

Boardtalk

May 2016

Issue 44



President's Report

It has been eight months since the current Board was installed. The Board has an outstanding balance of experience and fresh blood, and it has been a particular pleasure to get to know the new members of the Board.

The consistent characteristics of Board members that I have observed over my three terms with the Board have been their experience, and wisdom, as well as their commitment to good governance and the legal framework under which the Board operates. The consistency of these characteristics among the current and historic members of the Board imparts a sense of continuity to the work of the Board, and for me personally, provides a sense of “belonging” to this team.

As part of the responsibilities of the President I have just sat on the workplace reviews of the 5 staff of the office of the Board. This has focussed my attention on the nature of their work, and has brought into sharp relief the critical nature of that work. The small, hard-working team at the office provide the “action” to each of the Board’s decisions, as well as providing the interface for the profession to interact with the Board. They match the commitment of the Board members to the main pillars of the Board’s role: to ensure the best possible outcomes for animal welfare and the public. I don’t think I am overstating

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President's report continued

the case to say they also have a genuine affection for the role of the profession, and their passion for the work they do ensures those best possible outcomes.

As a practising veterinarian I was largely ignorant of the large part of the work that the Veterinary Practitioners Board did, except at those rare points of intersection, such as registration, hospital licensing and annual renewal of each! When I now look back on my professional life before I became involved with the Board I wish that I HAD taken the time to be more aware of its resources and actions.

One of the most useful (and conveniently most easy to digest) resources that the Board uses to guide it through many issues and complaints is the Veterinary Practitioners Code of Professional Conduct. The Code plays such a foundational role in the decisions of the Board that I highly recommend every veterinary practitioner working in New South Wales become intimately familiar with it. I know that there are several articles in the current Boardtalk that draw their ultimate take-home message from the Code. Equally, many articles from Boardtalk provide examples of how the Board has interpreted this Code.

One of the roles of the President of the Board is to represent the Board on the Australasian Veterinary Boards Council (AVBC). The AVBC was established to allow the nine member boards from Australia and New Zealand to discuss areas of mutual interest and policy development, to provide a framework for public and industry confidence in veterinary standards, and to assure and promote veterinary educational standards. While the actions of the AVBC sometimes seem remote to the circumstances of veterinarians in practice, they play a critical role for the profession in Australia and New Zealand. Each registrant in NSW pays approximately \$26 per year to ensure minimum standards are reached by new graduates, the universities who teach them, those wishing to be registered as specialists in Australia and New Zealand, and, through the National Veterinary Exam, those overseas

graduates who would like to work in Australia and NZ.

Board recommendations to the profession are constantly evolving as current standards change, veterinary knowledge increases or legal cases set new precedents. I would like to draw your attention to the item in this Boardtalk titled "Personal Biosecurity". The Board wants to alert veterinary practitioners to suggested personal biosecurity protocols drawn up by the AVA and available to all veterinarians. Perhaps you have designed your own. Rather than waiting until people are hurt or injured and blame is being cast the Board recommends every Hospital Superintendent and house call veterinarian include such protocols in their practice activities today. The Board has added this recommendation to its guidelines "Responsibilities of a Veterinary Hospital Superintendent" and its self assessment checklists.

Secondly, please carefully read the Hospital Inspector's Report. As Glenn has noted, the loss or theft of any drug of addiction must be reported to NSW Health. Because of the relatively small volumes used in veterinary practice, particularly so for exotics practice, we regularly notice some 'expected wastage' by the end of the bottle. Just like theft or any other loss, this loss must be reported to NSW Health. NSW Health are aware of why this occurs but you must still report this using their online form.

I am so excited about the wealth of practical and important information that is in this edition of Boardtalk. I hope that you all learn as much as I have from reading all the articles.

I wish everyone happiness, peace, health and well-being.

Mark Simpson
President

From the Registrar's Desk

It is now 4 years since I joined the staff of the Board and during this time we have made a number of changes to how the Board operates. My main focus when I started was to move the Board from a very well established paper based system to an electronic system. We successfully moved from paper based Board and Complaints Committee meetings to paperless meetings in 2012. After 2012 the focus moved to work on updates to the website and database to facilitate the change to electronic records.

All new registrations and licences are now filed electronically and as advised in Boardtalk last year renewal notifications will now be sent by email.

Various applications associated with registration and licencing as well as complaint notifications must still be submitted as hard copy documents and I expect this will continue for some time but the Board is moving most communication with the profession to email.

The new website allows you to login using the email address we have on file for you, with a password you create, and the login function enables you to update your details, check your CPD points for the current cycle, pay your annual registration fee, and submit your Annual Return. Whilst there has been a move to more electronic communication it is also important to note that there has also been more face to face contact from the Board recently. Specifically, the Hospital Inspector and previous Registrar Glenn Lynch is now on his second round of inspections of all veterinary hospitals in NSW since 2012. This second round also includes inspections of house call and on-site veterinary practices (unlicensed premises).

The Board staff have worked together to plan and implement these changes. All the other staff have been with the Board for around 10 years or more and their knowledge, skills and experience have made this process much easier than it could have been.

Importantly, current and former Board members have initiated these changes and I believe our profession has benefited enormously from a succession of veterinarians and non-veterinarians committed to their role on the Board.

Finally, your feedback is important as well. The purpose of these changes is to create a more efficient, effective and sustainable system and I value your comments on what is working well and what is not working well.

Workforce Survey

Please note that you will also see a link to the Veterinary Workforce Survey in this issue of Boardtalk. Please take a few moments to complete the survey and if you wish look over the results from previous surveys which are available to all members of the profession on the AVA website.

