

Boardtalk

December 2016

Issue 45



President's Report

And before you know it another festive season looms on our horizon, and another issue of Boardtalk is published!

This has been a year of consolidation for the Board, with no changes in administrative personnel or Board members, and no overwhelming controversies facing the Board. However the day-to-day process of regulation has continued, and the evolution of policies and procedures to standardise the Board's operations is a never ending process.

Boardtalk has become one of the primary methods of communication from the Board to the profession at large. It provides clarification on many of the regulatory issues that face veterinarians on a daily basis. The topics covered in Boardtalk are derived through review of communications with the Board to ensure their relevance.

Additionally the feedback provided to the Board by the Hospital Inspector, Glenn Lynch, gives a real practical and first-hand insight to the regulatory issues faced by veterinarians in NSW.

The complete series of Boardtalk articles and inserts comprises the best FAQ of regulatory issues concerning the veterinary profession available, and it is searchable on the Board's website!

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President's report continued

You would be surprised that many apparently obscure questions you have about the Veterinary Practice Act 2003 are thoroughly answered in the archives of Boardtalk, and I encourage you to take advantage of this resource.

As I consider previous editions and this new edition of Boardtalk, I am struck by how immediately pertinent all the articles are to veterinary practice at the coalface. In recent times the interface of the Poisons and Therapeutics Goods legislation and our own Act have been increasingly brought to the attention of the Board, and the description of rules applying to Drug Labelling addresses one area where small errors can have significant consequences.

I am old enough to know a time before mandatory Continuing Professional Development. I distinctly remember discussions with my colleagues where it was said that such a mandate would be vigorously opposed by the profession, and would never become the norm. I disagreed with my colleagues at the time, as I saw in veterinarians the recognition of the value of lifelong learning. It is no surprise to me now to see that, through the CPD program in NSW and the process of CPD Audits, so few veterinarians fail to achieve their CPD requirement AND so many veterinarians vastly exceed their points requirement. It is now an accepted part of our normal professional responsibility to make efforts to keep "up-to-date" with the rapidly expanding knowledge base of our profession.

Despite being called the "holiday season" the next few months often represent the part of the year when many veterinarians spend more time at work. It is my sincere hope that you all have the opportunity to maintain some of that mythical work-life balance by relaxing and spending time with loved ones.

So from all the Board members and staff I wish you a very merry Christmas, and a happy and safe New Year!

Mark Simpson
President

Drug Storage

Under the *Poisons and Therapeutic Goods Regulation 2008* (cl 29) restricted substances (S4's) must be stored 'in a room or enclosure to which the public does not have access'.

Reception areas, waiting rooms, consult rooms, corridors to these rooms are all examples of areas the public may have access and are therefore unsuitable for the storage of restricted substances.

For drugs of addiction (S8's) the *Poisons and Therapeutic Goods Regulation 2008* (cl 73) requires these substances to be stored 'apart from all other goods (except cash and documents) in a separate room, safe, cupboard or other receptacle securely attached to a part of the premises and kept securely locked when not in immediate use'.

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. Whilst all S4 medication must only be available under direct veterinary supervision, this additional precaution reinforces the need for care and accountability when using this drug.

The Board has developed a policy on [Minimum Requirements for Veterinary Hospitals](#) which includes information about drug storage and this document is used to assess each hospital application.

In addition to legislative requirements it is also important to comply with the recommendations of manufacturers with respect to storage conditions.



From the Registrar's Desk

The [Annual Report for 2016](#) is available from our website (Resources). I would particularly like to thank Mark Simpson this year for providing the amazing photos. Well worth a look if only for 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 website which provides summaries of some registration, licensing, complaint and CPD data.

It is probably not the most attractive section to a veterinary audience but the Annual Report also contains the audited financial statements of the Board. These are also issued separately to the profession each year with the notice of the Annual General Meeting.

Graph demonstrating Board total expenses 2005-2016



Looking at the finances for the financial years 2005 to 2016, total expenses for the Board (in the above graph) have risen by 2.3% on average per annum. For the period 2013 to 2016 average annual expenses have fallen by -0.5% per annum despite employment of a Hospital Inspector (previously the roles of Registrar and Hospital Inspector were combined), implementation of the hospital inspection program, and significant updates and improvements to the website and office equipment during this time. Average CPI increases over this period were 2.0%.

For the period 2005-2016 revenue grew by an average of 1.3% per annum. Revenue has been significantly affected over this time by falling interest income (average -9.0% per annum).

Accumulated funds have risen by an average of 4.9% per annum during this time and, in dollar terms, have returned to close to the levels held in 2009; approximately \$1.9 million in 2016 compared to approximately \$2.0 million in 2009.

Legal costs are the most unpredictable and potentially the greatest expense the Board faces each year and were responsible for the peak in the above graph.

The Board's strategy is to maintain the real value of its accumulated funds at approximately twice its annual expenditure to ensure it is able to prosecute and defend any future actions. In order to achieve this strategy the Board has resolved to increase fees payable by veterinarians aligned with CPI increases.

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.

Wishing you a safe and Happy Christmas.

John Baguley
Registrar

From the Hospital Inspector's Car

This year I started my second round of inspections of hospitals in NSW and I have noticed marked improvements in the practices I have seen so far. Many hospitals have renovated, moved to new premises or enthusiastically shared their plans to renovate or move in the near future.

Looking back over inspections in 2012 and 2013 the main issues I found related to:

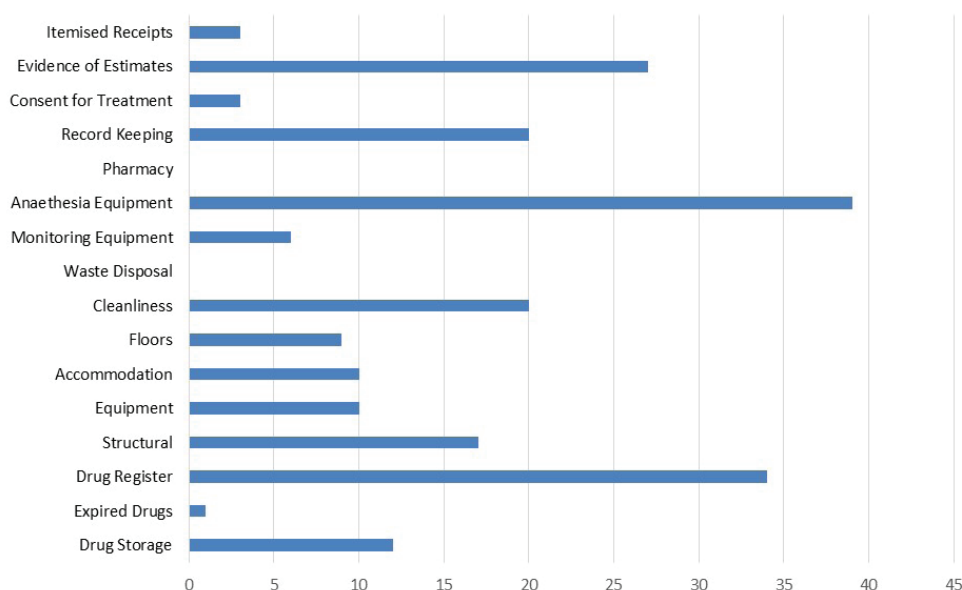
1. No evidence of estimates being provided to clients
2. Cleanliness
3. Anaesthesia equipment (servicing of vaporisers)
4. Drug Registers or records for S8s
5. Structural problems

You can view further statistics from my findings on the [Board's website](#) under Resources, Statistics, Hospital Licensing.

