

# Boardtalk

December 2017

Issue 47



## President's Report

One of the characteristics of my time on the Veterinary Practitioners Board has been the stability of personnel both on the Board and in the Board's administrative office. So it is with some sadness that I note that Clare Nathan has resigned from her role in the Board's office to take on new challenges in IT. I have valued Clare's contribution to the Board, and I will miss her dearly. As is the nature of things though, we now welcome Melanie Robson to the Board's office and look forward to her contribution to the smooth functioning of the Board.

This change has recently focussed my attention on the office of the Veterinary Practitioners Board, which is the interface most veterinarians and members of the public will access in dealing with the Board. While each one of those interactions will focus on a small aspect of the regulatory role the Board carries out, it belies the range and volume of work that comprise the responsibilities of the administrative office of the Board.

So the amount of work, and its importance, might give the impression to some that there is a vast army of workers who execute the work of the Board. But it is in fact a small and tightknit team of professionals who are the face of the Board, and the cumulative work they have done administering veterinary legislation has made an enormous contribution to the standing of the veterinary profession in NSW.

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## *President's report continued*

I am constantly struck by their passion, and depth of understanding of our profession, and their commitment to its role and respect in the community. I probably don't do it nearly often enough but I would like to formally record my gratitude and respect for the efforts of the staff of the Board's office.

One of those important officers of the Board's administrative arm is the Hospital Inspector, Glenn Lynch, and I had the pleasure of accompanying him on one of his inspections recently. This experience crystallised, in my mind, the importance of the Board's **hospital inspection program** as a key mechanism in the maintenance of appropriate standards in our state's registered veterinary hospitals.

Glenn, in his role as Inspector, provides the "face" of the Board for the vast majority of veterinarians who own or supervise veterinary practices, and as such he is a critical conduit of information on current standards and the expectations of the Board. Glenn also provides opportunity for the profession to provide direct feedback on the actions of the Board, and his role at the "coal-face" means the Board does not make decisions without consideration to how they affect veterinarians on the ground.

There can be no doubt that his performance in this role is a major factor that has led to the overall outstanding standards of both the veterinary hospitals and the veterinary profession of New South Wales.

Each Christmas "holiday" season I am struck by the irony that this time of year is probably the busiest for those of us in practice, but I implore you if you can, to take some time to slow down, reflect, spend time with family, and do all those things away from your profession that replenish your reserves of well-being and allow you to return to work refreshed.

On behalf of the members and staff of the Board, I would like to take this opportunity to wish all registered veterinarians in NSW a very merry Christmas, and a happy and safe New Year.

Mark Simpson  
President

## **From the Registrar's Desk**

Whilst there is a six month difference between the financial year and the calendar year the requirement to finalise documents and submissions for the Annual Report by the end of October and the holding of the AGM in November does bring these two periods into close alignment. November is therefore a great opportunity for the Board to reflect on the previous year and plan for the year ahead (calendar and financial).

From a financial perspective the Board has now managed to bring its assets back to close to the real values of 2010. This has been achieved through small increases in fees and some cost control measures. Fee increases each year aligned with CPI movements are likely to continue in order to allow the Board to maintain the value of its total equity at approximately twice its annual expenditure. Whilst much of the Board's expenditure and income is predictable one of least predictable and most costly of expenses is legal fees required for prosecuting complaints and defending Board decisions.

The Board's operating activities are largely based around registrations, licences and complaints. As at 30 June 2017 there were 3784 veterinarians registered in NSW (3593 in 2016) including 163 specialists (154 in 2016). There were 676 licensed premises or hospitals in NSW as at 30 June 2017 (683 in 2016).

During the financial year the Board received 72 new complaints and finalised 62 complaints which represents a significant increase from the previous year of 44 new complaints and 37 finalised complaints. Anecdotally the increasing costs of veterinary care, greater scrutiny of the perceived quality of care, the strength of the human-animal bond, and the often significant grief experienced by clients in the face of an adverse outcome all appear to contribute to the decision as to whether to lodge a complaint.

## From the Hospital Inspector's Car

If you would like more information regarding Board finances or operations, including registrations, licensing and complaints, go to the [Resources](#) section of the Board's website. Descriptive statistics on these topics for the last financial year are available in the 2017 [Annual Report](#) and trends in registration, licensing and complaints are available from the [Statistics](#) page.

This is now my fifth year with the Board but until recently all other staff members had been with the Board for 10 years or more. In June I noted that Clare Nathan planned to leave the Board in a few months. Clare developed the electronic database of veterinarians and hospitals and her programming and IT skills have been vital to the continuous improvement of Board operations. Melanie Robson, who some will recall as the Coordinator of Extramural Placements for the Veterinary School at the University of Sydney, moved into Clare's role in August and her wealth of knowledge in database management and exceptional administrative skills have allowed the Board to maintain its program of continuous improvement.

It has been a privilege to serve the Board for another year. Looking forward I am reminded of the three year term for each Board and how quickly this time passes. In July 2018 the Governor, on the advice of the Minister, will appoint a new Board which will be the third from the time I joined. I am confident that those Board members who choose to stay on and those who are offered the opportunity to be part of the new Board will ensure the collective wisdom of Board decisions continues into the future.

Finally, this is also an opportunity to thank the Board members, and staff members Mary, Glenn, Clare, Des and Melanie for their valuable contributions to the work of the Board during this past financial and calendar year.

Wishing you a safe and happy Christmas.

John Baguley  
Registrar

### Licence revoked

It is very disappointing to report that a licensed veterinary hospital in New South Wales is in the process of having its licence to perform any type of surgery cancelled by the Board.

This decision came after the findings of several inspections were tabled to the Board.

The licensee of this hospital did not take the necessary steps and opportunities (after several requests) to rectify the significant deficiencies. Non-compliance related to hygiene, equipment and record keeping.

As I reported in my last Boardtalk article, the vast majority of hospitals I visit have either renovated or have plans to improve their practice in the near future, or simply maintain their premises to a high standard.

The [Self assessment checklist for hospital superintendents](#) for inspecting your own hospital is available under Resources (Guidelines) on the Board's website. Every veterinary practice should have this document as a reference.

There is also [Self assessment for house call and onsite \(mobile\) veterinary practices](#) available from the Resources (Guidelines) section of the website.