Registration Renewals

It is registration renewal time for veterinary practitioners who are registered 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 emailed 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 2015 to 31 March 2016).

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.
6. 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 if you experience any difficulties with your Vet Login.

John Baguley
Registrar

Hospital licence renewals

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

From the Hospital Inspector's Car

It's business as usual since my article in December last year, however I have not been satisfied for some time now about the accuracy of recording Schedule 8 drugs, know as drugs of addiction in the Poisons and Therapeutic Goods Act 1966 (NSW).

No I'm not referring to minor discrepancies.

We all understand that when using such small amounts of S8 that it can be a challenge to reconcile the balances. I am referring to significant amounts, and when I drill down for the reasons (for these discrepancies), in most cases, it boils down to slackness in record keeping.

If we as a profession want to keep the privilege of ordering and using S8 drugs, a greater effort must be cultured into certain practices for that to remain. I have reported slack record keeping to the Board far too often – this must change!

I've generally found that storage of S8's is good – it's purely a record keeping issue.

A few things to consider – although the legislation states that stock checks must occur every March and September, this is often too long a period to rely on for an accurate reconciliation.

The practices that I have found that have accurate balances are those who perform regular stock checks.

Obviously it depends on how much of the drug is used in the practice, but if the practice is using S8's every day, an appropriate period for a stock check could be every time a new bottle is entered into the register. I know of larger practices that stock check every week.

Check the balance on hand and make a notation in the register of the date, any adjustment (wastage) and a veterinarian to sign it off.

The law requires that the loss or theft of any drug of addiction (or S4 appendix D drug) must be reported to NSW Health. This includes any 'expected wastage' as above. NSW Health appreciates that losses will occur due to the small amounts being used in veterinary practices but the legislation requires that you must still report these losses.

Reporting to NSW Health is simple and involves completion of an online form: <http://www.health.nsw.gov.au/pharmaceutical/Documents/loststolen.pdf>

Another idea is to give the responsibility for keeping the register up to date to one senior ranking person.

A veterinarian must 'sign off' the entry, not necessarily enter the details. The hospital superintendent is ultimately responsible for the whole process.

If the practice is using substantial amounts of S8 drugs, then consider having multiple registers for the main drugs used.

I have now incorporated an audit process of every single S8 drug during my inspections. That means I shall be taking the physical stock from the safe and checking it against what is noted as the balance from the S8 register at every inspection.

Practice superintendents should not wait for my inspection before checking these themselves!

Let's avoid red faces and a report to the Board and let's elevate this serious issue to where it belongs.

NB: I don't like this part but need to say it – serious offenders will be reported to NSW Health with a recommendation for appropriate action.

Glenn Lynch
Hospital Inspector / Investigator

The Complaints Committee Report

The Board has reviewed and determined 12 complaints made against veterinarians since October 2015. Of these, 1 complaint was withdrawn, 5 complaints were dismissed, 1 complaint was dismissed with a recommendation made, 2 veterinarians were found guilty of unsatisfactory professional conduct and cautioned, 1 veterinarian was found guilty of unsatisfactory professional conduct and reprimanded and 1 veterinarian was found guilty of professional misconduct and reprimanded.

For any complaint determined by the Board, the Board may dismiss the complaint, may find the veterinarian guilty of unsatisfactory professional conduct, or may find the veterinarian guilty of professional misconduct.

A finding may be made on the basis of any breach of the Veterinary Practice Act 2003 or the Veterinary Practitioners Code of Professional Conduct (schedule 2 of the Veterinary Practice Regulation 2013).

A finding may be made as a result of, but not limited to, unsatisfactory performance relating to animal welfare, availability, maintenance of skills and knowledge of current standards or provision of referral.

An adverse finding may also be made on the basis of conduct with respect to the reputation of the veterinary profession, the keeping of and provision of medical records, the obtaining of informed consent for services, compliance with the regulations regarding the supply of restricted substances or the rules of animal sporting organisations or non compliance with any requirements of registration or any conditions placed on a practitioner's registration.

These aspects of veterinary conduct, veterinary practice and compliance requirements are outlined in the Veterinary Practice Act 2003 and Veterinary Practitioners Code of Professional Conduct (Code) and are accessible by

practitioners and members of the public from the Board's website under Resources, Legislation, Veterinary Practice Legislation.

When a veterinarian is found guilty of unsatisfactory professional conduct the Board will issue a caution or a reprimand (more serious). The Board is also able to fine a veterinarian an amount up to \$5,000. The Board may impose conditions on a veterinarian's registration after a complaint investigation in order to restrict their practice or to try to address any deficiencies; for example a requirement to complete specific continuing professional development courses.

Of the three veterinarians found guilty of unsatisfactory professional conduct since October 2015:

1. A veterinarian was cautioned and fined as a result of failing to comply, without reasonable excuse, with continuing professional development (CPD) requirements determined by the Board. An audit of CPD points declared in the annual returns of a randomly selected group of registered veterinarians who have completed their 3 year CPD cycle is carried out each year and veterinarians who are selected in this process are required to provide verification of the minimum required 15 structured points for this cycle.

2. A veterinarian who provided a consultancy service to a dairy farm was cautioned and fined for failure to ensure records were kept of consultations, treatment recommendations and medications prescribed for the treatment of the holding's dairy cows. The Code requires that a veterinary practitioner ensures that a detailed record be made of any consultation, procedure or treatment as soon as is practicable; that this record be legible and in sufficient detail to enable another veterinarian to continue the treatment of the animal if required; and that all records be retained for at least 3 years after they are made (clause 15). This requirement applies to any consultation (including those involving physical examination or telephone consultation), treatment recommendations and the prescription

of medication to companion or large animals, individual animals or herds.