I have inspected around 240 premises in the last 2 years with visits in the last year representing the start of my second round of inspections. The main issues I have found (see graph below) are related to:

1. Anaesthesia equipment (servicing of vaporisers)
2. Drug Registers or records for S8s
3. No evidence of estimates being provided
4. Record keeping
5. Cleanliness

Hospital Inspections 2014-2016
Summary of Issues



So, what do you need to do before my next visit to your hospital?

- Make sure you check the date for servicing your anaesthetic vaporiser(s) and allow sufficient time to book in a service if required
- Make sure your S8 Register is complete and accurate, do your stocktake at least every March and September, stress the importance of this record with staff, and report any the loss or theft of any S8's to [NSW Health using the online form](#)
- Make sure you are recording somewhere that you are providing clients with estimates for veterinary services; the Board recommends written estimates and whilst verbal estimates are sufficient you still need to note this estimate and discussion somewhere in the record
- Make sure your medical records are accurate and complete so if you use cage cards or various other forms for your patients these need to be completed properly and stored as part of your medical records for at least 3 years; it is great to see record keeping systems in place but sometimes the procedures need to be tightened or followed more closely to gain the true benefit for the practice and your patients
- Make sure your drug labels are [compliant with the legislation](#)
- Make sure you pay regular attention to the general hygiene and maintenance of your

hospital although I say this noting that this has gone from my number 2 issue to my number 5 issue

- Make sure you download the [Self-Assessment Checklist for Hospital Superintendents](#) from the website under Resources, Guidelines, Hospital Licensing and do your own self-assessment before my next visit.

Don't forget that if you do move your hospital to a new address you need to [apply for a new hospital licence](#)!

It has been great to see the changes and improvements in hospitals over the last year on this second round of inspections. So many vets are proud of their facilities and look to these visits as an opportunity to both seek objective advice and show off their latest improvements.

Wishing you a Merry Christmas and Happy New Year

Glenn Lynch
Hospital Inspector

The Complaints Committee Report

The Board has reviewed and determined 33 complaints made against veterinarians since March 2016. Of these, one case was withdrawn, 22 complaints were dismissed and 2 complaints were dismissed with a recommendation to the veterinarian.

Unsatisfactory professional conduct

Three veterinarians were found guilty of unsatisfactory professional conduct:

1. A veterinarian was cautioned and fined as a result of failing to ensure that she or another veterinarian was available for the ongoing post-surgical care of a critically ill animal. The animal was discharged from an emergency centre for transport by the client to another veterinary practice where the dog died soon after arrival.

The decision to discharge and transfer the dog (which had had a surgical

procedure performed at the emergency facility and had not recovered from anaesthesia) without ongoing supportive treatment and veterinary supervision showed a lack of judgment and care by the veterinarian in breach of s 35(k) of the *Veterinary Practice Act 2003*.

It was also not considered to be of the standard of care expected of a facility that is operated as an emergency centre. The option of referral to another facility where higher staffing levels and ongoing postoperative care could have been provided should have been given prior to treatment being undertaken by the veterinarian or the dog should have been treated at the emergency facility until fit to travel.

2. A veterinarian was cautioned and fined as a result of his inability to provide adequate medical records for procedures performed and medication given to a dog whilst hospitalised and in his care. Records were reported to have been made on treatment cage cards that were not retained. The lack of medical records is a breach of clause 15 of the Veterinary practitioners code of professional conduct which requires that medical records are kept in sufficient detail to enable another veterinary practitioner to continue treatment of the animal and that records of any procedure or treatment be retained for at least 3 years after they are made.

The Board also made a recommendation to the superintendent of the veterinary hospital that he put in place procedures to ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.

3. A veterinarian was cautioned and fined for breaching conditions on his registration (*Veterinary Practice Act 2003* (s 35(d))).

Professional misconduct

Five veterinarians were found guilty of professional misconduct:

1. A veterinarian was found guilty of professional misconduct under the Veterinary practitioners code of professional conduct (Code) (clause 14) for a breach of Greyhound Australia (GA) Rule 106(4) which states a certification of euthanasia can only be made by the person performing the euthanasia.
2. A veterinarian was found guilty of professional misconduct under clause 14 of the Code after having been found by the Racing Appeal Panel NSW to have breached the Australian Rules of Racing (AR175(1)).
3. A veterinarian was found guilty of professional misconduct, cautioned and fined when it was found that the surgery he performed, ovariohysterectomy (OHE), and his post-operative care was not in accordance with current standards. In this case, a 5 year old, 33 kg bitch died within hours of an OHE as a result of intra-abdominal haemorrhage and no record of post operative monitoring could be provided. Necropsy examination showed that both ovarian pedicle ligatures had failed. His actions were in breach of clause 4 of the Code.

There was no record that the bitch was intubated or that any O₂ or gaseous anaesthesia was provided for this surgery. There was no evidence of any monitoring during anaesthesia, surgery or postoperatively that may have alerted the veterinarian to a possible complication. Both intubation and monitoring during anaesthesia are expected levels of care for OHE in a bitch. Close post operative monitoring in recovery is also an expected standard of care after OHE.

The medical record of the animal's anaesthesia, surgery and the events postoperatively was inadequate and the veterinarian was also found to be in breach of clause 15 of the Code in that his records were not in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal (if required).

4. A second veterinarian was found guilty of professional misconduct due to breaches of the Code after it was found that the anaesthetic protocol used and the surgery (OHE) performed on a 6 year old Shih Tzu bitch were not to current standards (clause 4) and that he failed to ensure that he was available for the ongoing care of the animal (clause 8).

Intravenous access (catheterisation) and endotracheal intubation and delivery of oxygen were not undertaken in this case. All of these procedures were considered the current standard of care during general anaesthesia for abdominal surgery in a mature brachycephalic breed especially in dorsal recumbency due to the increased risk of respiratory obstruction. Only parenteral anaesthesia using a combination of drugs at doses that are no longer commonly recommended was provided.

In a small dog (< 5kg) any errors in the weight measurement and the difficulty in measuring very small drug volumes may have been associated with a significant margin for error in the doses administered. No record was kept of any observations during surgery or post operatively. The dog was discharged to the owner when not normally responsive and was reported not to have been able to stand unaided from the time of discharge until her death.

Some haemorrhage from the surgical incision was noted by the owner later in the day and a body bandage was applied and the dog again discharged to the owner. Multiple attempts were made by the owners to contact the

veterinarian during the evening after her surgery when the dog was distressed but the veterinarian could not be reached and no emergency contact number was provided.

The bitch was treated by another veterinarian at another veterinary clinic where an exploratory laparotomy found evidence of abdominal haemorrhage. The bitch died the following day after a seizure without regaining the ability to walk. It was considered highly likely that the anaesthetic protocol given during the first surgery caused significantly reduced cerebral perfusion which would have been exacerbated by any hypovolemia (as a result of surgery or post surgical haemorrhage), hypoxia, hypercapnea and/or hypothermia.

5. A veterinarian was found guilty of professional misconduct, reprimanded and fined after it was found that his actions were in breach of the clause 4 of the Code and the *Veterinary Practice Act 2003* (s 35(k)) in that a record of S8 drugs had not been made at his veterinary hospital for more than 3 years.