### Estimates

As reported to the Board recently, I still occasionally come across a practice that is not providing an estimate before providing the service – I've written about this before.

Rest assured, if a client submits a formal complaint to the Board about an estimate not being provided and the practitioner concerned does not have any evidence that an estimate was provided, then the Board has no option other than to make an adverse finding against

the practitioner - and when they do, they will undoubtedly point to articles like this!

*Veterinary Practice Regulation 2013  
Veterinary Practitioners Code of Professional Conduct*

**Clause 16 Fees for veterinary services**

*A veterinary practitioner must, where it is practicable to do so and before providing veterinary services in relation to an animal, inform the person responsible for the care of the animal of: (a) the likely extent and outcome of the veterinary services, and  
(b) the estimated cost of those services.*


While we're on this subject, all practitioners must be aware of the full [Veterinary Practitioners Code of Professional Conduct](#) – I suggest that it is either book marked or downloaded for reference.

If you are the superintendent of a hospital and have not seen me within the last 4 years, you can expect a call from me soon and I look forward to catching up again.

I wish all practitioners and veterinary staff a safe and peaceful Christmas period.

Glenn Lynch  
**Hospital Inspector / Investigator**

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## **The Complaints Committee Report**

Since May 2017 the Board has reviewed and determined 40 complaints. Of these complaints 29 were dismissed after investigation, 8 veterinarians were found guilty of unsatisfactory professional conduct and cautioned and 3 veterinarians were found guilty of professional misconduct and reprimanded.

The objects of the *Veterinary Practice Act 2003* (Act) are to regulate the provision of veterinary services to promote animal welfare, to ensure that acceptable standards are met by veterinary practitioners so as to meet the public interest and to provide public health protection.

Any person (including the Board) may make a complaint against a veterinary practitioner in respect of the veterinary practitioner's conduct. Part 5 of the Act sets out how the Board deals with complaints.

The Board must conduct an investigation into each complaint made under this part of the legislation. Following an investigation the Board has the power to dismiss a complaint. If the Board is satisfied that the veterinary practitioner is guilty of unsatisfactory professional conduct or professional misconduct the Board may:

- i. Reprimand or caution the veterinary practitioner
- ii. Impose a fine on the veterinary practitioner not exceeding \$5000
- iii. Impose conditions on the veterinary practitioner's registration with respect to the practice of veterinary science
- iv. Require the veterinary practitioner to complete specified educational courses
- v. Require the veterinary practitioner to report on his or her veterinary practice at specified times, in a specified manner and to specified persons.

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

to the NSW Civil and Administrative Tribunal (NCAT) for a disciplinary finding.

The Board is very mindful of the stress and impact that a complaint investigation can have on the veterinary practitioner and the complainant. The investigation process can be quite protracted to ensure the complainant and veterinarian have every opportunity to put their cases and the Board may seek expert opinion when required. The complaints process can be further lengthened by delays in responding to Board requests for information. The Board has the power to summons records and witnesses.

The 6 circumstances behind the 8 findings of unsatisfactory professional conduct that received cautions and fines up to \$1000 are summarised below:

1. A veterinarian was found guilty of unsatisfactory professional conduct in that a lack of adequate knowledge, skill, judgment or care in their practice of veterinary science resulted in breaches of *Poisons and Therapeutic Goods Act 1966* (s 36AA) and *Poisons and Therapeutic Goods Regulation 2008* (cl 26 and cl 29). The veterinarian was essentially acting as a pharmacy and allowed unauthorised persons access to restricted substances in their absence, failed to store restricted substances in an area which the public didn't have access and failed to ensure drug labels complied with the legislation. Only registered pharmacists can dispense restricted substances on a prescription. See <https://www.vpb.nsw.gov.au/2017-june-supplying-veterinary-medicines-other-veterinarians>
2. A veterinarian was found guilty of unsatisfactory professional conduct in that their failure to correctly interpret radiographs demonstrated a lack of skill, judgment or care. The veterinarian failed to identify a thoracic foreign body when interpreting their radiographs.
3. A veterinarian was found guilty of unsatisfactory professional conduct in that their failure to ensure that all the swabs packed into the horse's wound were removed demonstrated a lack of skill, judgment or care. The horse had swabs packed into a bleeding wound that was sutured and later became infected. The Board recommends that when swabs are placed in a wound that the number of swabs used should be placed in the medical record in order to ensure they or another veterinarian taking over the treatment of the animal are aware of the presence and likely number of these swabs.
4. A veterinarian was found guilty of unsatisfactory professional conduct in that their management of a case presenting with signs highly suggestive of tick paralysis demonstrated a lack of skill, judgment or care. The veterinarian failed to identify a tick on the patient or to perform further investigations, treatment or offer referral when the patient's clinical condition was deteriorating.
5. A veterinarian was found guilty of unsatisfactory professional conduct in that they failed to ensure that all records of any consultation, procedure or treatment were retained for at least 3 years after they are made. Computerised records were lost due to computer failure and no backups were kept. Handwritten records were destroyed after they were entered into the computer. Veterinarians must ensure adequate systems are in place when relying on technology to ensure all records are retained for at least 3 years.
6. Three veterinarians were found guilty of unsatisfactory professional conduct in that their failure to comply with poisons and therapeutic goods legislation demonstrated a lack of adequate knowledge, skill, judgment or care in the practice of veterinary science. They failed to record all drugs of addiction dispensed to patients in the required register. The hospital superintendent also failed in their responsibilities to perform periodic stocktakes of drugs of addiction (S8).

Three veterinarians were found guilty of professional misconduct, reprimanded and received fines of up to \$3000.