3. A veterinarian was reprimanded and fined after performing major surgery in unlicensed premises and performing a debarking and a declawing procedure without complying with the Prevention of Cruelty to Animals Regulation 2012 prior to (clauses 21 and 22) and after surgery (clause 23).

One veterinarian was found guilty of professional misconduct and fined after it was established that his care of a whelping bitch presented with dystocia was not to current standards and that he failed to utilise the skills of colleagues by referral and failed to keep a detailed record of the dog's treatment. The Board recommended that the veterinarian undertake CPD in small animal reproduction (either structured or unstructured) and provide a report to the Board on the management of a bitch presenting with dystocia.

The Board has the power to dismiss a complaint against a veterinarian but may offer a recommendation or advice with the aim to prevent similar issues. A recommendation was made to a veterinarian to ensure that the date of any previous vaccination of a horse for Hendra virus (HeV) was confirmed by accessing the vaccination register before administering a subsequent HeV vaccination.

As noted above, 1 complaint was also withdrawn by the complainant. The Board's investigation process enables each party to share written submissions for the other party (and the Complaints Committee) to consider. Communication difficulties often lie at the heart of a complaint and this process and these submissions may provide an opportunity for each party to gain a greater understanding of the circumstances of the complaint which in turn may lead to the complaint being withdrawn.

Peri-anaesthetic burns

Burns associated with actively warming anaesthetised patients have recently been a common factor in a number of complaints dealt with by the Board.

Due to their small body size, altered peripheral perfusion from premedication or anaesthetic drugs, intubation by-passing the warming surfaces within the nose, inhaling cold gases and heat loss from skin surface or open body cavities, small animal patients frequently suffer operative hypothermia (body temperature < 36°C). Veterinarians all know that hypothermia can lead to increased anaesthetic morbidity. So it is good practice to be making efforts to maintain body temperature of anaesthetised veterinary patients.

It is important to note that very slightly excessive thermal support can easily lead to severe burns in anaesthetised veterinary patients - the margin for error is really surprisingly narrow!

Older thermostatically controlled electrical heating mats or recirculating warm water mats, hot water bottles or latex gloves filled with hot water, or wheat or rice bags, or radiant heat sources are all very inefficient modalities of thermal support, and have all been associated with calamitous burns in small animal patients.

The variability of these devices and methods makes them inherently unreliable, and their use should only be considered if they can be very closely and continuously monitored by experienced staff. In most circumstances their use is no longer the standard of care for thermal support for anaesthetised veterinary patients.

Other factors that contribute to these types of burns include the temperature of the heat source of course, and the duration of contact. The relationship between skin surface temperature and time to cause a 3rd degree skin burn is logarithmic, so, while 45°C warming can burn skin after 90 minutes, at 50°C warming can burn skin after ONLY 10 minutes.

Dependent, weight-bearing areas of skin will be more poorly perfused, and so the removal of heat from such an area of skin by the patient's circulation will be significantly impaired. The increased pressure of weight applies the skin to the hot surface more intimately and so the risk of burns is increased.

Dry fur provides some insulation and limits heat transfer, and so hairless areas of the ventral abdomen can sometimes be more at risk. However

wet fur or a wet towel covering fur can facilitate heat transfer to the surface of the skin through the fur and exacerbate the "burn risk", so those monitoring anaesthesia must pay constant attention to fluids such as blood or irrigation fluid to limit the chance of wetting occurring between the patient and the source of thermal support.

Patients that are already hypothermic are genuinely problematic – they require more heat to return to normal temperatures and their skin is often profoundly hypoperfused. The risk of a burn in these patients is proportionately increased.

The risks of burns in anaesthetised patients can be considerably reduced with the newer generation of thermal support systems, such as forced-air warming devices (FAWD) and conductive fabric (resistive polymer) electric warming. These technologies are coupled with modern and reliable electronic smart-controllers and thermostats, which further enhance their safety. Some companies now make FAWD that are specifically designed and suited to the characteristics of our furred patients. There are a number of other steps that can be taken to prevent hypothermia during anaesthesia, including warming of intravenous fluids, and warming of inspired air, that work synergistically with active heating using FAWD or conductive polymer fabric warming, to lower the risk of hypothermia. They effectively "spread the load" so that the skin does not have to accept the whole load of heat transfer to facilitate maintenance of normothermia.

Pre-anaesthetic warming is a recently developed modality for managing operative hypothermia: 30-60 minutes under the cage version of the forced-air warming blanket can make a significant difference to the rate of heat loss, especially in the first few minutes after induction of our small animal patients.

Even if you are doing ALL the possible thermal support measures for your patients, there are still a few rare patients with extremely sensitive skin who seem to develop burns despite all appropriate precautions. Like many aspects of our profession we can only manage to minimise the risks, and we cannot guarantee that our management will prevent a potential problem.

The Board would like to thank Dr Colin Dunlop for his assistance in providing the resources used to write this article.

What does it mean to have “Conditions” on my registration?

The Board has the power to impose conditions on a veterinarian’s registration if it is satisfied the conditions are warranted.

Conditions may be imposed for a variety of reasons including the safety or health of any person; the health and welfare of animals; damage to the international reputation of Australia in relation to export, welfare or sporting events; or any impairment suffered by a veterinarian.

Examples of conditions on registration include a requirement to undertake a certain amount or type of continuing professional development, a requirement for supervision, a limitation on specified restricted acts of veterinary science that may be performed, a limitation on employment, or a limitation on prescribing rights such as not to possess or supply S8 medication or anabolic steroids.