There was no indication that S8 drugs were being misappropriated for any other purpose than the treatment of veterinary patients however as the superintendent of a veterinary hospital it was his responsibility to ensure that an accurate record of S8 drug inventory and use was kept in a drug register as required by *NSW Poisons and Therapeutic Goods Regulation 2008* (clauses 111 and 118).

A drug register must be kept on veterinary premises where drugs of addiction are stored. Entries must be made on the day of any receipt, supply or use of any S8 drug. The lack of maintenance of a drug register was not in accordance with current standards of the profession (clause 4) and whilst not wilful, the veterinarian's conduct also showed a lack of care and judgment in his practice of veterinary science (s 35(k)).

Dismissed Complaints

The Complaints Committee can make a recommendation to the Board to dismiss a complaint against a veterinarian and may also make a recommendation to advise either an individual veterinarian or to the Board (to make known to the wider profession) with the aim to prevent similar adverse events or similar complaints.

Two complaints were investigated in this reporting period that were dismissed by the Board however both involved concerns that have been recurrent themes with respect to complaints previously - namely lack of communication regarding the cost of veterinary services and thermal burns sustained during veterinary treatment.

Client communication and the provision of an estimate of fees

A complaint was made against a veterinarian after diagnostic tests were performed during the course of a routine consultation (ear cytology and skin scraping) where the additional cost of these tests was not specifically advised to the client prior to the tests being undertaken. The complainant had agreed to the tests being performed but felt she should have been given the opportunity to decide on treatment with known costs. It was the opinion of the Board that many practitioners may not consider it typical for a client to repeatedly ask the cost of each individual test or minor treatment during a routine consultation nor is it typically always expected by a client that the veterinarian would provide such information however clause 16 of the Code requires veterinary practitioners to provide an estimate of the extent and cost of veterinary services where practicable before providing veterinary services.

Clause 16 would be similarly interpreted by many practitioners as applying to services that require significant investigation, treatment, hospitalisation and/or surgery rather than those incurred in a routine consultation. Previously this interpretation has been reinforced by Board communications which also recommend written consent and estimates for hospitalised cases. Board communications in the past have not specifically highlighted the requirement

for an estimate to be given for any additional charges (regardless of amount) when incurred during a routine consultation but the Board's recommendation has been reviewed.

While providing an estimate of costs for all minor procedures and treatments carried out during routine consultations is not common practice currently, the provision of an estimate is not likely to be impracticable and all consultations, treatments and diagnostic tests can be considered veterinary services. As such, an effort should be made to provide an estimate (verbal or written) of costs to the client, in addition to client consent, prior to any service (including during a consultation) unless the veterinarian client relationship suggests that this is not always necessary or this is not practicable.

Poor communication remains an ongoing source of complaints against veterinarians. Complaints may arise due to poor communication (or perceived poor communication) regarding the treatment given, diagnostics performed, prognosis or the cost of services provided. An estimate of the cost of veterinary care including diagnostic tests and treatment where practicable is a requirement and this can be given verbally or in writing (preferred).

It can be difficult to provide an estimate for the total care of patients where the extent of the treatment that may be necessary is not predictable however the estimate of total costs to date should be updated (daily or more frequently) to the client and permission for additional diagnostic tests and treatment should be obtained before they are performed where practicable (i.e. emergency treatment may be given if the owner cannot be contacted). Consent must be given by a client for necropsy examination (verbal or written).

Maintaining an accurate record of all communication with clients is important. This is especially critical in veterinary practices where multiple veterinarians are involved in an animal's care and where the client may not have face to face communication with the veterinarian attending their animal. Communication is critical to enable an owner to understand their animal's condition, the treatment options available and the costs involved but communication is also important between veterinarians to provide a

continuity of care both for the animal and the client.

Current standard of practice for warming patients

A complaint was dismissed against a veterinarian after a dog sustained thermal burns during a dental procedure where hot water bottles were used to prevent hypothermia. Small animals are susceptible to hypothermia during any period of anaesthesia and surgery and hypothermia may significantly increase morbidity and recovery times.

Prevention of heat loss during anaesthesia is recommended and various heating methods are routinely used in veterinary practice to minimise heat loss during anaesthesia, procedures and in recovery. Burns are unpredictable and have been reported as a complication in anaesthetised animals warmed by different heat sources. Even with adequate precautions burns may still occur but hot water bottles are known to be a possible cause of burns.

The Board published an article in [Boardtalk May 2016](#) stating that it no longer considers the use of hot water bottles and other uncontrolled heating methods to be in accordance with current standards. This advice article was prompted by previous complaints concerning dogs that had sustained thermal burns during veterinary treatment. The Board considered a suitable time frame for veterinarians to transition to other heating methods would be approximately 6 months from the publication of this advice.

The Board reminds veterinarians that any heating source used from now on should incorporate the ability to control temperature (has a thermostatic controller) with a maximum upper limit that is not expected to cause burns and that the onus is on the operator (the veterinarian) to ensure that the device used is functioning normally and is properly serviced (as required).

CPD Audit

The Board conducted its fourth audit of Continuing Professional Development (CPD) points reported by veterinary practitioners this year. Approximately 750 veterinarians have now been audited in the last four years (22% of practising veterinarians in NSW).

A stratified random sample of veterinarians is selected from our database each year with stratification based on area of employment, registration type (full, specialist, limited, honorary, deemed), year of graduation and audit history to ensure the breadth of the profession is covered.

It is important to note that failure without reasonable excuse to comply with CPD requirements is defined as unsatisfactory professional conduct (*Veterinary Practice Act 2003* s 35(e1)) and failure to provide validation for CPD points claimed may lead to an allegation of a false declaration in your Annual Return and a potential breach of the Veterinary practitioners code of professional conduct (cl 17) which is defined as professional misconduct.

So, only claim what you know you can validate and if you have made a mistake in your CPD point calculations contact the Board as soon as possible.

The audit currently asks for validation of the minimum 15 structured CPD points only.

Here are some useful lessons from audits so far:

- A small number of veterinarians could not be contacted. It is a statutory requirement that you advise the Board as soon as possible of any change to your contact details and the easiest way to do this is using your [Vet Login](#).
- If you have experienced health issues during the return period that may have affected your ability to practice (including the completion of required CPD points) you are required to report these concerns in your Annual Return.
- The **CPD year runs from 1 April to 31 March** so that when you are looking to renew your registration in May you should have received validation from any CPD conducted in the previous return period.
- AVA Vet Ed Statements are an efficient


and effective method for validating VetEd CPD points (The AVA MyCPD Statement records points that will require validation).


- CPD providers should provide validation of completion of the activity with a title for the activity, date of the activity, name of the attendee, registration number, and number of hours and number of CPD points attained.
- Where a CPD provider has not issued a certificate of attendance the Board has accepted a payment receipt as an alternative. The Board strongly recommends that CPD organisers either issue a certificate to attendees or maintain an attendance record to avoid problems for participants.
- Ensure you keep records validating your CPD for at least 4 years. The Board will audit a random sample of veterinarians each year after completion of their 3 year CPD cycle.
- Many veterinarians reported completing significantly more CPD than the required minimum and a [summary of reported CPD points](#) is available from the [Statistics](#) section of our website.

By 2019 approximately 50% of registered veterinarians in NSW will have been audited. As above, stratification of the population includes audit history so just because you have been audited once does not mean you will not be audited again.

