

# Boardtalk

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## President's Report

### National Recognition of Veterinary Registration

At long last, after a campaign I have been driving for 15 years, I am delighted (and relieved) to say that the ability of veterinarians to practise throughout Australia without the need to apply for extra registration in each jurisdiction is now on the way to legislative implementation. While many have helped over the years I would like to particularly thank all those veterinarians in NSW who responded to the Regulatory Impact Statement (RIS) in 2006. This was a critical part of the process. Early in October this year the Victorian Parliament passed amendments to their Veterinary Practice Act 1997 that will mean a veterinarian registered in an Australian jurisdiction is deemed to be also registered in Victoria. These changes will come into effect on 1st January 2009.

Those veterinarians from outside Victoria who intend to perform acts of veterinary science in Victoria will need to ensure they make themselves familiar with the areas of Victorian law that relate to veterinarians. Areas such as drug dispensing and labelling, the code of conduct in the Veterinary Practitioners Act and others may have clauses that are particular to Victoria. Eventually the Australasian Veterinary Boards Council (AVBC) intends to have a table that identifies all the areas of law that are particular to each jurisdiction so that



veterinarians will have a convenient way of checking these differences when planning to practice outside their primary jurisdiction. An ongoing activity of the AVBC is to seek harmonisation of legislation between jurisdictions.

The jurisdiction of primary registration will be where the person resides and is registered on the electoral roll. At this stage NRVV is being implemented for the main categories of registration of veterinarians and specialists, it is not including any additional categories such as retired or honorary veterinarian which may be contained in individual State Acts.

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*President's report continued*

Where are we up to in NSW? The Bill to implement the changes to the Veterinary Practitioners Act (VPA) is ready to be introduced into parliament. The problem is the number of Bills that are waiting to be introduced into parliament is large and when it comes to putting them in order or priority the VPA keeps getting shuffled down the list by other Bills. As I understand it, the NSW mini budget is the latest event to take up a lot of time in the spring session of parliament, which is when the Bill was expected to be introduced. So, it may still happen before Christmas but there is nothing definite at this stage.

Other States and Territories are in various stages of developing the Bills required and trying to find a slot within their parliamentary timetables. However, it is just a matter of time (which may be up to two years) before NRVR will be in place throughout the whole country!

**Communication between Veterinarians.**

Within this BoardTalk there is comprehensive report from the Complaints Committee that everybody should read thoroughly. There is clear evidence that a number of complaints are arising from the failure of veterinarians to communicate with each other. It is clear that poor relationships between veterinarians undermine the public confidence in the whole profession. I have always taken the view that as soon as I discover

that somebody has been taking their animal to another veterinarian I inform them that I will be contacting the other veterinarian to gain a copy of the history and if they are not happy with that I am reluctant to proceed any further with their animal or animals. Obviously there will be times when for one reason or another this doesn't immediately work out but it goes a long way towards avoiding veterinarians making inappropriate comments on the previous diagnosis or treatment.

Also it is unwise to make a comment about the diagnostic approach or treatment of a particular case by another veterinarian without knowing the facts and circumstances surrounding the case. Often, in a social situation, when people find out that you are a veterinarian they will ask for some comment about the events that occurred when they recently visited their veterinarian. Even the most benign comment that may not even be relevant can start a whole cascade of doubts, especially if the owner was not completely satisfied in the first place. Make sure you have the facts and circumstances before making comments.

Here endeth the lesson! Have a very merry Christmas and a prosperous New Year.

Garth McGilvray  
President

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

**Registration renewal**

The annual registration renewal process continued smoothly this year with the majority of practitioners once again electing to use the Board's website to submit the annual return and pay their registration fee.

You may recall the statistics gained from last years annual return being reproduced in the April 2008 edition of Boardtalk - they certainly provide interesting reading and in time, they will provide the profession with some clear trends. I shall ensure that the graphs will be shown again in the April 2009 publication.

Unfortunately, as is the case after the annual registration process each year, some



practitioners were notified that we did not receive the annual registration fee and / or the annual return, even after a reminder letter was posted to them.

These practitioners have been removed from the register and are no longer registered to practise veterinary science in NSW.

If they want to be restored to the register, they are required to submit the payment and or the annual return PLUS pay the prescribed penalty fee (\$235).