1. A veterinarian was reprimanded and fined for their treatment of a boarding dog that began vomiting and was found to be unable to walk. The dog was treated on the assumption it had tick paralysis and subsequently died. The veterinarian was found guilty of professional misconduct:
  - a. In breach of clause 5 of Veterinary practitioners code of professional conduct in that they failed to utilise the skills of colleagues by referral
  - b. In breach of clause 16 of Veterinary practitioners code of professional conduct in that they failed to inform the person responsible for the care of the animal of the likely extent and outcome of the veterinary services
  - c. In breach of clause 4 of Veterinary practitioners code of professional conduct in that their use of oxygen therapy was not to current standards
  - d. In breach of the *Veterinary Practice Act 2003* (s 35(k)) in that there was no evidence that any other diagnoses were considered or investigations performed in a dog that was clinically deteriorating.
2. A veterinarian was reprimanded and fined for their dental treatment of a dog and poor record keeping. They were found guilty of professional misconduct in that their actions were:
  - a. In breach of clause 4(1)(b) of Veterinary practitioners code of professional conduct in that the descaling procedure performed on the dog was not carried out in accordance with current standards.
  - b. In breach of clause 15(1), clause 15(2)(a) and clause 15(2)(b) of Veterinary practitioners code of professional conduct in that they

failed to ensure a detailed record of the consultation was made and that the record was legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal and that they failed to include the results of any diagnostic tests, analysis and treatments.

3. A veterinarian was reprimanded and fined following the post anaesthetic death of an elderly cat following a dental procedure. The veterinarian was found guilty of professional misconduct in breach of clause 4 of Veterinary practitioners code of professional conduct in that their management of the case was not to current standards by failing to offer pre anaesthetic testing, by attempting to recover a cat from general anaesthetic in a cat box and failing to provide analgesia after a tooth extraction.

All licenced veterinary hospitals must have a superintendent who is appointed by the licence holder. Traditionally the hospital superintendent is one of the licensees (owners) but increasingly in larger practice groups an employed veterinarian is appointed as the superintendent. Being a hospital superintendent is a significant commitment as set out in *Responsibilities of a Veterinary Hospital Superintendent* which is sent to all superintendents on appointment and available from the Board's website. Superintendents can have a complaint raised against them for failing in their responsibilities and lack of knowledge does not provide an adequate defence.

Even if they are not the superintendent, an employer must not direct or incite a veterinary practitioner to engage in conduct in the course of professional practice that would constitute unsatisfactory professional conduct or professional misconduct. Under the *Veterinary Practice Act 2003* (s 15), actions of an employee are taken to be actions of the employer unless the employer establishes that they had no knowledge of those actions and the employer could not, by the exercise of due diligence, have prevented those actions.

# **NSW Civil and Administrative Tribunal findings in Veterinary Practitioners Board of NSW ats Ms Janet Spate**

The *Veterinary Practice Act 2003* (Act) (s 34) provides that a decision by the Board to refuse registration may be reviewed by the NSW Civil and Administrative Tribunal (Tribunal).

Janet Spate was registered in the ACT and after a series of complaints lodged against her and an investigation by the ACT Board agreed to remove herself from the Register and to not seek restoration to the Register until October 2018 (a 2 year period). Ms Spate then put forward an application to register in NSW.

The [findings of the Tribunal](#) are available from the NSW Caselaw website under recent decisions, occupational division.

The Board resolved that Ms Spate should not be registered in NSW as the agreement with the ACT Board was effectively a refusal to register her in that jurisdiction. Further, the conditions imposed on her registration through the agreement at the time of her registration in the ACT were effectively mirrored in NSW. Hence, her agreement with the ACT Board effectively extended to NSW.

At the Tribunal hearing the Board also put forward the case that as Ms Spate had entered an agreement to not register in the ACT her actions to seek registration in NSW demonstrated that she was not a person of good character (a further reason for refusal to register). The Board put forward material from complaint investigations in the ACT to support its argument that its refusal to grant registration in NSW was aligned with the objects of the Act.

The Tribunal found that whilst the agreement with the ACT Board did not amount to a refusal to register Ms Spate, granting her registration in NSW was not in accordance with the objects of the Act and the operation of National Recognition of Veterinary Registration.

Accordingly, the Board's decision to not register Ms Spate in NSW was affirmed by the Tribunal.

## **Hospital licence forms**

The Board has recently updated its [Application for a Veterinary Hospital Licence](#) and [Application to Transfer a Veterinary Hospital Licence](#) forms. The updated forms address the following important points based on the legislative requirements for hospitals:

1. The licence holder of a veterinary practice is generally either an individual veterinarian, a partnership or a company and a veterinarian or veterinarians must have a controlling interest in the partnership or company
2. A trust does not meet the requirements to be a licence holder
3. The names of veterinarians with a controlling interest in the licence must be listed on the application and each of these veterinarians must sign the application
4. There is provision for a contact person other than the superintendent for correspondence such as accounts
5. A website address field has been added and the online register will be updated to include this field so that a member of the public can more readily locate your hospital after performing a search
6. The veterinarian appointed as superintendent must also sign the form and check that the premises meet the minimum requirements for a licence
7. The plans of the premises must be to scale and of suitable quality (prepared by architect or draughtsman)
8. The Australian Business Register extract of current information from the website [ABN Lookup](#) must be included with the application to ensure the Board has the correct details for the applicant licence holder. The Board will check the ASIC website to ensure the applicant meets the legislative requirements to be a licence holder.

The application to transfer a licence has been similarly updated to ensure the Board has up-to-date information for all licences.

**Under the Act changes to any of the above must be updated within 14 days** for an existing licence holder and the Board is developing its website to allow licence holders to check the details of their current licence and update the Board as required and annually (similar to the Annual Return for veterinarians).

The Hospital Inspector has noted during his visits that licence holders, superintendents, contact details and even the address of some hospitals has changed without the licence holders informing the Board.

**Importantly, if you relocate your hospital you must apply for a new licence.** A hospital licence is specific to the premises (location and physical facilities) at the time of approval. Relocating an existing hospital and not applying for a licence will mean you are operating from unlicensed premises and risk substantial fines and imprisonment.

Similarly, if you have changed the ownership details of your hospital licence and this has not been approved by the Board you are also at risk of operating from unlicensed premises.

Further information is also available from the article [Nuts and Bolts of Building, Buying or Selling a Veterinary Hospital](#) (Boardtalk June 2017).

**EMERGENCY  
ANIMAL DISEASE WATCH  
HOTLINE**

**1800 675 888**

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

## Where are the new graduates?

For the financial year ending 30 June 2017 the Board registered 155 new graduates (78% female). This represents approximately 5% of veterinarians with full registration.

