of **three days** for the dosage regimen, intravenous route of administration, and pharmaceutical preparation used in the ETRA trial, and is valid for the new ISL to be applied by the Australian racing laboratories.

It should be noted that this three day detection time for dexamethasone sodium phosphate is longer than the detection time of 48 hours previously reported in the Australian Equine Veterinary Association (now Equine Veterinarians Australia – EVA) publication “Detection of Therapeutic Substances in Racing Horses” (‘The White Book’), using the analytical methodology at that time (1992).

Therefore veterinarians are advised that recommended withdrawal periods for treatment with dexamethasone sodium phosphate (for example, in products including *Colvasone*, *Dexadreson*, *Dexapent*, *Dexason*, *Dexol-5*, *Dexone-5*) must be based on the new ETRA data sheet detection time of three (3) days and not on the previous advice provided in the EVA publication, and that trainers are warned accordingly if any of these products are dispensed.

It is important to note that a withdrawal (or withholding) period is not the same as a detection period. Any withdrawal period should be calculated based on the published detection time, with the addition of a suitable safety margin based on the circumstances of the administration, including dose, route of administration, and preparation administered.

There have been no studies conducted on the detection of long-acting forms of injectable dexamethasone in relation to the ISL, and due to their prolonged and unpredictable excretion, their use in racehorses should be avoided. These long acting forms include dexamethasone acetate, dexamethasone phenylpropionate and dexamethasone isonicotinate.

Confidential Help for Veterinarians

Doctors Health Advisory Service

Independent and confidential service staffed by specially selected and trained medical practitioners who are able to offer personal and health assistance as well as referral to specialists. Veterinary practitioners / their families / their colleagues are able to make calls to the Help Line. Issues vary and all calls are unique but may involve depression, alcohol abuse, drug use, work related stress or marriage difficulties. This highly respected and leading health care advisory organisation aims to assist veterinarians to maintain full personal, professional and social capability

The dedicated telephone service is available
24 hours a day.

(02) 9437 6552

New Website

If you have not checked your emails lately and if you are reading a hard copy of Boardtalk you may not be aware that the Board has a new website.

In addition to an updated look and feel, and easier navigation, the new website has a number of new features:

1. You can create your own login to view and change your contact details, view your CPD points and current stage of the 3 year CPD cycle, pay your registration renewal and submit your Annual Return
2. You can search within Boardtalk issues and if you find an interesting article you can share it via Twitter, Facebook, Tumblr, Google +, LinkedIn or email
3. You can view information on the website easily on your iPad or android tablet (great for reading Boardtalk) and on your iPhone or android phone
4. There are quick links to common tasks for veterinarians, hospital owners and consumers
5. All Board forms can now be completed as PDF forms
6. More Board policies and guidelines are available from our Resources page

The website is one of the most important ways for the Board to communicate with veterinarians and the public. If you have any questions, comments or suggestions about the website please feel free to contact us.

Anzac Day Memorial Service

On Anzac Day, the Sydney University Regiment held a memorial service on campus. We remembered the service to country of our Faculty's alumni, staff, students and their families (names of those lost in WWI and II below, from the Faculty of Veterinary Science Centenary history, by Paul Canfield).

We also reflected on the part played by Australian animals, particularly horses, in the war effort. Veterinarians in the military, like Dr Ridley, who was one of the Faculty's first graduates (below), made vital contributions to human and animal health.

Captains Baker and Ridley are remembered with an annual student prize in animal husbandry and a plaque.



WJ Ridley, graduate of 1914 (accelerated graduation) and captain in the Australian Army Veterinary Corp. Killed in action 7th June, 1917.

Staff and Students lost in WW1 (1914-1918)

Captain HM Baker (Demonstrator in Veterinary Anatomy and graduate in 1912)
Captain WJ Ridley (graduate 1914)
Lieutenant NJ Mullarkey (undergraduate)

Staff and Students lost in WWII (1939-1945)

Cooper RJ
Cox VG
Dampier-Crossley E
Donald A
Downing JN
Gibson PL (graduate 1936)
Gunson AWM (graduate 1938)
Henderson MR
Prior TH (graduate 1937)
Sawers TC
Symonds LJ
Terry I (graduate 1937)
Walker BMJ

Boardtalk

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Dr Mark Simpson

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.