Submission of the annual return is a legal requirement under the Act in order for the practitioner to remain registered. I have intentionally married the payment and annual return process together, in order to make it easier for the practitioner to make both transactions simultaneously.

The website route is very simple and cleverly guides the practitioner through both the payment and annual return processes.

It appears that some practitioners did not receive the package and the reminder letter because they have changed address and did not notify the Board! (this is an offence in itself pursuant to section 31 of the Act). I cannot accept a failure to notify the Board of a change in address (an offence) as an excuse (to waive the penalty fee).

### **Communications**

I have been in the position as Registrar for approximately 4 years now, before that I was the Board's Hospital Inspector for 3 years.

During this time I have obtained a very good understanding of the profession and I am very proud to be a contributing member. I have found that the most effective method of communicating is by speaking directly with the person/s involved in the matter. Many issues can be nipped in the bud when an immediate phone call or meeting is scheduled to discuss and resolve the issue at hand. I also write many letters when there is a need for a 'record' of the communication.

As you can imagine, I also receive many phone calls regarding a myriad of issues, some are enquiries for information or advice (if I can provide it in my capacity then I'm very happy to oblige) but many are also calls to get the Board 'involved' in local vet to vet matters. I am sadly surprised that when I ask the vet if they have contacted the other vet to discuss their concerns, they answer 'no'.

Many of the issues appear to me as relatively minor in nature, such as clients seeking a second opinion (providing history records), advertising, provision of after hours care etc. It must be acknowledged that when the Board gets 'involved' in a matter, a process may be triggered that may turn out to have a greater effect than what was sought or anticipated – I'm often left thinking that many of these issues could be best resolved at the 'local level' if at all possible.

If professional misconduct is perceived, I am always available to discuss these concerns.

### **Hospital Licensing**

The Board has the discretionary powers to license a veterinary hospital where 'major surgery' (as defined) is conducted, based on a

'fit for purpose' concept. Since September 2006, the Board has licensed 3 veterinary practices that perform desexing procedures but not other surgery such as orthopaedic surgery and as such these premises do not have to have radiology equipment.

The sign (provided by the Board) that is displayed in the reception area of the practice reflects this limitation.

The signs authorising the 'type of major surgery' (small animals, large animals, mixed practice) which the practice is licensed for, have been posted to ALL currently licensed veterinary hospitals (over 600).

The Board has supplied the smart satin finished signs and postage at no extra cost to the hospital.

The sign **MUST** be displayed in the reception area of the practice so it can be easily seen by a person entering the building.

It is an offence under the Act not to display the sign.

If you own or work at a practice that does not have the sign displayed, please contact the Board's office to clarify the situation.

I continue to perform the hospital inspections as my time permits and I'm pleased to report that the general level of compliance in regards to equipment, facilities and record keeping is continually increasing in quality. It is a very rewarding experience for me to see so many practitioners who are committed and passionate about the level of care that they provide to the animals in their community – committed enough to reinvest their hard earned into the practice!

I wish everyone a very happy and safe Christmas.

Glenn Lynch  
Registrar



## **Confidential Help for Veterinarians**

Doctors Health Advisory Service

24 hours a day

**(02) 9437 6552**

## **Report From The Board's Complaints Committee**

Since the report in the April Boardtalk, the Veterinary Practitioners Board has determined sixteen complaints against veterinary practitioners after investigation by the complaints committee. That is sixteen complaints in six months.

Five of these investigations resulted in the veterinary practitioners receiving cautions and fines for unsatisfactory professional conduct, the other complaints were dismissed by the Board.

Some complaints that are 'dismissed' by the Board are not dismissed because the complaint wasn't warranted or there was a legitimate concern, but sometimes because the Board was not 'satisfied' (as required by the Act) that the practitioner was guilty of 'unsatisfactory professional conduct' or 'professional misconduct' (as clearly defined in the Act). The Board relies on evidence to support a complaint; however the legislation allows the Board to 'investigate complaints in whatever manner it thinks fit'. The Board relies on a judgement level of evidence in order to be 'satisfied'.

At the complaints committee's invitation, six veterinarians and two complainants were interviewed by the committee.