New graduates were from all seven veterinary schools in Australia as well as schools in New Zealand, UK and North American. One new graduate veterinarian from a European school was granted limited registration.

New graduates registering during the year represented 53% of all new registrants (293). In addition to new registrations the numbers of registered vets in NSW also changed during the year due to restorations to the Register (121), veterinarians voluntarily removing themselves from the Register (276), and deaths (7). Overall, therefore the total number of veterinarians in NSW increased by 131 for the financial year.

Figure 1 shows the distribution by gender of new graduates for remote, outer regional, inner regional and major cities of NSW. These location of practice categories were derived from self-reported work postcodes using the [Australian Standard Geographical Classification Remoteness Structure](#).

*Figure 1 New graduate numbers in 2017 by gender and location of practice*

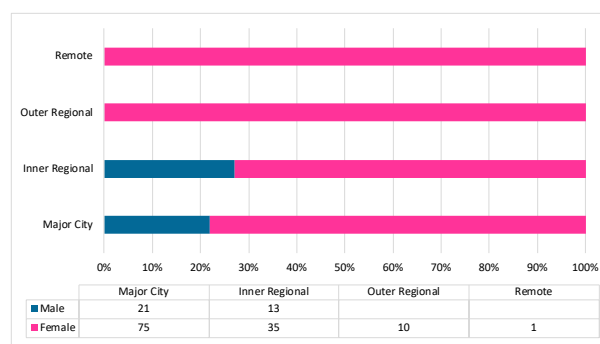


Figure 2 expresses these numbers as a percentage of the total number of new graduates and for comparison Figure 3 shows the percentages for the distribution of all veterinarians working in NSW (this also includes the category of very remote). The latter figures clearly indicate the gender shift within the profession but suggest that the percentage of new graduates by location



is comparable to the percentage of all veterinarians by location.

Figure 2 New graduate (percentage) in 2017 by gender and location of practice

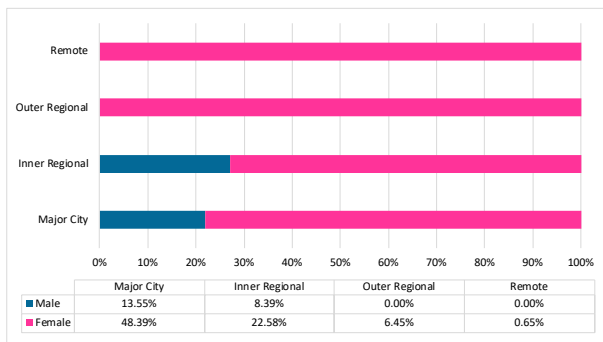


Figure 3 All veterinarians in NSW (percentage) in 2017 by gender and location of practice

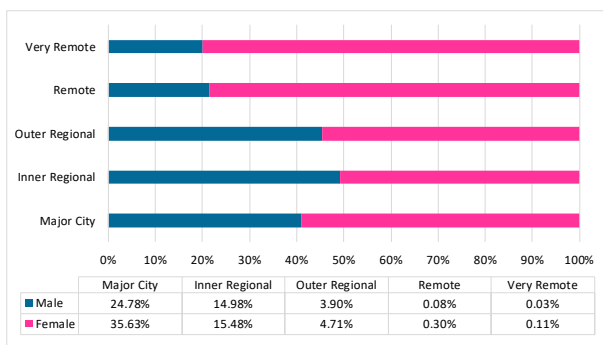
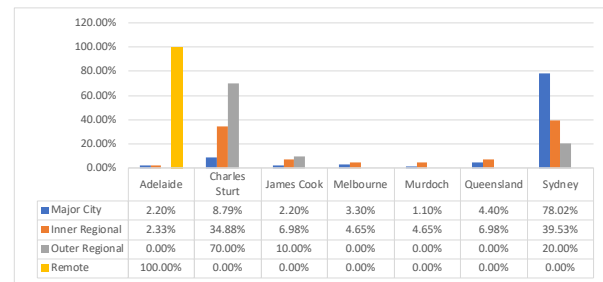


Figure 4 reveals the relationship between the Australian veterinary school attended and the location of work for new graduates (percentage) registering in 2017. Graduate distributions for Charles Sturt and Sydney, the two NSW based veterinary schools, are virtually mirror images.

The majority of new graduates in major cities and inner regional NSW are from Sydney University and the majority of new graduates in outer regional areas are from Charles Sturt University. A higher percentage of new graduates from all Australian universities with the exception of Sydney University have chosen to work in inner regional, outer regional or remote areas of NSW.

Figure 4 Distribution of new graduates (percentage) by Australian veterinary school and location in NSW



General descriptive statistics for registered veterinarians and veterinary hospitals are provided in the [Annual Report](#) which is available from the Resources section of the Board's website.

## Responsible and Prudent Use of Antimicrobials in Veterinary Practice

As veterinarians, our prescribing rights come with significant responsibilities. Veterinarians can help minimise the spread of Antimicrobial Resistance (AMR) by:

1. Pausing and considering each antimicrobial prescription.
2. Talking to clients about ways to minimise the use of antimicrobials.
3. Promoting and applying best practice biosecurity and hygiene measures.
4. Using published therapeutic guidelines, where available.

[Please read the letter](#) from Australia's Chief Veterinary Officer on the role veterinarians play in minimising the spread of AMR available from the [News section](#) of the Board's website.

## Cytotoxic drug safety for you, your team and your clients

Dr Sandra M Nguyen – Registered specialist in veterinary oncology

Veterinary clients are increasingly likely to choose to treat their animal for cancer and cancer chemotherapy is becoming more widely available. The SafeWork NSW guidelines have recently been updated so now is a good time to cover the important topic of chemotherapy safety.

Commonly used cytotoxic drugs include chlorambucil, vincristine, cyclophosphamide, doxorubicin and carboplatin.

Veterinary practices using cytotoxic drugs have a duty to provide information, instruction and training to all those who handle these drugs and related waste. This includes veterinarians, veterinary nurses, animal attendants, receptionists, cleaners and animal carers/owners (clients).

There is not a known ‘safe’ dose for those that are administering chemotherapy to be exposed to, nor a safe dose of cytotoxics to be exposed to through contaminated wastes such as urine, saliva, blood and faeces. Because of this, the best approach is to minimise the exposure in the first instance through safe preparation, handling and administration methods and making sure the staff and clients handling chemotherapy and waste from patients are adequately informed and trained in the use of cytotoxics.