Veterinarians retired from practice may also maintain their registration without completing the required CPD by accepting “non-practising conditions” (see Honorary Registration with Conditions in this issue).

The public is able to see if a veterinarian has conditions on his or her registration by performing a Vet Search using the Board’s website. Specific conditions are not currently available from the website but the Board is looking to follow the example of the Australian Health Practitioner Regulation Agency (AHPRA) which provides for the release of some relevant information to the public regarding conditions.

Personal biosecurity guidelines – increased awareness by the veterinary profession

The Board considers personal biosecurity to be such an important topic for the profession that it has updated its Guideline Responsibilities of a Veterinary Hospital Superintendent to include the recommendation that the Hospital Superintendent develop a written infection control plan for each veterinary hospital. Such a protocol should be reviewed at least annually.

Veterinarians working from unlicensed premises and providing house call and on-site veterinary services should also ensure they have a written infection control plan.

Such a plan would be directed towards reducing the likelihood of people within the veterinary practice acquiring a zoonotic disease.

A model infection control plan for veterinary practices is available to all veterinarians from the AVA’s website which will assist the profession in meeting this requirement.

Hendra, Australian Bat Lyssavirus, Q Fever, Brucellosis and potentially more emerging zoonotic diseases mean that it is vital for veterinarians to be vigilant when it comes to personal biosecurity.

The Australian Veterinary Association’s second edition Guidelines for Veterinary Personal Biosecurity is also available to all veterinarians from its website.

Personal biosecurity and work health and safety has been highlighted by the recent court decision in Queensland where a veterinarian pleaded guilty to failing to comply with his work health and safety duty. The veterinarian had not provided the owner with all the necessary protective equipment when conducting tests on a horse where the diagnosis of Hendra Virus was being considered.

Honorary Registration “with conditions”

A person who is a registered veterinary practitioner may be granted honorary registration if the Board is satisfied the person:

- a) has been registered for at least 40 years, or
- b) has been registered for a substantial time and is 65 years or above, or
- c) the person's standing in the profession of veterinary science is such to justify the person being granted honorary registration.

Honorary registration is the same as full registration except these veterinary practitioners are not required to pay the annual registration fee in recognition of meeting the above criteria.

Veterinarians with honorary registration have the same privileges as veterinarians with full registration. They can still perform acts of veterinary science; own practices; work on ACEC committees as veterinarians; sign veterinary certificates; and purchase, supply or prescribe restricted medications.

These privileges are founded on compliance with continuing professional development requirements.

Veterinarians who meet the requirements for honorary registration but are not able to complete their CPD requirements must not practice as a veterinarian. To maintain their registration without meeting their continuing education requirement they may apply for honorary registration with non-practising conditions:

- i. they must not provide veterinary services regardless of whether they are remunerated or not
- ii. they must not exercise authority requiring registration as a veterinary practitioner such as certification and committee membership as a veterinarian
- iii. they must not prescribe or supply restricted substances (Schedules Four

and Eight of the Poisons List proclaimed under the Poisons and Therapeutic Goods Act 1966)

Honorary registration with the above conditions means that the veterinary practitioner will:

- i. no longer be required to undertake continuing professional development activities
- ii. continue to receive communication from the Board including the publication ‘Boardtalk’
- iii. be required to apply to the Board and receive written permission for the above conditions to be varied or removed

Further details about honorary registration including an application form and non-practising conditions declaration are available from the Board’s website.

Proof of registration

The homepage of the Board’s website provides the button ‘Find a Vet or Hospital’.

The Board directs veterinarians, the public and other parties to this section of the website with enquiries regarding proof of veterinary registration. The website is updated daily so this is the best way to provide a contemporary and accurate proof of registration.

Changes to the Register each month after Board meetings are also provided under the register updates link on this page.

If you intend on practising outside NSW and applying for registration with another authority then you will need to request a Letter of Professional Standing be sent from the NSW Board to the other authority directly. Further information can be obtained from the Board’s website under Registration, Register outside NSW.

Vaccinations by non-veterinarians - legal or not?

The Board has received a number of enquiries regarding non-veterinarians providing a service where they administer vaccinations and provide a signed vaccination certificate.

This service is possible under the Veterinary Practice Act 2003 as the administration of a vaccine is not a restricted act of veterinary science. This Act also requires that a 'veterinary' certificate is not provided in these circumstances. A non-veterinarian can provide a document stating vaccination has taken place but the certificate must not use the words veterinary/veterinarian or imply involvement by a veterinarian. This service is also possible under the Poisons and Therapeutic Goods Act 1966 if the vaccine used is not a scheduled drug (typically an inactivated vaccine).

Veterinarians can sign a veterinary or vaccination certificate if they have personally provided the service or supervised the provision of the service (Veterinary Practitioners Code of Professional Conduct, cl 17):

- (1) A veterinary practitioner must not certify to any fact within his or her professional expertise or knowledge, or that a veterinary service has been provided, unless the veterinary practitioner has personal knowledge of the fact or has personally provided, or supervised the provision of, the veterinary service concerned.
- (2) Any certification by a veterinary practitioner must contain such detail as is necessary to ensure that it is complete and accurate and that the meaning is clear.

When signing certificates the veterinarian should include his or her veterinary registration number. This ensures the client or other party is able to check that the service was performed (or supervised) by a veterinarian

Obligations concerning drug registers

Veterinarians who purchase, administer or supply drugs of addiction (controlled drugs or S8 medication) must keep a register.