Please note that veterinarians working in NSW under deemed registration (registered in Australia but outside NSW) are also required to meet CPD requirements and will be included in future audits.

Contact Details for Veterinary Practitioners Board

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Lost Drugs, Break-Ins And Online Pharmacies

NSW Health and the Board would like to remind you that:

1. **The loss of theft of any drug of addiction (S8) or prescribed restricted substance (S4 Appendix D) must be reported to NSW Health immediately.** This [submission must be via an online form](#) (Submit Form button top left of first page). NSW Health does not accept photos, scanned copies or handwritten submissions.
2. **Drugs must be kept safe.** Recently there have been a number of reports of break-ins to veterinary practices where someone has been able to find the keys to the safe and steal the contents. Keys to the safe containing S8 drugs should not be left on the premises unless they can be locked into another safe, and only a vet can have ultimate access to the drugs or the keys to the safe containing S8 drugs.
3. **Veterinarians are not permitted to fill prescriptions.** Under the *Poisons and Therapeutic Goods Act 1966* (s 36AA) **only a pharmacist** is able to dispense or compound a substance on the prescription of a veterinarian. Veterinarians are able to supply restricted substances (S4 and S8 medication) to a client under circumstances described in the *Veterinary Practice Regulation 2013* (sch 2, cl 20) but only in the ordinary course of his or her profession (*Poisons and Therapeutic Goods Act 1966* (s 36AA(2)(a)).

NSW Health and the Board do not consider that a service providing restricted substances based on written notifications ('prescriptions') from veterinarians is part of the ordinary

course of activities for a veterinarian. Supply on the written authority of another veterinarian under cl 20(1)(b) is available to veterinarians to ensure clients are able to obtain medication when their usual veterinarian was either not available or did not have stock of the required medication.

Are Your Drug Labels Compliant?

Surely every veterinary practice's drug labels are the same?? Wrong! But they should be.

Often during hospital inspections faults with the wording and usage of drug labels are seen. The Board encourages veterinarians to check your current labels to ensure they are compliant with NSW Poisons and Therapeutics Goods Legislation. Here is a refresher to help...

When a veterinary practitioner supplies a restricted substance (Schedule 4) or a drug of addiction (Schedule 8) to an animal owner, whether in the manufacturer's original pack or repacked into another container, the veterinary practitioner must label the primary container e.g. bottle or carton with the following details:

- the words "KEEP OUT OF REACH OF CHILDREN" in red on a white background
- if the substance is intended for external use only the word "POISON" or the words "FOR EXTERNAL USE ONLY" in red on a white background
- the approved name, strength and quantity of the substance and its proprietary name, unless it is a preparation compounded extemporaneously in accordance with the veterinary practitioner's own formula
- adequate directions for use, which should be explicit as people tend to forget verbal directions
- the name of the animal's owner (or client) and the species of animal (and patient's name where applicable)
- the name and address of the veterinary practitioner.

It is not necessary to repeat any details which are already included on the label of the dispensed

product, such as the approved name and the product name, provided they are not obscured by the dispensing label.

All supplied containers must carry a label as described above, even if there are large numbers supplied and the labels are the same. It is not acceptable to label a carton with several unlabelled containers inside. The presence of the dispensing label on the container indicates that the product has been supplied by a veterinary practitioner.

It is also the veterinarian's responsibility to ensure these labels are LEGIBLE – this is important for hand-written labels, but also computer generated ones. Please ensure that your label printer ink hasn't become so low that it makes the labels hard to read.

NSW Health's [GUIDE TO POISONS AND THERAPEUTIC GOODS LEGISLATION FOR VETERINARY PRACTITIONERS](#) is an easy to read and relevant article that outlines everything you need to know.

Returns, Refunds And Re-Use Of Drugs

Resupplying returned medication would be contrary to the principles of good practice and the Board would consider this practice NOT to be to current standards.

Returned or otherwise unusable medications should be disposed of in a place and manner that is not likely to constitute a risk to the public. Schedule 8 medicines (drugs of addiction) in possession of a vet can only be destroyed by or in the presence of a retail pharmacist, a NSW Health inspector or a police officer.

A veterinarian is allowed to accept returns of unused veterinary medication for disposal. Whether or not a refund is paid to the client is a commercial decision for the vet to make. In some circumstances, Consumer Law may require that a refund be paid.

NSW Health's [GUIDE TO POISONS AND THERAPEUTIC GOODS LEGISLATION FOR VETERINARY PRACTITIONERS](#) is an easy to read and relevant article that outlines everything you need to know.

Are You Employing A Veterinarian In NSW?

If you are employing a veterinarian in NSW or a person who will have the descriptor 'veterinary' in their title (with the exception of a veterinary nurse) you have a responsibility to ensure that person is a registered veterinarian.

1. If the person is registered in NSW you can use the '[Find a Vet or Hospital](#)' function on our website.
2. If the person is registered outside NSW but within Australia (deemed registration in NSW) you can use the [Search for a Registered Veterinarian in Australia](#) function available from the Australasian Veterinary Boards Council website (a link is also available from the '[Find a Vet or Hospital](#)' function on our website).
3. If you know the jurisdiction you can also use the website for that Board and website addresses for other Australian boards are available from Resources, [Useful links](#).
4. If the person is not registered within Australia they will need to [apply for registration](#) in NSW before they can be employed as a veterinarian.

If you have employed a veterinarian who is currently registered in another Australian jurisdiction that person has up to 3 months from the time they move to NSW to register in NSW.

Under National Recognition of Veterinary Registration veterinarians should register in the state or territory of their principal place of residence. Veterinarians working in Western Australia, ACT and Northern Territory must register in those jurisdictions prior to working as these jurisdictions are yet to implement NRVR.

Veterinarians registered in another Australian state or territory who wish to work in NSW need to also consider becoming an Authorised Identifier for microchipping companion animals (see [Office of Local Government website](#)) and must apply for a Radiation User Licence (see [NSW EPA website](#)) in order to take radiographs.

Racing NSW Update

AR.177B(2) is the list of specified substances and categories of substances for the purposes of the out-of-competition testing rule AR.177B in thoroughbred horse racing. These substances are considered to have no place for use in racehorses, and their detection in a sample taken from a racehorse at any time, including out-of-competition, or their discovery in a racing stable are considered serious offences, with penalties of mandatory disqualification for any person found to have administered, attempted to administer or was a party to the administration of these substances.

The list is updated from time to time to accommodate new substances and classes of substances that are identified by Racing Australia as risks to the integrity of racing and to the welfare of horses.

Additions to the list of specified substances in the out-of-competition testing Rule AR.177B(2)

Veterinarians should be aware of the three new categories of substances added to the list in AR.177B(2) from 1 November 2016:

“(g) haematopoietic growth factors, including but not limited to filgrastim.”

This class of substances is banned by the World Anti-Doping Agency (WADA) in human sports due to their effects on blood parameters in the biological passport, and as masking agents for other substances. There is no legitimate place for their use in racehorses.

“(1) corticotrophins, including adrenocorticotrophic hormone (ACTH) and tetracosactrin (tetracosactide), and corticotrophin releasing factors.”

This class of substances is also banned by WADA, and they are used to stimulate the adrenal gland to produce the body's natural

cortisone and other steroid hormones. They raise an integrity issue because of their ability to affect performance, their potent effects on a number of body systems and their anti-inflammatory effect.