Our obligations when handling cytotoxic drugs are outlined in the [Cytotoxic drugs and related risk management guide](#) published by SafeWork NSW and updated in July 2017. These comprehensive guidelines should be read and used as the minimum standard. Chapter 12 is specific to veterinary medicine, and also refers the reader back to other sections of the document.

Here are a few points from the document that can be instituted in practice with relative expediency:

- Pregnant, breast feeding women and those planning parenthood should be informed of the reproductive risks and possible effects on foetal development. This includes the veterinary health care team and the client.
- A dedicated area and isolated place within the veterinary practice should be used for cytotoxic drug treatment. It should be a secure area that provides restricted access.
- Use signs on cages to identify animals receiving cytotoxic drug treatment.
- All cytotoxic medications dispensed to clients need to have child proof lids, appropriate labelling which should include ‘do not cut or crush’ on the label.
- Advise clients to administer the cytotoxic drug over a non-carpeted surface, that is also not the kitchen or bathroom. Written information also needs to be given to the client on the drug and what to do in the case of a spill.

In addition, the guideline covers risk management procedures, emergency procedures, and recommendations around administration and personal protective equipment.

You must be authorised by SafeWork NSW to use cyclophosphamide as previously notified in Boardtalk May 2014 article [Are you storing, handling or using cyclophosphamide to treat patients?](#)

Further information is also available from the article [Safe Handling of Cytotoxic \(or Antineoplastic\) Drugs](#) (Boardtalk April 2007). The SafeWork NSW guide can be downloaded from [http://www.safework.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0005/287042/SW08559-Cytotoxic-drugs-and-related-risk-management-guide.pdf](http://www.safework.nsw.gov.au/__data/assets/pdf_file/0005/287042/SW08559-Cytotoxic-drugs-and-related-risk-management-guide.pdf)

## **Sedation of Rams for Shearing**

The following information has come from the Shearing Contractors Association of Australia (SCAA - [www.scaa.org.au](http://www.scaa.org.au)), an association that represents the interests of the small businesses that contract shear much of Australia's 74 million sheep.

In recent years the shearing industry has implemented strict procedures and guidelines to ensure that the industry's working population goes home safe and sound each night. As part of this safety shift, the sedation of rams has become 'standard practice' and although SafeWork does not 'mandate' the specific use or practice of sedating rams prior to shearing, the overarching legislation to keep workers safe, would certainly consider not sedating rams an unacceptable practice given the ever increasing size of Merino rams and 'meat' breeds.

The SCAA believes that shearing contractors across the country need to liaise with their wool growing customers prior to the shearing of their rams. This process is to ensure that the appropriate amount of acepromazine is on hand to correctly sedate the rams prior to shearing.

That said, over the past year or so, the SCAA is getting strong feedback that NSW wool growers are finding it more difficult to access the sedation drug from their local vet. This increased resistance of some vets being reluctant to sell the drug to their known clients, is resulting in some rams being shorn without being sedated.

Under the *Veterinary Practice Regulation 2013* (sch 2, cl 20), veterinarians are able to prescribe and supply acepromazine (for the purpose of sedating rams) to the OWNER of these animals IF the veterinarian has either physically examined the rams or has these rams under his or her direct care. The amount dispensed must be limited to that required to sedate the number of rams needing sedation and the veterinarian must be confident in the owner's ability to safely administer this sedation.

Whilst the administration of sedation is a restricted act of veterinary science the owner of the animal is considered an exempt person under the *Veterinary Practice Act 2003* (s 9(2)), and is therefore able to administer this sedation.

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## **Social support, insomnia and psychological distress in Australian veterinarians**

As part of a Masters of Clinical Psychology program at Federation University, Sue Titcumb, Principal Consultant at Impulsion Consulting, is seeking veterinarians aged between 18 and 65 years, and currently registered and practising in Australia, to participate in a study for a thesis project.

The research hopes to quantify the occurrence of insomnia in a sample of Australian veterinarians and to determine whether there is an association between insomnia and psychological distress. The research is also seeking to understand whether perceived social support acts as a buffer in the relationship between insomnia and psychological distress in veterinarians.

Individuals volunteering to participate in this research project will be asked to complete an anonymous, online survey which should take no more than 10 - 20 minutes to complete. The survey asks for some background information, as well as questions relating to well-being, sleep duration and quality, and perceived levels of social support. All responses are anonymous and will be kept confidential.

Anyone interested in participating in this study is invited to use the web link: <https://www.surveymonkey.com/r/veterinariansleepstudy>

## After hours care of patients or “Who will look after my pet when you are closed?”

Veterinarians discuss many issues when animals are admitted to their hospital but phone calls to the Board office suggest they often overlook covering the issue of “what happens after hours”. Veterinarians may think the clients know what arrangements are in place but it’s wrong to assume the client knows what your practice offers after hours.

There are very specific clauses of the [Veterinary practitioners code of professional conduct](#) (Code) that indicate aspects of a veterinary practitioner’s responsibility in this circumstance, including clause 2 (Welfare of animals must be considered), and clauses 5 (Utilisation of skills of colleagues), 6 (Professional conduct), 7 (Informed consent), 8 (Availability to care for animal), and 9 (Referrals and second opinions).

It is essential that all veterinary practitioners in NSW are familiar with the Code, which is Schedule 2 of the *Veterinary Practice Regulation 2013* that amends the *Veterinary Practice Act 2003*. The Code is available under Resources (Legislation) on the Board’s website.

It has long been a commonly accepted practice within the veterinary profession for animals to be hospitalised after hours, most often not fully supervised. There is no argument that many animals have benefited enormously from such hospitalisation.

There is a vast range of medical and surgical conditions where after hours hospitalisation will play a key part in treatment or recovery. These range from simple convenience situations to critical care cases where movement of the animal may pose significant risk.

There is no blanket rule as to what is *right* in cases of hospitalisation after a veterinary hospital is closed. Each case is affected by factors unique to that case, and several options may represent appropriate levels of care. The veterinary practitioner must make that judgement.