The Poisons and Therapeutic Goods Regulation 2008 (cl 111) states that the register must be in the form of a book with consecutively numbered pages, bound so that the pages cannot be removed or replaced without trace, contains provision for inclusion of information required for each entry, and that there are separate pages for each drug of addiction and for each form and strength of the drug.

You can design your own to meet the above requirements or you can purchase a register from a number of suppliers including:

Pharmaceutical wholesalers

Stream Solutions (State Government printing contractor)

To order a drug register from Stream Solutions send an order request to streampmunsw@stream.net.au After receiving the order request, the purchaser will be contacted by an account manager to confirm the order and freight charges. Stream Solutions Help Desk may be contacted by telephone but only after an order has been placed. Tel: 1300 786 075.

Electronic drug registers for this purpose must be approved by NSW Health. Approval is on a case by case basis by the Chief Pharmacist and a guideline is available from NSW Health.

The purchase, administration and supply of anabolic steroids must also be kept in a register and you can use the above specifications for this purpose. Importantly though, veterinarians are not permitted to supply injectable anabolic steroids to anyone except another veterinarian nor return them to a supplier. There is an exemption for certain uses in sheep – see our website under Resources, Legislation, Drugs and therapeutic goods legislation, Controls over steroid supply and use.

The superintendent of a hospital or responsible veterinarian for unlicensed premises must perform a stock check of all S8 drugs upon appointment and in March and September each year. As noted in the Hospital Inspector's report, the loss or theft of any drug of addiction, including through 'wastage', must be reported to NSW Health.

Caring for wildlife

Veterinarians are often called upon to examine sick, injured or orphaned native animals. A veterinarian must not refuse to provide relief of pain or suffering to an animal in his or her presence. As outlined in clause 3 of the Veterinary practitioner's code of professional conduct (Code), relief of pain includes:

- (a) First aid treatment
- (b) Timely referral to another veterinarian
- (c) Euthanasia

Veterinarians can provide further treatment but, where appropriate (for instance you don't have the experience, knowledge or appropriate equipment) they must also utilise the skills of colleagues by consultation or referral (as in clause 5 of the Code).

Once the native animal no longer requires veterinary treatment, veterinarians should not try to rehabilitate the animal unless they have a licence issued by the Office of Environment and Heritage NSW (OEH) for this purpose. Under the National Parks and Wildlife Act 1974, OEH grants licences to groups and some individuals to rehabilitate native animals.

So, if a member of the public finds sick, injured or orphaned wildlife they should be advised not to try to catch or rescue the animal but to contact a licensed rehabilitation group or individual. The OEH has contact details for all licensed groups on its website (see below).

A Code of practice for injured, sick and orphaned protected fauna has been developed by OEH in consultation with the NSW Wildlife Council (the

peak body for wildlife rescue and rehabilitation in NSW), Taronga Conservation Society and the RSPCA NSW and is supported by the NSW Animal Welfare Advisory Council.

The Code of practice requires that if the animal is sick, injured, likely to have been injured or an orphan arrangements must be made for an assessment by a veterinarian or experienced rehabilitator; if death is considered to be imminent or highly likely arrangements must be made for humane euthanasia.

This Code of practice and other guidelines can also be downloaded from the OEH website <http://www.environment.nsw.gov.au/wildlifelicences/RehabFauna.htm>

Australia's veterinarians and the Frawley Review of 2003

A research project is being conducted by Dr John AL Maxwell as part of a DVetMedSc at Murdoch University Veterinary School titled "Australia's Veterinarians and the Frawley Review of 2003". If you would like to participate in a survey as part of this research project please click on the following link www.surveymonkey.com/r/VET2016

The Frawley Review of Veterinary services was commissioned in 2003 to address Australia's future animal health needs and the roles, availability and capabilities of rural veterinarians to meet those needs. The Review reached three broad conclusions:

1. Australia's animal health needs were being met on a day-to-day basis but Australia's animal health system needed to be enhanced to meet more stringent requirements for international trade in the future. The immediate priorities identified were the establishment of an Australian Veterinary Reserve (AVR) and the strengthening of surveillance.

2. There was no current crisis identified in the availability of veterinarians. However, rural veterinarians would have to contend with rising costs, a reluctance of producers to utilise their services, long hours, limited social opportunities and schooling for their families. These factors all impact on the willingness of veterinarians to live in rural areas, create local shortages and could lead to a chronic shortage of production animal veterinarians.
3. The opportunity for the most lasting solutions is offered by policies that would build up the demand for veterinary services rather than policies which might artificially induce supply. Most issues could not be successfully addressed by any one sector. There was a need for all involved in rural veterinary services to make changes to their current approaches – governments, producers, veterinary practitioners and Veterinary Schools.

The questionnaire has been accepted by the Human Ethics Research Committee of Murdoch University (28/2015) and has the following attributes:

1. Comprehensive – it involves all veterinarians
2. Independent – the survey is conducted for research purposes only; the data is not available for any other use.
3. Anonymous – the data collected is anonymous and does not infringe privacy laws.
4. Analysis – survey monkey automatically analyses the data derived from the survey

Confidential Help for Veterinarians

Doctors Health Advisory Service
24 hours a day.

(02) 9437 6552

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 a similar search function available from other Boards. Website addresses for other Australian boards are available from Resources, Useful links.
3. 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 they 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.

The Australasian Veterinary Boards Council and all the Australian boards are working on a national register to assist with finding a veterinarian registered in Australia. Further updates on this register will be provided in future editions of Boardtalk

Certification and insurance

Veterinarians may be asked to certify that veterinary services have been provided to either an animal or a group of animals. The certification may be in the form of a certificate, a report, or a copy of the medical records.