The cases resulting in "cautions" were-

- Yellow pages advertising considered by the Board to be offensive to members of the profession and deemed not to meet professional standards expected by other veterinary practitioners. (This advertisement was abnormal because it made general negative comparisons with other veterinarians).

- Failure to provide an estimate of costs of veterinary services as required by the 'Veterinary Practitioners Code of Professional Conduct' – Schedule 2 in the Veterinary Practice Regulation 2006 (copy of the code is available under 'publications' on the Board's website).

- Lack of judgment in failing to give adequate discharge instructions for a dog's care including warning of the danger of recurrence of bloat, feeding instructions and nursing aftercare at home. The dog died that night due to gastric dilation and volvulus.

- Demonstrating a lack of knowledge and care in the practice of veterinary science by breaching the labelling provisions of the

Poisons and Therapeutic Goods Act, and for poor invoicing failing to meet standards expected by other practitioners, users of veterinary services and the public.

- Lack of judgement in the practice of veterinary science where over zealous freezing (cryosurgery) caused excessive necrosis of healthy tissue surrounding a lesion on the target digit, and on the adjacent non target digit.

Of the complaints dismissed, most originated from dissatisfied outcomes to treatment. Some complaints to the Board could have been avoided if the attitude of the treating veterinarian was seen by the complainant to be a little more understanding in regards to their concerns.

The Board recognises the difficulty in getting clients to agree to a post-mortem examination, but recommends you ask permission to do a necropsy and make a record if the client refuses.

One complaint was dismissed but with a caution to the veterinary practitioner for the inadequate information in his record keeping in relation to his examination of the patient.

In three complaints, lay staff played a key role. Staff having contact with the public must be trained to be fully aware of their responsibilities and the limits of their discretionary powers. One complaint in particular would not have been made if the discharging nurse had informed the treating veterinarian of the dog's dramatically changed condition when it was collected from the hospital by the owner.

Phone conversation records and notes of staff actions on history records or hospital cards are very helpful.

Another complaint may have been prevented if the 'old professional code' relating to 'supersession' (when one veterinary practitioner is asked to see a patient which has recently been in the care of another veterinarian), had been observed.

With the client's consent, the second veterinarian should get in touch with his/her colleague - not only as a matter of professional courtesy, but in order to ascertain the case history of the patient. Failure to do so may be contrary to the interests of the patient and may be contrary also to the interests of the veterinarian should anything untoward occur!

Whilst on the topic of colleague communications, the committee unfortunately has also come across evidence to suggest that some practitioners may be taking the opportunity to 'comment' on the diagnosis and or treatment provided by the previous veterinarian.

Practitioners must resist the temptation to comment when they do not have all the relevant facts! Such behaviour is seen as a poor reflection on our profession and the Board would like to remind the profession of our responsibilities and to think twice before making any comment about another practitioner.

Further to the comments in the April "Boardtalk" regarding restricted drugs and lay staff, the Board sadly brings to your attention the tragic death this year, by drug overdose, of a new staff member of a veterinary practice in the United Kingdom. The deceased had access to the unlocked S8 cabinet and obtained the drugs that caused her demise.

**Know your limitations, listen, look, explain, estimate, obtain consent, treat, record** and have a happy Christmas.

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## **Update on Equine Influenza (EI) and Hendra Virus**

EI and Hendra virus infection are two emergency animal diseases that are still causing concern in the NSW horse industry.

From 1 July 2008 to 14 October 2008, 54 investigations have been conducted on properties where horses had clinical signs considered consistent with Hendra virus. More than 243 horses have been tested on these properties and all results have been negative.

Since 1 July 2008 at least 77 horses have been tested for EI in 32 separate investigations. Again all results have been negative.

While the likelihood of either of these diseases occurring in NSW is now considered very low, the consequences if either occurred would be extremely high, either in terms of cost to the horse industry or, in the case of Hendra virus infection, in terms of risk to human health.

All practitioners are reminded to stay on the look out for EI, Hendra virus and other emergency animal diseases. **If you have any concerns, ring the emergency animal disease hotline on 1800 675 888.**

Therese Wright, Policy Officer, NSW  
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mobile 0427602761  
Email therese.wright@dpi.nsw.gov.au

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## **NSW Annual Registration Fee comparison with other Australian Veterinary Boards.**

In September 2003 the annual registration fee was reduced from \$260 to \$235. As reported to the profession at the AGM in Wagga Wagga in November this year, the current Board does not anticipate any increase in registration fees or hospital licence fees from the current levels at this time. The Board has factored in a loss of approximately \$100,000 in revenue when national recognition of veterinary registration comes into effect.