Clearly the Board is not seeking after hours supervision in all veterinary hospitals and recognises that even in quite large regional

centres there may be no dedicated after hours or emergency veterinary hospital.

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

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

It is the veterinarian’s responsibility to ensure the client’s right to be fully informed is satisfied.

Options may include (but are not limited to):

- i. no supervision – animal left unattended
- ii. minimal supervision – scheduled supervised visits by veterinary or nursing staff during the hospitalisation period
- iii. constant supervision – veterinary or nursing staff to provide constant supervision throughout the hospitalisation period
- iv. referral to another facility e.g. an after hours emergency centre
- v. client taking the animal home to provide supervision.

Discussion and agreement to any of these options and the associated costs constitutes informed consent, and should be noted in the medical record.

Once the client has been informed of the hospitalisation option(s) available to them at the practice, and has given their informed consent, the registered veterinary practitioner is responsible for ensuring the conditions of the chosen option are met.

If for unforeseen reasons the chosen option can no longer be met, then a new round of communication and choice must be initiated. Please don’t assume that, “I thought the client knew that nobody would monitor the animal during the night”.

As veterinarians we are dealing with a more sophisticated and knowledgeable general public, with higher and higher expectations.

The major consequence of this change is the imposition of higher standards of communication on veterinarians - a challenge our profession meets admirably in almost all circumstances!

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## Storage of Euthanasia Solution

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.

The *Poisons and Therapeutic Goods Regulation 2008* (cl 73) requires controlled substances (S8's) 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 appendix D poisons (S4D), the Board strongly recommends that euthanasia solution is stored in a locked receptacle attached to the premises. Alternatively, the Board also supports veterinarians storing euthanasia solution in a safe with S8 drugs and supports maintaining a register for its use as per the requirements for S8 drugs.

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

The tragic consequences of veterinarians and paraprofessional staff having ready access to euthanasia solution were highlighted in the [Findings of Inquest](#) conducted by the Coroners Court of Queensland released in February 2017. These findings also put the profession on notice regarding criminal law duty of care and work health and safety obligations in relation to the storage of euthanasia solution.

## Changes to requirements for accreditation of vets for companion animal export

The Department of Agriculture and Water Resources has changed the requirements for accreditation of registered veterinarians preparing companion animals for export.

1. From 2 January 2018 the Department no longer requires accreditation of registered veterinarians preparing companion animals for export. All veterinarians fully registered by a State or Territory Veterinary Board in Australia are able to prepare companion animals such as dogs, cats and pet birds for export from Australia.
2. All registered veterinarians are now eligible to purchase rabies vaccine for use when preparing dogs and cats for export (other restrictions on the use of rabies vaccine are unchanged).
3. The Accreditation Program for Australian Veterinarians (APAV) will no longer be a requirement for veterinarians to prepare companion animals for export.

Information to assist veterinarians preparing companion animals for export is available on the department website <http://www.agriculture.gov.au/export/controlled-goods/live-animals/companion/vets>. This information outlines the step by step process of preparing companion animals for export.

All veterinarians preparing companion animals for export should refer to this information before proceeding with this process.

These changes will come into effect from 2 January 2018. The Department's website has been updated to reflect this change. The list of veterinarians on the Department's website will be removed in January 2018.

**Please note there are no changes to the requirements for Australian Government Accredited Veterinarians (AAVs) preparing livestock for export.**

## Requirements for computer generated prescriptions

The *Poisons and Therapeutic Goods Regulation 2008* provides that a veterinary practitioner may issue non-handwritten or computer generated prescriptions for an S4 restricted substance or an S8 restricted substance.

A computer generated prescription is one that has any information (except for the veterinarian's address and contact details) printed rather than handwritten. Elements of the prescription which may be computer generated differ for S4 and S8 prescriptions.

Detailed requirements with examples are described in [Criteria for Issuing Non-Handwritten \(Computer Generated\) Prescriptions](#) (TG184).

Please also note the following:

1. Computer generated prescriptions must be saved to the patient's file and retained for at least 3 years
2. There must be a unique identifying number for the computer generated prescription such as a unique visit number
3. The medical record must clearly indicate when a prescription was issued rather than the medicine being supplied by the veterinarian
4. All prescriptions must include the veterinarian's registration number next to their signature.

General requirements for handwritten prescriptions are provided in the [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#) (TG74/14).

If you are unsure of the requirements for either handwritten or computer generated prescriptions please contact the Board or NSW Health Duty Pharmaceutical Officer 02 9391 9944.

### Reminder

A prescription can only be filled by a registered pharmacist and cannot be filled by another veterinarian.

Veterinarians are however able to supply medication on the written authority of another veterinarian. In contrast to a prescription the

[written authority](#) allows a veterinarian named in the authority to supply medication to a client on behalf of another veterinarian.

This written authority may be given by email, facsimile or letter from one veterinarian (who has examined the animal or has the animal under his or her direct care) to another veterinarian. Both veterinarians must maintain a record of this written authority for at least 3 years.

As for a prescription, the written authority must include the date; name and address of the client; name and species of the animal; name, strength and quantity of drug; and adequate directions for use.

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## Honorary Registration

Honorary Registration may be granted to a veterinarian who has been a member of the profession for more than 40 years, been a long standing member of the profession and above the age of 65, or a person whose standing in the profession is such to justify the granting of honorary registration.

A person who is granted Honorary Registration moves from the division of the Register for Full Registration or Specialist Registration to the division of the Register for Honorary Registration.

The Board has formed the opinion that the intent of the provision for Honorary Registration was to enable veterinarians fitting the above criteria and **who are no longer working as veterinarians** to maintain their name on the Register and therefore as a member of the profession.

Veterinarians with Honorary Registration may either continue to participate in required CPD or apply for non-practising conditions in which case they will not need to meet CPD requirements.

Further details are available from the Resources (Policies) section of the Board's website and its policy [Requirements for Honorary Registration](#). The [Application for Honorary Registration](#) form and the [Non-Practising Declaration](#) form are available from the Resources (Forms) section of the website.

## Western Sydney Vet Forum

The Board and the Sydney Branch of the NSW Division of the AVA held a forum at Rooty Hill RSL Thursday evening 31 August 2017 to discuss issues affecting veterinarians and their staff in Western Sydney.