This has been commonplace in large animal and equine areas for many years. Vaccination certificates were the most common example in small animal practice until the increased uptake of pet insurance.

Just as a reminder, the Veterinary Practitioners Code of Professional Conduct (Code) (clause 17) states (emphasis added) that:

- (1) A veterinary practitioner must NOT certify to any fact within his or her professional expertise or knowledge, or that a veterinary service has been provided, unless the veterinary practitioner has PERSONAL KNOWLEDGE of the fact or has PERSONALLY PROVIDED, or SUPERVISED the provision of, the veterinary services concerned
- (2) Any certification by a veterinary practitioner must contain such detail as is necessary to ensure that it is COMPLETE and ACCURATE and that the meaning is clear.

The Code (clause 15) also states that records of the services provided must be legible and in sufficient detail to allow another veterinarian to continue treatment of an animal; if the record is altered the alteration must be clearly identified in the record as such; and that records must be kept for at least 3 years.

The record must clearly identify the owner or client and provide full details of the animal including such matters as name, breed, sex, colour and microchip, tattoo or brand.

Here are a few different issues regarding certification confronting veterinarians:

1. You cannot verify that a dog is desexed if you did not personally provide, see or supervise the provision of this service

but you can sign a copy of a record of a desexing procedure from your practice as being a true and correct copy of a record that you have sighted.

2. You cannot alter a record such as what service was provided, the date the service was provided or to delete a service provided for the purpose of assisting a client with an insurance claim but you can alter a record to correct a mistake if you clearly identify the alteration.
3. If you add extra charges such as time for completing forms because an animal is insured, these fees should be clearly itemised. Simply increasing some or all of the charges without identifying the increases, based on the fact the animal was insured, could be seen by the Board as misleading or deceptive if a complaint was lodged. You may also find yourself the subject of separate legal action.
4. You should not ask clients to pre-sign insurance claim forms as you may be exposed to claims of certifying services that may have been unnecessary. Your obligation to obtain informed consent for services remains irrespective of whether an animal is insured.
5. You should not provide veterinary services for your own animals and then submit an insurance claim unless this is unavoidable. It is advisable to refer your own animals to another veterinary practitioner if you will be seeking an insurance claim for these services.

Most importantly, you must not under any circumstances be persuaded or coerced by a client or colleague to alter an animal's accurate records.

The Code of Professional Conduct for Veterinary Surgeons issued by the Royal College of Veterinary Surgeons has some useful information under section 9, Animal insurance.

What is a veterinary hospital?

In NSW any premises where a procedure is undertaken which according to current standards requires the administration of a general or spinal anaesthetic must be licensed as a veterinary hospital by the Board.

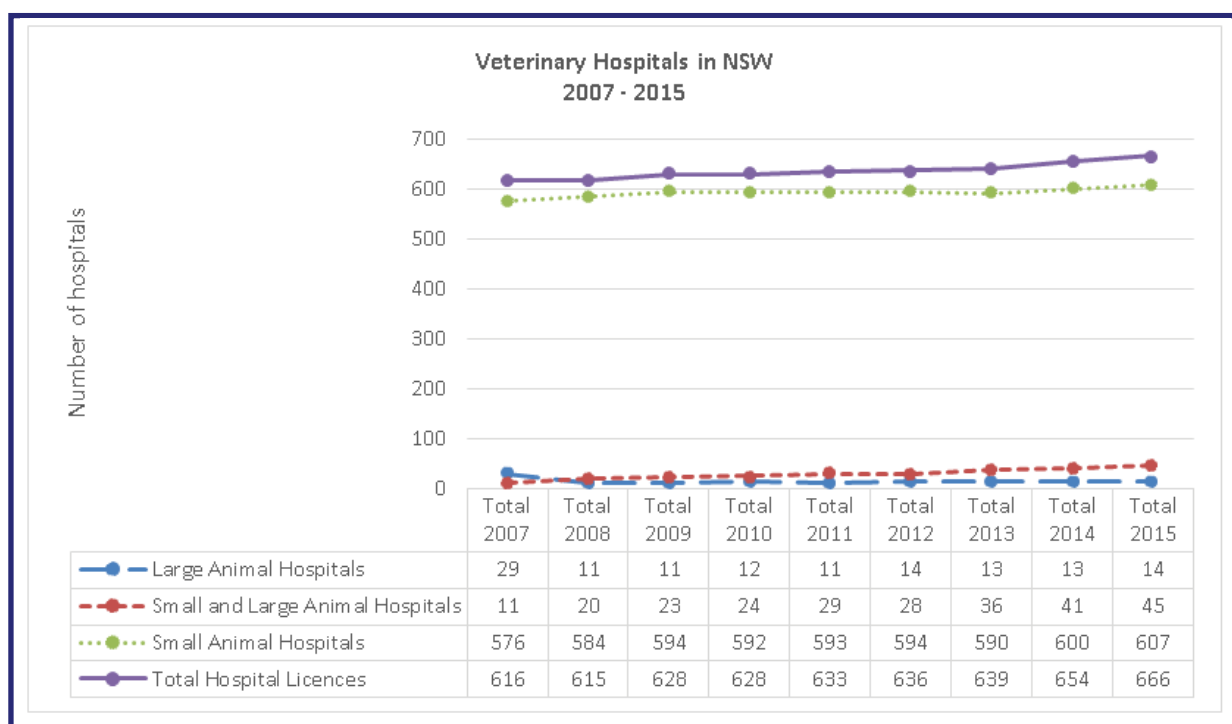
This does not apply in an emergency, if it is impractical to move the animal because of its size or type, or if it is dangerous to the health of the animal to move it to a hospital.