Australian Veterinary Boards	General renewal	Specialist renewal
Northern Territory	\$100.00	\$150.00
Queensland	\$131.65	\$244.30
Tasmania	\$184.32	\$174.24
<b>New South Wales</b>	<b>\$235.00</b>	<b>\$235.00</b>
South Australia	\$250.00	\$225.00
Aust Capital Territory	\$245.00	\$375.00
Victoria	\$255.00	\$341.00
Western Australia	\$345.00	\$415.00

Board Publications such as Annual Reports and Presidents Reports from the AGM are all available online, along with all past copies of Boardtalk - a great resource for all members of the profession. Check it out at <http://www.vpb.nsw.gov.au> under 'Publications'.

# Certification of disease status of livestock

Marilyn Evers  
Department of Primary Industries

Government and private veterinarians are frequently asked to provide disease certification for livestock movements. The movement may be for export or to another state or territory, or it may involve a movement within NSW, e.g. to a show, sale, field day, breeding establishment.

The Veterinary Practice Regulation 2006 stipulates, by way of the Veterinary Practitioner's Code of Professional Conduct, that:

- 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,

- 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.

This places a clear onus on the certifying practitioner in terms of professional expertise and knowledge. For livestock movements, the veterinary practitioner can only provide disease certification if he/she has sufficient 'personal' knowledge about both the disease and the disease status of the livestock being certified. Such knowledge would reasonably be expected to include knowledge about the aetiology of the disease, its epidemiology and clinical signs, disease risk factors, and the techniques/tests/test results that may assist in determining disease status.

NSW government veterinarians are usually only in a position to provide certification about endemic notifiable animal diseases. These are diseases, known to occur in NSW, that are subject to legislation requiring persons such as land holders, stock owners, veterinarians or other persons consulted about stock, to notify an inspector if they know or suspect the disease in stock.

Where livestock certification includes references to area disease prevalence, a private veterinary practitioner is generally not in a position to comment. A government veterinarian usually has knowledge of area prevalence for notifiable endemic diseases. However for non-notifiable diseases, knowledge about area

prevalence would be dependent on a veterinary practitioner, government or private, being personally aware of the disease situation throughout the specified area.

Livestock certification for diseases that are exotic to Australia should be referred to AQIS.

The clear message for veterinary practitioners from all of this is - you should only certify to facts about which you have personal knowledge. To do otherwise means you are not complying with the Veterinary Practitioner's Code of Conduct and you may be confronted with an investigation for professional misconduct.

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## Annual General Meeting of the veterinary profession

Further to the invitations that were posted out to all practitioners in October 2008, the AGM was held on 18 November 2008 at Wagga RSL club.

The Board was pleased to see so many local practitioners and others that travelled from nearby towns to attend. The meeting was also an opportunity for practitioners to meet the Board members to discuss various issues. Whilst in Wagga, the Board took the opportunity to tour the impressive veterinary teaching facilities at Charles Sturt University.

At the meeting, the President, Dr Garth McGilvray, tabled the two reports required by section 18 of the Veterinary Practice Regulation 2006.

## **Report from the Faculty of Veterinary Science, The University of Sydney**

The 'President's report of the activities of the Board' outlined the progress for the implementation of national recognition of veterinary registration (also known as National Registration). The Board has been working hard for many years to bring about this initiative and is pleased to report that the amendment to the Veterinary Practice Act legislation is currently being worked up to be placed before parliament - hopefully before the end of this year.

The Board requests that practitioners refer to the Board's website for developments in the New Year – information will be posted on the website immediately it comes to hand.

The President tabled another report 'Report of the President as to fees payable to the Board and Board remuneration'. In this report, Dr McGilvray indicated that this current Board does not anticipate any increase in registration fees or hospital licence fees from the current levels in the short term. This is despite the fact that the Board will lose approximately \$100,000 in revenue when national recognition of veterinary registration comes into effect. This loss will be created because practitioners who currently reside outside of NSW and who are registered with the Board where they reside - will no longer be required to pay the NSW registration fee.