This event was initiated in response to concerns raised by the profession in the Western Sydney area with the Hospital Inspector Glenn Lynch during his routine inspections.

The discussions were facilitated by **Dr Coralie Wales**, Manager Community and Consumer Engagement, Western Sydney Local Health District.

Around 60 people attended the evening and discussions focused on managing social media, personal safety and business security, and dealing with stray dogs and cats.

The Board appreciates the difficulties being faced by veterinarians and their staff in relation to these matters and the following links may be of assistance to the profession:

### **Managing social media resources:**

[Social media and veterinarians](#)

[Social media and the medical profession](#)

### **Personal safety and business security**

[Security and safety tips](#)

[Dealing with aggressive clients](#)

[Robbery prevention booklet](#)

[CCTV for businesses](#)

### **Dealing with stray dogs and cats**

[Vets and stray dogs and cats](#)

[Stray dogs and cats and the role of the vet](#)  
[Office of Local Government Information for Vets and Identifiers](#)



## Professor Rosanne Taylor retiring as Dean of School of Veterinary Science at The University of Sydney

Professor Rosanne Taylor, Dean of the School of Veterinary Science at The University of Sydney since 2009, will be retiring from the position in November 2017.

Dean Taylor has led the School through major changes at the University. The Sydney School of Veterinary Science is among the best performing schools in the world ranking 5/5 (ERA) for research excellence, and 11<sup>th</sup> in QS rankings globally.

Rosanne has had a strong focus on internationalisation of the curriculum and has led the introduction of the flagship DVM degree. She has driven student recruitment for the DVM and championed scholarship support for DVM students.

Professor Frazer Allan has been announced as Head of School and Dean of the University of Sydney School of Veterinary Science, starting on 5 February 2018.

Professor Allan is currently Deputy Vice-Chancellor (Engagement) at Victoria University of Wellington in New Zealand, having previously held veterinary science leadership positions that include head of the Institute of Veterinary, Animal and Biomedical Sciences at Massey University, and director of the Massey University Veterinary Teaching Hospital. Frazer was awarded the New Zealand Veterinary Association's President's Award in 2017.

### **Confidential Help for Veterinarians**

Doctors Health Advisory Service  
**24 hours a day.**

**(02) 9437 6552**

## Human therapeutic products allowed for veterinary use by APVMA

The Australian Pesticides and Veterinary Medicines Authority (APVMA) has recently issued a permit allowing for a number of products registered by the Therapeutic Goods Administration (TGA) to be used in animals.

Permit 13662 now allows use of the following products for animal treatment:

1. Mexiletine hydrochloride USP (TEVA), containing either 100mg, 150mg, 200mg or 250 mg Mexiletine Hydrochloride USP per capsule.
2. Succinylcholine capsules, containing 200mg Dimercaptosuccinic acid (succimer, DMSA) per capsule
3. Thiola tablets and Captimer tablets, containing 100mg Tiopronin per tablet
4. Pyrazinamide tablets, containing 500mg Pyrazinamide per tablet
5. Cyclophosphamide tablets and Edoxan tablets, containing 50mg Cyclophosphamide anhydrous ANHYDROUS
6. Oncaspar (Pegaspargase) 3750 I.U. 5 mL injectable
7. Sii BCG Vaccine and Biomed-Lublin BCG 10 AntiTuberculosis Vaccine
8. Enlon containing 150mg Endrophenonium chloride /15mL injection

## New APVMA Permits

The following permits have been issued this year.

Permit No.	Description	Issued date	Expiry date
PER85131	Nobilis FAV Vaccine	2-Nov-17	29-Feb-20
PER84510	Equine Metronidazole Paste / Horse / protozoal and anaerobic bacterial infections	27-Sep-17	30-Sep-20
PER82787	VAXSAFE HVT / CHICKEN / MAREK'S DISEASE VIRUS	10-May-17	30-Jun-18
PER83960	ACTINOBACILLUS PLEUROPNEUMONIAE / PIGS / PLEUROPNEUMONIA	2-Mar-17	30-Mar-20
PER82844	CYDECTIN / BARE-NOSED (COMMON) WOMBATS / SARCOPTIC MANGE	24-Feb-17	28-Feb-20
PER83551	MYCOBACTERIUM / CATTLE / TUBERCULOSIS	22-Feb-17	31-Mar-20
PER84048	Apex Mitotane 500/ Dogs/ Pituitary dependent hyperadrenocorticism	16-Feb-17	30-Apr-21

## State Veterinary Diagnostic Laboratory, Menangle Christmas and New Year trading hours 2017/18

To our valued customers

As the year comes to a close we would like to take this opportunity to thank you for your ongoing support of our laboratory.

We would like to advise that over the Christmas and New Year period for 2017/2018 our trading hours are as follows:



<b>DECEMBER 2017</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
18 December	19 December	20 December	21 December	22 December	23 December	24 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
<b>DECEMBER 2017 &amp; JANUARY 2018</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
25 December	26 December	27 December	28 December	29 December	30 December	31 December
Closed Public Holiday	Closed Public Holiday	Open (Reduced staff) Sample receival 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
<b>JANUARY 2018</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 January	2 January	3 January	4 January	5 January	6 January	7 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 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 DPI Laboratory Services please visit our website: [www.dpi.nsw.gov.au/labs](http://www.dpi.nsw.gov.au/labs).

Again we thank you for your support of DPI Laboratory Services and look forward to continuing to assist your business in being able to make reliable and professional decisions based on the results we provide during 2018 and beyond.

## Submissions to the State Veterinary Diagnostic Laboratory

Samples for the State Veterinary Diagnostic Laboratory must be accompanied by a submission form. These forms are downloadable at the [NSW DPI website](#). Please throw away any out-of-date submission forms that you have in the clinic.

For suspect notifiable disease testing, the address of where the sample was collected should be included on the submission form. If the property has a property identification code (PIC) this should be included on the submission form.

To report suspect [notifiable animal pests and diseases](#) phone:

The Animal Biosecurity Emergency Hotline **1800 675 888** (available 24-hours a day), or

Your Local Land Services office on **1300 795 299** (available during business hours)

## Australian Bat Lyssavirus

With the start of the flying fox breeding season, DPI is reminding all veterinary practitioners of the risk of Australian Bat Lyssavirus (ABLV) to people and other animals, including pets.