“(w) zoledronic acid and any other bisphosphonate drug not registered for veterinary use in Australia.”

The bisphosphonates are used to treat osteoporosis in humans and a range of bone conditions in horses. Their use, however, has been associated with an increased risk of spontaneous fractures due to the poorer biomechanical properties of the new bone produced arising from the inhibition of the activity of osteoclasts during bone remodelling.

There is a registered veterinary preparation (*Tildren*) available for use in horses, and its judicious use might be indicated in selected cases. However zoledronic acid (which is not registered for use in horses) has between 100 and 10,000 times the potency of the registered drug *Tildren*.

The major concerns of racing authorities worldwide regarding the use of bisphosphonates in racing horses are their prolonged analgesic effect and that they may predispose racehorses to major fracture when competing, especially when given to horses with certain pre-disposing conditions.

The complete list of substances specified in AR.177B(2) can be found in the Rules of Racing of Racing NSW which can be accessed at:

http://www.racingsnsw.com.au/site/_content/document/00000401-source.pdf

Dr Craig Suann
Official Veterinarian
Racing NSW

Future NPWS Service Survey For Veterinarians And Veterinary Nurses

The National Parks and Wildlife Service is developing a survey for veterinary professionals about their interactions with those volunteer groups who rescue and rehabilitate sick and injured wild native animals.

The survey is part of a larger project aimed at helping Government facilitate more effective wildlife care and inform future accreditation of the volunteer sector.

Veterinarians and veterinary nurses are in many places important regular contributors to the sector and often undertake work on a *pro bono* or at-cost basis. This survey will help NPWS better understand and quantify the contribution they make toward wildlife care, their views about their own training in wild native animal treatment and the capacity and quality of service delivery provided by the 4000 volunteers who make up the sector.

The survey will be made available from the News section of the Board's website later in December.

Referrals And The Code Of Professional Conduct

The Veterinary practitioners code of professional conduct (schedule 2, *Veterinary Practice Regulation 2013*) (Code) clearly sets out the responsibilities of veterinarians as we go about our daily practice. Breaches of the code are declared as either unsatisfactory professional conduct or professional misconduct and disciplinary findings can be made by the Board. The basic principles of the code are a primary concern for the welfare of animals and maintenance of professional standards.

Current standards of practice

A veterinary practitioner must maintain knowledge to the current standards of practice in the areas of veterinary science relevant to his or her practice and must base professional decisions on evidence-based science, or well recognised current knowledge and practice, or both.

Before undertaking practice in a particular area of veterinary science, a veterinary practitioner must ensure he or she has the knowledge and competence necessary to practice in that area. Where appropriate, a veterinary practitioner must utilise the skills of colleagues, by consultation or referral (clause 5 of the Code) and a veterinary practitioner must not refuse a request by a person responsible for the care of an animal for referral or second opinion (clause 9 of the Code).

With the ever growing knowledge base and advanced care that is now available to our patients there is an ever increasing need to discuss and offer referral or obtain second opinions in our everyday practice.

Specialists and referrals

As at 30 June 2016 there were 154 registered specialist veterinarians in NSW.

There are many areas of specialty recognised which can provide assistance for the management of a wide range of species, conditions and situations. All the specialty areas are listed at the AVBC site at avbc.asn.au/wp-content/uploads/documents/public/SpecialistRegisInfoAusMar2016.pdf

The legislation in NSW (*Veterinary Practice Act 2003* (s 13)) is very clear that no abbreviation or derivative of the word specialist can be used by any veterinarian who is NOT registered as a specialist:

- (1) *An individual must not represent himself or herself to be a specialist in a branch of veterinary science unless he or she is the holder of specialist registration in that branch. Maximum penalty: 50 penalty units or imprisonment for 12 months, or both.*
- (2) *Without limiting the ways in which a person can be considered to be represented as a specialist, a representation using any of the following titles, names or descriptions constitutes such a representation (a) the title or description "specialist" or any abbreviation or derivative of that word in connection with the person's practice of veterinary science, (b) any title, description, words or letters implying, or capable of being understood as implying, that the person is a specialist in a branch of veterinary science.*

Many veterinarians now hold further qualifications including certificates, advanced degrees, memberships, fellowships and diplomate status. Holding qualifications that may be suitable for specialist registration does not entitle the holder to call or promote themselves as a specialist. Only specialist registration in NSW allows a veterinarian to refer to themselves as a specialist. A searchable list of registered specialists in NSW can be found on the Board's website www.vpb.nsw.gov.au/search-vet-hospital

The Board grants specialist registration on the advice and assessment of the AVBC. Application forms for specialist registration can be found on the Board's website www.vpb.nsw.gov.au/specialist-registration

It is important specialists use their correct title as described on their specialist registration. For example, those who are registered in the area of Small Animal Surgery or Small Animal Medicine must not use the more general term Small Animal Specialist.

Primary responsibility rests with the individual veterinarian but all practice staff should ensure there is no misunderstanding by the public as to the qualification of the veterinarians consulting in a particular practice. Within a general practice you may refer a client to a very capable yet non-specialist veterinarian but both the referring and referral practice staff should ensure the client is not accidentally misled as to the status of the person accepting the referral.

What terminology can you use if you want to encourage second opinion cases in areas of extra training or skill that you do not hold specialist registration? "Particular interest in. ..." is a problem free phrase and frequently used and accepted by the Board. "Special interest in..." or "expert" or "expertise in" are not acceptable terms.

The [AVA policy on Veterinary referrals and second opinions](#) provides a useful guide.

When referring a patient, the attending veterinarian should send the receiving veterinarian a detailed report and advice about previous treatment. This report should include relevant medical records, laboratory findings, radiographs or other imaging and the results of any other diagnostic tests performed as appropriate.

Upon discharging the patient, the receiving veterinarian should send the attending veterinarian a detailed written report and advice about the

continuing care of the patient. If appropriate, the client should be advised to contact the attending veterinarian regarding continuing care of the patient. Maintaining good relations between veterinarians is important in promoting quality patient care, but each veterinarian's primary legal responsibility is to the patient and client.

Inducements

Clause 21 of the Code states: "*A veterinary practitioner must not provide a referral or recommendation the request for which is accompanied by an inducement to the veterinary practitioner.*" Veterinarians may be tempted to offer a "reward" to other veterinarians who provide them with referral cases - this inducement would pervert the normal referral procedure and would be a breach of the clause above.

The high ethical standards to which most veterinarians aspire would prevent base factors from influencing our referral decision making process. However it behoves us to be constantly vigilant, and always ensure that our decisions concerning referral and recommendation are influenced only by good, evidence-based medical decision making. In the modern world where savvy consumers are aware that inducements might occur, it is simple wisdom to record the reasons for a particular referral or recommendation in the medical record. Clause 21 of the Code patently applies to all veterinarians, not just specialists.

The Board is legally bound by the legislation to investigate complaints and complaints can come from anyone, including consumers of veterinary services, veterinarians or the Board itself.

If the Board finds evidence of any breach of the Code, the *Veterinary Practice Act 2003* or *Veterinary Practice Regulation 2013*, the veterinarian will be asked to justify their actions and a disciplinary finding against a veterinarian can be made.

Confidential Help for Veterinarians

Doctors Health Advisory Service
24 hours a day.

(02) 9437 6552

Availability To Care For An Animal

When a veterinary practitioner accepts an animal for diagnosis or treatment there are very clear responsibilities and codes of professional conduct that go with the service being provided. These are to ensure the care of the animal is to current standards, and that the owner or client is fully informed about the ongoing care.