The base remuneration payable to the Board members will not increase, however it will keep pace with inflation by pegging remuneration to any change in the annual Consumer Price Index (CPI).

The current Board expires on 30 June 2009 but would like to see the AGM venue move around NSW each year to the large regional towns.

The Board sincerely thanks all those who attended the meeting and in particular, the warm hospitality shown by Dr Kym Abbott and the staff of Charles Sturt University and the friendly staff of Wagga RSL Club.

Over the last few years, the Faculty of Veterinary Science at The University of Sydney has undertaken a lot of new construction and refurbishing of existing facilities. In recent years the faculty has built the Avian, Reptile and Exotic Pet Hospital / Wildlife Health and Conservation Centre, the General Teaching Building at Camden and refurbished the Canine Hospital at Sydney which also involved installation of CT and MRI imaging equipment. The latest facility to be officially "opened" is the Equine Performance and Imaging Centre at Camden. This Centre was developed collaboratively between the Faculty of Veterinary Science and the University to update equipment within the University Veterinary Teaching Hospital Camden so that it is comparable with that of other world-class international universities. Planning of the centre involved the Faculty redefining its role with respect to the equine and large animal veterinary profession. Equipment was selected that would minimise the image of the Veterinary Teaching Hospital as a competitor to other large animal practices and instead, create a centre with all the diagnostic modalities for performance analysis on the one site that would "value add" to the existing facilities in Australia. The aim was to provide an additional tier of referral service for practicing veterinarians with difficult cases.

The University Veterinary Teaching Hospital at Camden has an already established international reputation in the area of treadmill analysis of poor racing performance. The old treadmill has been replaced by a new Mustang treadmill imported from Switzerland. The radiology equipment has been entirely replaced with a new digital imaging suite and this has been complemented with two new "state of the art" ultrasound machines. The first standing MRI machine for horses has been installed and is providing outstanding images. A new nuclear medicine building housing the most current gamma camera technology in any human or veterinary hospital in Australia is nearing commission. This 2 million dollar facility includes a lift to adjust the height of the horse being imaged and a double-headed camera which



halves imaging time, improves image quality and increases the potential for new imaging views and techniques. All this equipment has been complemented by updating new surgical equipment including arthroscopy and orthopaedic equipment along with gastroscopy and endoscopy.

With a full complement of specialist staff in equine surgery, medicine and anaesthesia, this equipment will provide unprecedented equine performance and imaging capabilities on one site in Australia. This centre enables the centre to deliver the best clinical service to patients, provide information based on world's best practice for owners and referring veterinarians, and provides high quality professional training for veterinary students and veterinarians.

Besides reporting on the Faculty's progress on upgrading and commissioning new facilities, this is a good opportunity to let veterinarians know about our new honours programme for final year veterinarians, as 2008 is the first year that our students will graduate under this new system. Previously, veterinarians from USyd have graduated with first or second class honours on the basis of their overall weighted average mean (WAM) of their marks accumulated throughout all years of the degree. In order to promote consistency with respect to "honours" among all faculties, the University has directed that students who now graduate with "honours" must have completed a research project in their final year, and that their performance in this project has reached a sufficiently high standard. Now, students must reach an accumulated years' 1-4 WAM of 70% to be accepted into the honours programme initially, and in year 5, complete a research project. Their performance in that project is averaged with their previous years' WAMs, which determines the level of honours they obtain. The students can undertake research projects in a wide range of areas that can be supervised by faculty academic staff. Students are required to generate an inquiry question, write a literature review, analyse primary or secondary data, write a report and undergo an oral defence of their project to a faculty panel of assessors. We hope that many of these projects will lead to publications and encourage graduates to develop as veterinary scientists and future leaders. The honours project is completed throughout the year during two elective year 5 rotations. However some students who have

reached the WAM threshold to enrol in honours may not wish to do a research project and there is no compulsion for them to do so. If these students accumulate a high enough WAM (overall WAM of > 70%) by the end of their candidature they will graduate "With Merit" rather than "With Honours". Those students who don't undertake an honours project and don't accumulate a WAM > 70 will graduate with a "pass" BVSc degree.