ABLV has been found in both fruit bats (flying foxes) and in small insect eating bats (microbats). All bat species in Australia are regarded as being potentially infectious. It is estimated that in the wild only about 1% of bats are infected with ABLV. However in bats found injured or sick and showing nervous symptoms such as inability to fly and aggression, up to 30% have been found to be infected.

ABLV is a notifiable disease in any species and there is a legal requirement to notify an authorised officer of all suspected ABLV incidents. Contact the Animal Biosecurity Emergency Hotline on 1800 675 888 or Local Land Services (<https://www.lls.nsw.gov.au/contact-us>) to report.

DPI has information on ABLV for veterinarians and the public available on its website (<https://www.dpi.nsw.gov.au/biosecurity/animal/humans/bat-health-risks>). This information includes how to manage cases involving bat-animal interactions. DPI recommends all domestic animals that interact with bats are given

post-exposure rabies vaccination following NSW Chief Veterinary Officer approval.

For information about human health and ABLV, call your NSW Health local public health unit on 1300 066 055.

The best protection against being exposed to ABLV is to avoid contact with bats. If live bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must be rabies vaccinated. PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat. A garden fork, spade or other implements should be used to handle dead bats. Rabies vaccination is thought to provide cross protection against an ABLV challenge.

Since November 1996, three people have died as a result of ABLV infection. All three cases had a history of scratches or bites from bats and the affected people were not previously vaccinated against rabies. In 2013, two horses were euthanased after being infected with ABLV from bats. Overseas, closely related lyssaviruses cause illness in a wide range of domestic and wild animals. It is possible ABLV infection in other animals may be reported in Australia in the future.

## *B. suis* in dogs

In NSW *Brucella suis* is a notifiable disease in both animals and people. Dogs and people are acquiring *B. suis* infections through feral pig hunting and eating undercooked feral pig meat. Infected dogs are a potential source of infection to people. Clinical signs in dogs include swollen testes, abortion, lameness and back pain, although many dogs (about 50%) show no clinical signs.

*B. suis* is zoonotic and is an occupational hazard to veterinary staff. To minimise the risk of an infected dog spreading the bacteria, DPI advises euthanasia or treatment, consisting of desexing and antibiotics (James et al, 2017). There is a chance that treated dogs may not respond or may relapse and become a risk again.

Dogs that are undergoing treatment should have two weeks of antibiotics prior to surgery, to minimise the work health and safety risk associated with desexing. DPI has [safe work method statements guidelines](#) for handling dogs infected with *B. suis* in the clinic.

Testing for *B. suis* is done on serum and is an antibody test. Dogs that undergo treatment should be tested every six months until antibody negative or as soon as possible if clinical signs return.

If clients have questions regarding human health, direct them to their [local public health unit](#).

### References

James DR, Golovsky G, Thornton JM, Goodchild L, Havlicek M, Martin P, Krockenberger MB, Marriot DJE, Ahuja V, Malik R and Mor SM. Clinical management of *Brucella suis* infection in dogs and implications for public health. *Australian Veterinary Journal* 2017; 95:19-25. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/avj.12550/pdf>

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## Responsibilities when supplying medication

There are some special handling requirements or cautions regarding handling for some medications other than chemotherapeutic agents including handling by pregnant women or those anticipating parenthood.

This includes drugs such as prostaglandins and trilostane.

If medication is supplied by a veterinarian and the medication is not in the original container or packaging with required handling instructions then the veterinarian should inform the client of any special handling requirements and safety directions. For example, this may include directions such as do not handle, use gloves, do not crush etc., as well as the possible adverse effects of any medication.

## Board Nominations for 2018

The term of the current Board will end 30 June 2018 and early in the new year the Minister will be looking to select members for the next Board.

There are 6 veterinarian members of the Board:

1. One veterinarian is selected by the Minister from a list of specialist veterinarians put forward by the NSW Division of the AVA
2. One veterinarian is selected by the Minister from a list of veterinarians working in urban areas put forward by the NSW Division of the AVA
3. One veterinarian is selected by the Minister from a list of veterinarians working in rural areas put forward by the NSW Division of the AVA
4. One veterinarian is selected by the Minister from a list of veterinarians working in academia and put forward by either the University of Sydney or Charles Sturt University
5. Two veterinarians are selected by the Minister

Board members are appointed for a 3 year term.

If you are interested in becoming a member of the Board and you are an AVA member you will receive an email from the AVA looking for nominations early in 2018.

To register your interest in being one of the veterinarians selected by the Minister and not necessarily a member of the AVA you should [join the NSW Boards and Committees Register](#).

Please contact the Board's office if you would like to learn more about the role of Board members including expectations and remuneration. We are also able to put you in touch with a current or previous Board member.

## Welcome to Melanie Robson

Melanie Robson has been appointed as the Board's IT and Administration Support Officer taking over the role from Clare Nathan.

Many of you may already know Melanie Robson from her previous role at the University of Sydney where she managed student placements throughout the veterinary degree and in particular for the final year veterinary student intern program.

Melanie designed and developed the database for these placement programs at the University of Sydney together with the online portal known as the Virtual Veterinary Campus and later performed a similar role at the Western Sydney University for student nurse placements. Her skills in database design and management have already led to some significant improvements to the Board's database.

In addition to these impressive IT skills, Melanie brings skills, knowledge and experience in administration and customer service which will greatly assist the performance of the Board's functions.



The Board members and the staff of the Veterinary Practitioners Board wish you a Merry Christmas and a Happy New Year. The Board's Office will close at midday on Friday 22nd December and will reopen on Tuesday 2nd January 2018.

*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.*



### Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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Dr Julia Beatty  
Dr Georgina Child  
Mrs Wendy Cochrane  
Dr Steve Ferguson  
Mrs Lisa Minogue  
Dr Kylie Parry  
Dr Ian Russ

#### Board Staff:

Dr John Baguley (Registrar)  
Mary Lydamore (Deputy Registrar and Complaints officer)  
Glenn Lynch (Hospital Inspector and Investigator)  
Melanie Robson (IT and Admin Support)  
Des Lyttle (Registrations and Financial Officer)

#### 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.