Under clause 8 of the **Veterinary practitioners code of professional conduct**, a veterinarian must demonstrate “availability to care for an animal”. When a veterinary practitioner accepts an animal for diagnosis or treatment, he or she must:

1. **Ensure that he or she is available for the ongoing care of the animal, or**
2. **Ensure that if he or she will be unavailable, make arrangements for another veterinary practitioner to take over the care of the animal.**

The situation may arise for example, where a veterinary practitioner initiates the diagnosis and care of an animal, but may be unavailable for the next day or more to continue with the ongoing care. In these circumstances the veterinarian is expected to ensure a veterinary colleague has all of the relevant information to continue the care to current standards. It would also be appropriate to advise the client who will be providing the ongoing care.

In another situation an animal may be admitted to hospital and warrant critical care monitoring overnight. It may be the case where the veterinarian does not provide overnight monitoring of animals in their hospital. In these circumstances the veterinary practitioner is expected to discuss the situation with the client or owner of the animal, so they can be given the choice of authorising it to stay in their hospital without overnight care, or to transfer it to another veterinary hospital with 24 hour care. If the animal is transferred to another veterinary hospital the owner or client must be fully informed of the details of the hospital, how to contact them and what to expect.

Owners and clients should be advised on details of what to do in an after-hours emergency, or when an animal develops an unexpected complication following surgery or treatment in hospital. The veterinarian must be available to examine the animal and provide the care that is required, OR direct the owner or client to another veterinary hospital that is able to undertake the care of the animal. In this situation, the veterinarian should have made arrangements with the other veterinary hospital to ensure they are aware that after-hours emergencies may be referred to them.

Stock Medicines And Veterinary Chemicals Update From The DPI

Elanco Posilac - Evaluation of the new active constituent Sometribove zinc

The Australian Pesticides and Veterinary Medicines Authority (APVMA) recently published a public release summary for registration of Posilac by Elanco. Posilac is a new product for Australia. The active ingredient is Sometribove zinc, which is a recombinant bovine somatotrophin. Posilac is an injectable product to increase the productivity of lactating dairy cows.

The APVMA are consulting on the product release summary until 29 November 2016.

A copy of the public release summary and more information about the product and the consultation is available at <http://apvma.gov.au/node/20896> or by phoning the APVMA on 02 6210 4701.

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.

Piranha Pour-On Lousicide for Sheep, 10 g/L thiachloprid

New Use – Control of neonicotinoid susceptible and IGR resistant strains of body lice (*bovicola ovis*) on shorn sheep up to 7 days off-shears. **Label Variation** – Regarding dip additive compatibility and safe use in breeding ewes and amendment of the re-treatment restraint.

Label – Piranha Pour-On Lousicide for Sheep

Equivac WNV, Each 1ml dose contains inactivated West Nile Virus, strain VM-2 RP \geq 1.0

New Use – For active immunisation of horses 6 months of age or older against West Nile Virus (formally kunjin virus) disease by reducing the number of viraemic horses.

Label – Equivac WNV

Poulvac *E.coli*, Each dose contains live *Escherichia coli*, type 078, strain EC34195 \geq 8.2×10^6 CFU

New Use – For active immunisation of chickens as an aid in the prevention of disease caused by *Escherichia coli*

Label – Poulvac *E.coli*

Ilium Buccalgesic OTM, 10 mg/mL Meloxicam

New Use – To include pain relief associated with castration and tail docking in lambs

Label – Ilium Buccalgesic OTM

Tri-Solfen Topical Anaesthetic & Antiseptic Solution for Pain Relief in Lambs, 40.6

g/L lignocaine (as hydrochloride), 4.2 g/L bupivacaine (as hydrochloride), 24.8 mg/L adrenaline (as acid tartrate), 5 g/L cetrimide

New Use – To include pain relief following castration and tail docking in lambs

Label – Tri-Solfen Topical Anaesthetic & Antiseptic Solution for Pain Relief in Lambs

Avenge Pour-On Lousicide for Sheep, 35 g/L imidacloprid

New Use – To add use in prevention of blow fly (*Lucilia cuprina*) strike up to 10 weeks

Label – Avenge Pour-On Lousicide for Sheep

Elanco AF0250 Tylan 250 Tylosin Phosphate Premix, 250 g/kg tylosin as the phosphate

New Use – To remove use as a growth stimulant in pigs.

Label – Elanco AF0250 Tylan 250 Tylosin Phosphate Premix

Elanco Ovugel (*triptorelin acetate*) Gel for Intravaginal use in Sows, 100 mcg/mL triptorelin (as triptorelin acetate)

New Use – For the synchronisation of time of insemination in weaned sows to facilitate a single fixed-time artificial insemination

Label – Elanco Ovugel (*triptorelin acetate*) Gel for Intravaginal use in Sows

New and Renewed Permits

PER83133	Custom klebsiella vaccine/pigs/septicaemia	Expires 30 July 2019
PER83329	Vaxsafe ms vaccine/chicken/infectious synovitis	Expires 30 Sep 2017
PER82848	Eimeriavax plus/poultry/coccidiosis due to <i>Eimeria brunetti</i>	Expires 30 June 2017

Contact: Jenene Kidston jenene.kidston@dpi.nsw.gov.au ph. 02 6391 3625

Technical Specialist Farm Chemicals Biosecurity and Food Safety

Draft biosecurity regulation public consultation – submissions welcome

The *Biosecurity Act 2015*, which is due to commence next year, will wholly replace 10 and partly replace 4 current Acts which regulate animal biosecurity, plant biosecurity, aquatic biosecurity and invasive species and weeds in NSW. The Acts related to animal biosecurity which are being replaced by the *Biosecurity Act 2015* are the *Stock Diseases Act 1923*, the *Animal Diseases and Animal Pests (Emergency Outbreaks) Act 1991*, the *Stock (Chemical Residues) Act 1975*, the *Stock Foods Act 1940* and some sections of the *Fisheries Management Act 1994*. Please note that the *Stock Medicines Act* will continue to be in force after 2017 as it is not being repealed by the *Biosecurity Act 2015*.

The *Biosecurity Act 2015* will be supported by regulations in the *Biosecurity Regulation 2016* and the Biosecurity Manual. Draft versions of these documents, plus the Regulatory

Impact Statement for the proposed Biosecurity Regulation 2016, are now available for public consultation at <http://www.dpi.nsw.gov.au/content/biosecurity/biosecurity-act-2015>
Submissions can be made until 29 January 2017.

The draft Biosecurity Regulation 2016 and Biosecurity Manual include provisions in respect of:

- notification requirements for pests and diseases listed in Schedule 1 of the Biosecurity Regulation 2016 or listed as Prohibited Matter under Schedule 2 of the *Biosecurity Act 2015*
- laboratory testing of those pests and diseases listed as Prohibited Matter under Schedule 2 of the *Biosecurity Act 2015*
- risk minimisation measures when moving certain species of animals into NSW on account of footrot, cattle tick and porcine brucellosis (note: these measures are specified in the Biosecurity Manual)
- the feeding of prohibited pig feed ('swill') to pigs
- the feeding of restricted animal material (RAM) to ruminants, and labelling requirements for stock food in relation to RAM
- chemicals in food producing animal and animal food commodities
- substances in stock food

Veterinarians are encouraged to take this opportunity to look at the proposed new legislation and to have their say.