The Board issues licences for small animal veterinary hospitals, large animal veterinary hospitals, and small and large or mixed animal veterinary hospitals. As at 30 June 2015 there were 607 small animal hospitals, 45 mixed animal veterinary hospitals and 14 large animal veterinary hospitals in NSW.

The Board's policy on veterinary hospital licence types is available from its website under Resources and Policies.

Premises must not be represented as a veterinary hospital unless they are licensed by the Board. Words such as veterinary practice, animal hospital, animal doctor, veterinary clinic and veterinary surgery or similar combinations are considered by the Board to be a representation of a veterinary hospital.

The Board's policy on names for veterinary hospitals is available from its website under Resources and Policies.



The nuts and bolts of building, buying or selling a veterinary hospital

Hospital licences

If you are performing a procedure that according to current standards should not be undertaken without the administration of an anaesthetic, other than a local anaesthetic, and including a spinal anaesthetic, then you need to perform this procedure (defined as ‘major surgery’) at a licensed hospital.

There are exceptions for emergencies, if it is impractical to move the animal, or if it is dangerous to the health of the animal for it to be moved.

Building a hospital

When building a veterinary hospital you need to submit an application for a licence, floor plans and a nomination of a superintendent to the Board for approval. The following guidelines are available from the Board’s website (see Resources and Guidelines) to assist:

1. Minimum Requirements for Veterinary Hospitals
2. Responsibilities of a Veterinary Hospital Superintendent
3. Self Assessment Checklist for Veterinary Hospital Superintendents

Links to these documents are also available from the Hospital Licensing section of the website, under Apply for a hospital licence.

The application and plans are assessed by the Board and if suitable the hospital is given approval subject to inspection. If not approved, it is possible for the applicant to attempt to address the issues identified and resubmit the application.

With some exceptions, the legislation does require that a veterinary practitioner or veterinary practitioners have the capacity to determine the outcome of decisions about the financial and operating policies of the business.

There is now a national register for business names

and you are required to register your business name with the Australian Securities and Investments Commission (ASIC). Please note that registering a business name does not give you exclusive rights over the use of that name. When an application is submitted to ASIC for a veterinary hospital name the applicant will need to provide evidence that the premises have been approved for a licence by the Board.

The Board has some powers regarding the naming of veterinary businesses and has developed a policy on Business Names for Veterinary Premises to assist veterinarians in complying with this aspect of veterinary practice legislation.

Buying a hospital

When buying a veterinary hospital the Board requires submission of an application to transfer the licence from the current owners to the new owners. All the existing owners and all the new owners need to sign the form.

If there is a change of name for the veterinary hospital then an Application to change the name of a veterinary hospital form will also need to be submitted.

A nomination of a superintendent will most likely be required in association with a hospital transfer.

All the required forms can be found under Hospital Licensing and Transfer a hospital licence or from the Resources, Forms section of our website.

Selling a hospital

When selling a veterinary hospital the Board requires a transfer of hospital licence to be submitted and this needs to be signed by all the existing owners and all the new owners.

Selling a hospital includes any change in the ownership or ownership structure of a hospital licence.

Please remember that records of any consultation, procedure or treatment must be retained for at least 3 years after they are made. Records would typically now belong to the new owners of the veterinary hospital.

Veterinary Workforce Survey 2016

The veterinary workforce survey for 2016 is now available from the following link: www.surveymonkey.com/r/LBD8N98

The survey is administered every second year to examine the current profile of the veterinary profession and anticipate future trends and changes.

The information collected is intended to help the profession, government, veterinary boards and others to understand how the provision of veterinary services may be affected by various factors, including increasing or decreasing numbers of veterinary graduates, career breaks, part-time working, early retirement and veterinarians choosing to work outside the profession.

There is obvious benefit to the veterinary profession, government and veterinary boards in the data being as representative as possible and we encourage all registered veterinarians to complete the survey.

The AVA has provided a commitment that the results will be made freely available to the profession and will include comparisons with the previous survey results. All reports on past surveys can be viewed at www.ava.com.au/workforce-data

If you have any questions in relation to the survey please contact membership@ava.com.au

Supply of tranquillisers for use in wildlife

The administration of a tranquilliser, sedative or anaesthetic agent is a restricted act of veterinary science but can be performed by a non-veterinarian under the immediate and direct supervision of a veterinarian (Veterinary Practice Regulation 2013 (cl 4(1)(c))).

Whilst it is an offence for an unregistered person to perform a restricted act of veterinary science there are a number of exceptions including the owner of the animal, an employee of the owner of the animal, a veterinary student, a person with an animal research authority under the Animal Research Act 1985 (s 25), for some specific purposes an employee of the Crown such as a Local Land Services Ranger, or in an emergency (Veterinary Practice Act 2003 (s 9)).

If the person (veterinarian or non-veterinarian) is proposing to administer the tranquilliser (or other medication) using a dart gun then the person must hold a Tranquilliser Permit issued by the Firearms Registry. Further information is available from the NSW Police Force website.

Veterinarians can only supply to a person responsible for the care of an animal that the veterinarian has either physically examined or has under his or her direct care and only in respect of that animal (or under the written instructions of another veterinarian who has done so).

Finally, it is important to note that the veterinarian supplying the tranquilliser remains responsible for managing the risks to human and animal health posed by the use of the drug. The Board has previously noted that if the supervised lay person is incompetent or negligent it is the veterinarian who may be subject to professional misconduct allegations and proceedings.

Overall, the supply of tranquillisers for use in wildlife raises similar issues to those regarding supply of barbiturates for euthanasia to non-veterinarians as discussed in the December 2015 issue of Boardtalk. It is worthwhile reviewing this article as well when contemplating whether or not to supply tranquillisers to non-veterinarians for use in wildlife.