Merran Govendir with assistance from Andrew Dart and John Baguley.  
Faculty of Veterinary Science

## **News of Veterinary Science at Charles Sturt University, Wagga Wagga**

The Veterinary Clinical Centre was opened in July this year by the Honourable Mr. Bob Debus, MP. The new clinical centre includes a first-opinion and referral equine hospital, referral facilities for farm animals and small animals, and a surgery teaching laboratory for small animals. There are also excellent facilities for teaching a range of equine practical skills and a Theriogenology laboratory to support the reproduction clinical service, teaching and research activities of the School. Equine surgeon Associate Professor Bryan Hilbert is Director of the Clinical Centre and Professor Peter Chenoweth leads the reproduction group.

The facility has in fact been working since May and has provided the leading cohort of students, currently in 4th year, with excellent training in a range of clinical skills. The small animal surgery team has been led by Professor Bruce Christie, with assistance from Drs Jacob and Margaret Michelsen and Dr Peter Slatter for the surgery classes. We have been most fortunate to have our students involved in the dog rehoming program operated very successfully from the Glenfield Animal Shelter, operated by the Wagga Wagga City Council.

One of the characteristics of our course is the early involvement of students in veterinary practice, an activity that we can continue by the very generous contribution made to our training program by a number of veterinarians in the region around Wagga. This program is called the Participating Practices program and each student in first year has 4 days in practices and each student in second year has 6 days, all done as



individual days followed by a de-briefing of the students. During third year they complete 10 days in total, spent as two periods of 5 continuous days during each of the intra-semester breaks.

These 20 days of workplace experience provides the students excellent insights into the operation of seven different veterinary practices, and provides a context for their on-campus study. From the end of their third year students commence their clinical extra-mural study (CEMS) and must complete a total of 12 weeks before graduating nearly three years later. Students select their own practice – which can be anywhere in Australia or international, with School approval. This program commenced one year ago and the feedback from practitioners to date has been very favourable. This coming summer, the students in fourth year will be on their second period of clinical placements; the students completing third year will be on the first. The students find this experience to be critical for the development of their clinical skills and professional knowledge and attitudes, and they and we are very grateful for the opportunity provided by the practitioners involved.

The School maintains a database of practitioners interested in offering this opportunity to our students. If any practitioners reading this newsletter would like to be included and have not already registered or had a placement with one of our students, please call us on 02 69334479. We also welcome any feedback practitioners may wish to give us on the clinical EMS program.

For us, 2009 is finishing with a flourish – with an accreditation visit coinciding with end of year examinations and student selection for 2009 entry. The accreditation visit – an advisory visit at the request of the School – is intended to ensure that all is in order for the final accreditation visit in 2010, when our first students graduate. Accreditation visits provide much work for the school staff but are a very valuable opportunity for course review and planning, and a close examination of all of the processes and quality-control measures in place. We look forward with great anticipation to the advice from the visiting team!

With best wishes to all of the states veterinary practitioners,

Kym Abbott  
Head, School of Animal and Veterinary  
Sciences, Charles Sturt University

## **Veterinary Medicines**

Lee Cook

Department of Primary Industries

### **Supplying anabolic steroids for greyhounds**

Greyhounds Australasia (GA)(the national greyhound racing body) advised in a press release dated 24 April 2008 that from 1 June 2008 Australian greyhounds will be tested for the presence of illegal injectable steroids (including testosterone used for the purpose of oestrus suppression). The NSW Greyhound and Harness Racing Regulatory Authority (GHRRA) is to commence testing in NSW from 1 July 2008. GA have indicated that oral Nitrotain® and Nandoral® (both containing ethyloestrenol) are the only products they consider acceptable for the purpose of oestrus suppression.

It appears that Nandoral® may still be in short supply. The Australian Pesticides and Veterinary Medicines Authority (APVMA) has issued a permit, PER10834, to allow Nature Vet to supply unregistered OESTROTAIN Anabolic Tablets for Greyhounds.

Order 1998/1 under the NSW Stock Medicines Act 1989 restricts the supply by veterinarians only of injectable steroids.

Veterinarians may supply these oral products to clients with the same restrictions that apply to all prescription-only (Schedule 4) products. Since these products are not registered for the purpose of oestrus suppression supplying veterinarians must ensure they comply with the requirements for provision to clients of written instructions for off-label use and full record-keeping (as for all S4s).