Bronwyn Hendry bronwyn.hendry@dpi.nsw.gov.au ph. 02 6366 3487
Strategy Leader Animal Biosecurity

New E-Learning Module For Vets Visiting Hobby Farmers/Small Holders

A new e-learning module is being developed specifically for vets who visit hobby farms or treat animals kept on small blocks. The module aims to improve the knowledge and confidence of these vets to:

- investigate livestock and wildlife diseases (especially notifiable diseases)
- engage, collaborate and know when to get help from government veterinarians
- know where to find biosecurity and communication resources for small holders and
- understand their role within Australia's animal surveillance system for reporting and investigating notifiable diseases

The module is being developed jointly with NSW DPI, the Australian Veterinary Association, researchers from Charles Sturt University, Animal Health Australia and the Department of Agriculture and Water Resources and will be available nationally to all veterinarians.

Often working with hobby farmers can be challenging due to poor facilities, poor husbandry, overstocking and multiple species grouped together. This brings its own unique challenges for veterinarians and it is anticipated that the e-learning module will help them be better prepared.



Registration And Principal Place Of Residence

National Recognition of Veterinary Registration (NRVR) in NSW means that veterinarians registered in another jurisdiction in Australia are able to work in NSW as deemed registrants.

In jurisdictions where NRVR has been enacted veterinarians must register in the jurisdiction of their principal place of residence. NRVR therefore allows greater mobility of veterinarians throughout Australia.

In jurisdictions yet to implement NRVR (Western Australia, Northern Territory and the Australian Capital Territory) veterinarians must register where they work.

For most people your principal place of residence is easy to determine – it is your home, where your family resides, where you sleep and where you spend most of your time. Your address on the electoral roll, drivers licence, car registration, bank statements and other typical proof of identity documents would usually also assist in confirming your principal place of residence.

In some situations it can be more complicated and the Board has received a number of enquiries related to this issue.

1. If I live and work across State borders where should I register?

If your principal place of residence is in a border town in Victoria but you work in a border town in NSW under NRVR you register in Victoria and work in NSW under deemed registration.

If your principal place of residence is a border town in NSW but you work in the ACT you must register in the ACT as this jurisdiction is yet to implement NRVR. If you want to work in NSW as well the legislation requires that you register in NSW as this is your principal place of residence.

2. What if I am doing locum work?

If your principal place of residence is outside NSW and remains the same (you do not intend to move to NSW beyond the locum work) you maintain your registration in your current State or Territory and work as a deemed registrant in NSW.

3. How long can I work in NSW as a person with deemed registration?

The *Veterinary Practice Act 2003* (s 34B(2)) defines a person's principal place of residence as including any jurisdiction which was, within the last 3 months, the person's principal place of residence.

Once you move from interstate to NSW and your principal place of residence becomes NSW you therefore have a period of up to 3 months where you can work under deemed registration (assuming you remain registered in your previous jurisdiction).

If the locum will be longer than 3 months the question returns to where is your principal place of residence.

4. What if I consider myself to be a fly-in fly-out veterinarian?

This is similar to the above. Again, in NSW the Board expects you would register in NSW if this is your principal place of residence but if your principal place of residence remains outside NSW you can work in NSW under deemed registration.

The situation will differ with various individual circumstances and the definition of principal place of residence can become complicated. For example your home may no longer be where you spend most of your time or where you typically 'reside'.

The Board strongly recommends that you contact the Board in the State or Territory in which you plan to work to describe your individual circumstances and find out how the legislation is applied in that jurisdiction.

Whilst most States have implemented NRVr it must be remembered that you must comply with different veterinary and other legislation in each jurisdiction. This may include compliance in relation to insurance, other licences and permits, drugs and poisons legislation, CPD and registration period so it is vital that you contact that Board to discuss your legislative obligations prior to commencing work.

Finally, it is important to remember that the purpose of NRVr and deemed registration was to improve the mobility of the veterinary workforce by reducing administrative burdens on veterinarians and the costs of registration when working in multiple jurisdictions. Equally, it is important that the Board where you are registered is able to contact you and that you respond within the required timeframe to any notification from that Board.

What Is Limited Registration?

A person may be granted limited registration if the Board is satisfied that the person does not have all the qualifications necessary for full registration but has such qualifications in veterinary science and experience in the practice of veterinary science as to justify the granting of limited registration.

Limited Registration may be granted by the Board to allow a person to practise veterinary science for a specific purpose or a limited time.

The most common purpose is to allow a veterinary graduate from overseas to prepare for the clinical component of the National Veterinary Exam. Limited registration is typically granted for one year but a person may re-apply if additional time is required to prepare for this exam.

A person with Limited Registration must be supervised by a registered veterinarian (other than a veterinarian with Limited Registration) and the supervising veterinarian(s) must sign the Supervising Veterinarian Declaration Form.

The Board has developed a policy on [Requirements for Limited Registration](#) to assist graduates from overseas and potential supervisors (see Resources, Policies, Registration).

A World-First Project To Help Reduce Or Even Eradicate Canine Parvovirus

Veterinarians around Australia are being asked to help with a bold new research project looking to bring a ‘disruptive technology’ approach to the issue of canine parvovirus (CPV) in Australia.

The disease is the biggest viral threat to the health of dogs in Australia, though it can be endemic in some areas while being absent in other (even adjacent) areas. Nearly five thousand cases of CPV have been reported in Australia alone in the last five years¹ and the true number of cases may be significantly higher.

Researchers from University of Sydney will be sending a survey to the whole veterinary profession in January 2017, seeking every veterinarian to answer, in an attempt to gauge the national distribution and prevalence of CPV and then to start measures to try and bring the disease fully under control, and potentially even eradicate it.

Look out for the survey which will be available from the Board’s website (News) in January and please take some time to complete and submit it.

To contact the research team, you can email Dr Mark Kelman at kelmanscientific@gmail.com.

¹ E. Zourkas, M. P. Ward, and M. Kelman, “Canine parvovirus in Australia: A comparative study of reported rural and urban cases,” *Vet. Microbiol.*, vol. 181, no. 3–4, pp. 198–203, Dec. 2015.

**EMERGENCY
ANIMAL DISEASE WATCH
HOTLINE**

1800 675 888

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

Pet Registration Goes DIY And Digital

From July 2016 pet owners have had access to the new online registry to update their contact details, report their pet missing, transfer ownership and pay most lifetime registration fees online.

What has changed for vets?

- From July 2016 vets can logon to the NSW Pet Registry through a dedicated link at www.petregistry.nsw.gov.au
- Existing user names and passwords can be used to logon, and vets will be able to:
 - access the registry easily and quickly add animals that have been microchipped.
 - update a pet's status (home/missing/deceased) on behalf of an owner.
 - update the registry if a pet is desexed, or if desexing is not recommended.
- The new system is user friendly and designed to minimise data entry for vets.
- If the online registry cannot be accessed, new paper forms that match the new system and feature updated legal information can be downloaded from the Office of Local Government website, www.olg.nsw.gov.au/public/dogs-and-cats/forms. These can be submitted at a local council.
- Microchipped animals should be added to the registry under the breeder's name where possible.

Microchipping and desexing

- The Government encourages pet owners to desex cats and dogs at an early age. This helps to ensure pets stay healthy, are well behaved and do not have unwanted litters.
- The NSW Government continues to provide funding to support discounted registration fees for desexed animals.
- The discounted registration fee is available to owners who desex their cat

before four months of age. A discounted fee applies to dogs desexed before six months of age.