Peri urban pig project

Did you know all pig owners must obtain a Property Identification Code for their property regardless of the number of pigs they own or the intended purpose of those pigs (pet, commercial or for private consumption)?

The Department of Primary Industries is currently running a “peri urban pig project”. This project aims to increase the number of pig owners in NSW with property identification codes (PIC) as is required under the *Stock Diseases Act 1923* to allow tracing in the case of a disease outbreak. It is also to provide information regarding pig feeding requirements, specifically the risks of swill feeding.

Under the *Stock Diseases Regulation 2009 (Pt 6 cl 71)* it is illegal to feed pigs any meat or meat products as well as anything that has come into contact with such products. This includes table scraps, bakery waste and grocery waste that either contains or has had contact with meat. To assist veterinarians and pig owners DPI has prepared the following documents which are available from the Board’s website under News, DPI: Peri urban pig project: [PIC Information](#), [Pigs as Pets](#) and [Swill feeding prime facts sheets](#), and [PIC application](#). These can be circulated to clients via newsletters and social media.

Registration Renewals

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

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

The NSW Pet Registry is being updated and the veterinarian’s role is even more vital

The public will have access to the new online register to update their contact details, change pet ownership and pay their lifetime registration fees online.

- From 4 July 2016, vets will be able to enter animal details directly to the registry at the time of micro-chipping
- Data entry has been minimised and streamlined for vets adding pets to the register
- Vets will now be given both Authorised Identifier and Approved Person access
 - This will help return more lost pets to their owners
 - Vets will also be able to update a pet’s status - home/missing/deceased on behalf of an owner
- Vets will be able to create and update their own details (user profile) on the register
- Vets will be able to use their existing CAR login details to log in to the new register website from 4 July 2016
 - Paper forms mirroring the online registration details will be available for download so practitioners can add information to the register shortly before or after consultations
 - The paper based system will be eventually phased out

The NSW Office of Local Government will provide more information on the upgrades to the register in the coming weeks. The Board will release these updates on the [News section](#) of its website.

The upgrades to the register are designed to improve the accuracy of records so more pets can be returned to their owners.

Stock Medicines news and updates from the NSW Department of Primary Industries

1] New permits issued

Permit No.	Description	Issued date	Expiry date
PER14863	Mite Away Quick Strips / Honey Bees / Varroa mites	15-Apr-16	30-Sep-20
PER14862	Mite Away Quick Strips / Honey Bees / Varroa mites	15-Apr-16	30-Sep-20
PER80923	Fluvalinate & Flumethrin / Beehives / Mites	2-Oct-15	30-Sep-20
PER81829	DIAZINON / SHEEP / SHEEP BODY LOUSE	1-Feb-16	31-Mar-18

Copies of all permits are available at <https://portal.apvma.gov.au/permits>

2] Veterinary chemicals under review

The Australian Pesticides and Veterinary Medicines Authority (APVMA) regularly reviews approved chemicals if concerns are raised about adverse events associated with use of a product or chemical, worker safety, public safety or environmental safety.

Veterinary chemicals currently under review include:

- a. **Neomycin** - A preliminary report is due in June 2016 which will be followed by public consultation from June – August 2016. The APVMA will issue a final regulatory decision in February 2018.
- b. **Macrolide antibiotics** - including kitasomycin, oleandomycin and tylosin. A preliminary report is due in August 2017 which will be followed by public consultation in August – October 2017. The APVMA will issue a final regulatory decision in November 2018.

Other veterinary chemicals nominated for review to be completed within the next five years, with scoping studies commencing in 2016, include second generation anti-coagulant rodenticides, levamisole and trichlorfon.

More details on the chemical review program and progress on the reviews of these chemicals can be accessed at <http://apvma.gov.au/node/10916>

For further information or assistance please contact:

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

**EMERGENCY
ANIMAL DISEASE WATCH
HOTLINE**

1800 675 888

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

Impairment, self reporting and the Board's Health Program

An impairment is defined in the *Veterinary Practice Act 2003* (s 4(3)) as any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science.

If you have suffered an impairment during the return period for registration (1 April to 31 March) or are able to update the Board regarding an existing notification you need to inform the Board via the Annual Return.

The Board appreciates the sensitivity of any notification regarding health issues and has a number of processes in place to ensure the confidentiality of these disclosures is maintained.

The other concern often expressed by veterinarians is an ability to continue to practise. Please be assured that the goal of the Health Program for Veterinarians is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board. The Board has adopted the procedures

outlined in the [Doctors' Health Program](#) provided by the Medical Council of NSW to achieve this goal.

You can find more information about the Board's Health Program for Veterinarians under Resources, [Guidelines](#).

Whilst the Annual Return is available to declare or update the Board regarding any possible impairment it is also important to note that you are required to notify the Board as soon as possible if you suffer from an impairment. This can be achieved any time of the year by contacting the Registrar.

Importantly, it is the Board's preference that issues of impairment or possible impairment are addressed outside of the Board's complaints processes and disciplinary powers where possible. Again, if you are unsure please do not hesitate to contact the Registrar to discuss your circumstances.

If you are concerned about a veterinary friend or colleague you can call and speak to the Registrar without using any names. The processes can be explained to you so you are better able to encourage the individual to understand the benefits of self reporting and the Board's Health program.

Doctors Health Advisory Service

Helpline

02 9437 6552

24 hours

LIFELINE

24 hour Crisis Support:

Suicide Prevention

131114

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

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
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Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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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.