All veterinarians should ensure they meet the GHRRA rules in supplying or using these products. Questions should be directed to the GHRRA stewards (telephone (02) 9722 6644).

### **Baycox® registered for cattle**

Cattle practitioners are probably already aware that Baycox Cattle Coccidiocide (toltrazuril) was registered in January. This does not mean it can now be used off-label in sheep.

In order for it to be used in lambs/sheep there would need to be an official Maximum Residue Limit (MRL) set for the residues in

sheep tissue and no such MRL exists. Even in calves there are still relatively high residues after the 56 day label withholding period (WHP) but an MRL has been set to cover this. Only if a prescribing veterinarian can supply a WHP sufficiently long to ensure that no detectable residue remains should they recommend its use off-label for lambs/sheep or other meat producing animals. Data may not be available for that purpose. All off-label veterinary advice must be provided in writing to clients.

#### **Injectable methocarbamol permit**

The Australian Pesticides and Veterinary Medicines Authority (APVMA) has issued a permit to Troy Laboratories allow them to supply an unregistered injectable version of methocarbamol. PER10530, a copy of which can be obtained from the APVMA web site at [www.apvma.gov.au](http://www.apvma.gov.au), provides all necessary details in relation to obtaining and using this product.

#### **Meloxicam paste**

Another permit, PER10808, has been issued for the supply by Troy Laboratories of an oral suspension of Meloxicam for use in foals.

#### **Custom autogenous vaccines**

There are a couple of companies which hold permits to make autogenous vaccines for veterinarians. Two recent permits (PER 11036 and 11037) allow Allied Biotechnology at Kings Park to make vaccines for Erysipelothrix and Pythium spp (in horses). See the APVMA web site above for copies. Unless covered by such a permit autogenous vaccines for use in food producing species are not legal.

#### **Guide to Poisons Legislation – dispensing labels**

The above guide, mentioned in the last issue of Board Talk, has now been updated by NSW Health. The new version, TG74/11, is now available on their web site at [http://www.health.nsw.gov.au/PublicHealth/Pharmaceutical/pdf/poisons\\_veterinary.pdf](http://www.health.nsw.gov.au/PublicHealth/Pharmaceutical/pdf/poisons_veterinary.pdf).

Note that it reiterates that dispensing labels are required on all containers of dispensed products (including those supplied in the original manufacturer's packaging) no matter how many are supplied.

#### **Disposing of unwanted S8 drugs**

Clause 126 of the Poisons and Therapeutic Goods Regulation 2008 now allows a pharmacist to destroy unwanted S8 (Controlled) drugs on behalf of a “relevant practitioner” – which includes a veterinarian. They must do so in the presence of the practitioner and note the destruction in the practitioner's drug register.

If practitioners have expired/unwanted S8 drugs they can therefore contact their friendly local pharmacist to find out if they will do this for them. Otherwise such products may only be destroyed by a police officer or an inspector from NSW Health (Pharmaceutical Services Branch).

#### **Name change – frusemide**

As part of an international process to standardise the names of common medical chemicals, the Australian Approved Name for frusemide is now officially furosemide. Other such changes will follow.

#### **Permethrin poisoning in cats**

Richard Malik from Sydney University is seeking information on cases of permethrin poisoning following off-label treatment of cats with dog spot-on products. Numerous fatalities have followed this practice. He has a survey which should not take long to complete at: [http://www.pgfedu.au/open/CVEPermethrinSurveyCT252\\_web.pdf](http://www.pgfedu.au/open/CVEPermethrinSurveyCT252_web.pdf). For further information please contact: Professor Richard Malik, CVE, Level 2, B22, Veterinary Science Conference Centre, The University of Sydney NSW 2006 Fax: +612 9351 7968 (attention Richard Malik) OR E-mail: [R.Malik@vetc.usyd.edu.au](mailto:R.Malik@vetc.usyd.edu.au)

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# Permethrin intoxication in cats

Australian Veterinary Association Therapeutics Advisory Subcommittee

Pyrethroids are synthetic derivatives of pyrethrums and permethrin is the one most commonly included in over the counter spot-on (PSO) formulations for flea/tick control for dogs. While pyrethroids are generally considered very safe to mammals the cat is extraordinarily and spectacularly sensitive and increasingly an unwitting victim of intoxication. Pyrethroids are excito-toxins causing voltage-dependent sodium channels to remain open, on average, for longer than normal resulting in the tendency towards depolarisation and the repetitive firing of neurones. Although permethrin affects the whole central nervous system, spinal signs often predominate.