- Vets can update the registry when a pet is desexed.

Vets can also update the registry to indicate that a pet should not yet be desexed for medical reasons.

What has changed for pet owners?

- New owners will be asked to create an online profile to claim their pets once microchipped. They will use the microchip number, their contact telephone number or email to locate the pet on the registry.
- Current owners will be asked to make a profile, update their details and claim existing pets on the registry through their new profile (this will require pet microchip numbers).
- Owners can update their details and transfer pet ownership online making it easier for vets and approved persons to contact the owners of lost or injured pets.

What has changed for breeders?

- For the purposes of the registry, the owner of an animal that has a litter will be the first owner of each animal in that litter.
- Everyone who owns a cat or dog that has a litter will be given a breeder profile.
- A breeder's profile and access is the same as for other pet owners, with the addition of a Breeder ID number for easy use of the registry, such as for adding multiple animals.

Vets registered with the NSW Veterinary Practitioners Board can gain access to the registry by applying to the Office of Local Government (www.olg.nsw.gov.au/public/dogs-and-cats/forms).



Keeping Hospital Information Up-To-Date

The Board is currently reviewing its hospital database to make it easier for licence holders to ensure information made available to the public is up-to-date.

In 2017, the Board will provide hospital licence holders with the opportunity to check that the licence details held by the Board remain current. These details include the licence holder, veterinarians with percentage controlling interest, details of the superintendent and contact details.

A website address field will also be added to our publicly available information so that the public will be easily able to directly access a hospital website from the Board's website. This website address, if provided, will be included in the result from the [Find a Vet or Hospital](#) button on the homepage.

Last year we added the [Vet Login](#) to our website to enable veterinarians to easily update their details anytime. Although many of the changes to hospital licences require the submission of signed forms, these further changes to the website and database will similarly provide an opportunity for current licence holders to easily check that the details held by the Board are up-to-date.

If licence details changes are required links will make it easy for licence holders to find the correct form to complete, sign and send to the Board.

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 in NSW and that infected dogs are a potential source of infection.

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 DPI has put together information sheets for clients as well as guidelines for veterinarians. These are found at <http://www.dpi.nsw.gov.au/biosecurity/anim/human/brucellosis-in-dogs>

Abandoned Animals

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

Prevention is best:

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

Next steps:

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

Further steps:

1. While the animal remains in your possession you have to feed, water and look after the animal and if you have chosen to hold the animal while awaiting payment then you are responsible for these costs.

2. If you are unable to contact the client by phone the next step is a letter posted to the address or addresses available. Provide details of the animal's progress, include a detailed account, payment option information if appropriate and invite immediate contact. The letter should also include a deadline after which date you will consider the animal to be abandoned.

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

You are not able to re-home an animal abandoned at your hospital. If you would like to assist with arrangements to find a new home for the animal talk to your local pound about options.

Career Breaks and Returning to Practice

The Board receives a number of calls each year from people who were previously registered in NSW or elsewhere and have now decided to return to practice as a veterinarian after a career break.

It is vital that you prepare for your return to practice to ensure a smooth transition and the Board has developed a policy on the [Requirements for Returning to Practice](#) to assist you with this preparation and ensure that the Board fulfils its requirements in relation to regulating the profession.

The policy is based on those used by the medical profession and considers the following:

1. Length of absence from practice
2. Number of years in practice prior to absence

3. Continuing professional development activities completed during your absence
4. A program of continuing professional development during the first year of your return to practice
5. A period of supervision during the first year of your return to practice

A number of continuing professional development (CPD) providers have now developed courses specifically designed to assist with this return to practice and it is important that any CPD you complete is aligned with your intended area of practice.

The Australian Veterinary Association has also developed [My Return – a practical guide to returning to your veterinary career](#) which has some very useful information.

As for any veterinarian in practice the key is to ensure that if you are not sure how to best manage the care of an animal that you seek support from your colleagues by consultation or referral.

For those of you previously registered in NSW go to Registration, [Restoration to the Register](#). For those of you previously registered outside NSW, you will need to approach your previous Board for a Letter of Professional Standing or Letter of Good Standing and go to Registration, [Apply for Registration](#).

Your Experience and Views are Important to the Profession

Please take a few moments out of your busy day to assist the profession by completing one or more of the following surveys currently available from the News section on our website.

1. [Veterinary Workforce Survey 2016](#)
2. [VetSet2Go employability survey](#)
3. [Attitudes towards antibiotic use and resistance](#)
4. [Small animal anaesthesia and analgesia survey](#)

Your contribution will be greatly appreciated.

NSW DPI Laboratory Services:

State Veterinary Diagnostic Laboratory, Menangle

Christmas and New Year trading hours 2016/17

DECEMBER 2016						
Monday 19 December	Tuesday 20 December	Wednesday 21 December	Thursday 22 December	Friday 23 December	Saturday 24 December	Sunday 25 December
Open 8:30am – 5:00pm Couriers available	Open 8:30am – 5:00pm Couriers available	Open 8:30am – 5:00pm Couriers available	Open 8:30am – 5:00pm Couriers available	Open 8:30am – 5:00pm Couriers available	Closed Deliveries by prior approval only Couriers available	Closed Public Holiday
DECEMBER 2016 & JANUARY 2017						
Monday 26 December	Tuesday 27 December	Wednesday 28 December	Thursday 29 December	Friday 30 December	Saturday 31 December	Sunday 1 January
Closed Public Holiday	Closed Public Holiday	Open (Reduced staff) Sample receipt only Couriers available	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Closed Deliveries by prior approval only Couriers available	Closed Public Holiday
JANUARY 2017						
Monday 2 January	Tuesday 3 January	Wednesday 4 January	Thursday 5 January	Friday 6 January	Saturday 7 January	Sunday 8 January
Closed Public Holiday	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Open (Reduced staff) 8:30am – 5:00pm Couriers available	Closed Deliveries by prior approval only Couriers available	Closed

Please ensure that couriers are contacted to confirm their operations during the holiday period. 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 samples.

Deliveries on a Saturday, Sunday or Public Holiday will generate a surcharge if not pre-approved. Please ensure that delivery is essential and unable to wait for normal trading hours.

The Emergency Animal Disease Hotline will continue to operate continuously over the holiday period and can be contacted on **1800 675 888**. For all out of hours laboratory enquires please phone this number.

For any enquiries related to the laboratory operations over the holiday period, please contact our Customer Service Unit on **1800 675 623** during normal trading hours.

For further information about the services offered by NSW DPI Laboratory Services please visit our website: www.dpi.nsw.gov.au/labs.

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

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



The Board members and the staff of the Board wish you and your families a Happy and Peaceful Christmas and New Year.

The Board office will be closed on the 23rd of December and will reopen on the 3rd January.

Christmas is not a time nor a season, but a state of mind. To cherish peace and goodwill, to be plenteous in mercy, is to have the real spirit of Christmas.

Calvin Coolidge



Board Staff



*John Baguley is
Registrar*

*Mary Lydamore is
Deputy Registrar
and Complaints
Officer*



*Glenn Lynch is
Hospital Inspector
and Investigator*



*Clare Nathan is
Administrative
Support and IT
Officer*

*Des Lyttle is
Registrations and
Financial Officer*



Boardtalk

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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.