Clinically, intoxicated cats show prominent whole body tremor. Severe cases go on to develop seizures. Advanced cases may present in coma. In contrast to organophosphorus compound poisoning, signs of parasympathetic overactivity (pin-point pupils, bradycardia, salivation, diarrhoea etc) are not prominent. Signs of sympathetic overactivity can be present, in addition to tremor and seizures.

An important historical clue to diagnosis is application of a spot on product bought from a pet store or supermarket, or even contact with an area sprayed with high concentration permethrin or related compounds.

Treatment is tricky!

(1) The first priority is to stop seizure activity.

- Benzodiazepines tend to be ineffective, but if available, midazolam (0.3 mg/kg IMI) is a good place to start. And works well in concert with methocarbamol (see below).

- Phenobarbitone (20-30 mg/kg IMI or SCI or IPI) is quite satisfactory, especially if you cannot initially secure IV access, but it takes up to an hour to work.

- The best way to get rapid control is by using intravenous propofol, Alfaxan-CD, thiopentone or even pentobarbitone. These should be given slowly and to effect, and this is easier and safer to do with drugs like propofol and Alfaxan-CD. Ongoing pharmacological management requires a combination of phenobarbitone (dose suggested above either IMI or slowly IVI as a loading dose to fill up the "volume of distribution", followed by 5 mg/kg IMI or SCI twice daily).

- The injectable form of the drug methocarbamol (formerly Robaxin) has become re-available under special licence from Troy Laboratories or your wholesaler and is a mainstay of treatment overseas where, anecdotally, colleagues believe it saves cases they would have previously lost using phenobarbitone/benzodiazepine combinations. Methocarbamol is extremely helpful to control tremors by acting more specifically at interneuron pathways in the spinal cord. Tablets are used for the milder or financially compromised cases. It may be worth getting in one bottle in stock for your practice JUST IN CASE!

- If practitioners are having difficulty managing tremors and seizures, it is quite acceptable to use isoflurane anaesthesia as an interim measure while achieving blood levels of drugs like phenobarbitone and methocarbamol.

(2) A critical but controversial part of treatment is the decontamination of the cat.

- Ideally, find where the spot-on was applied and clip away the fur and adherent vehicle of the product at that site. Then wash the cat with mild detergent in tepid water – slowly increasing the temperature of the water as the product is washed away. Tepid water is a compromise between (i) the need to reduce vasodilatation from warm water, with increased absorptive risk and (ii) the risk of hypothermia from a cold water rinse.

- Due to permethrin's lipophilic nature, some vets recommend using oil (baby oil, paraffin oil or mechanics hand degreaser) to initially elute the permethrin from the cutis and sebum layer. The animal is washed down subsequently.

(3) Supportive therapy

The rest of the treatment requires attention to hydration (fluids at slightly above maintenance rates), maintenance of normal body temperature and avoiding aspiration pneumonia. The cats are best nursed and maintained in sternal recumbency with the head slightly elevated. Four hourly monitoring is ideal, but usually impractical. Cats can take up to five days to fully recover.

PERMETHRIN INTOXICATION IN CATS IS ALMOST ALWAYS DUE TO MISUSE AND FAILURE TO TAKE HEED OF LABEL WARNINGS.

In our view, PREVENTION is the way to go!!

The CURRENT PROBLEM is that PSOs are sold through supermarkets, pet stores and produce stores, generally with labelling that is hard to read and does not convey the extent of the potential toxicity. Many products only have a warning on the outer packaging – which is lost when the packet is opened or the ampoules loose stored for future use. The problem is amplified in poor socioeconomic areas, where families purchase a large dog product and used it to treat many cats – resulting in multiple fatalities. Other multiple poisonings have resulted from as simple an action as using the dog's brush to comb the cats in the family.

A FURTHER issue is the potential malicious use of a drug that is so freely available, and so likely to result in the death of a treated cat.

As a gesture of veterinary public health, could you fill in the survey if you have not done so already? We need to know the full extent of the problem to guide an appropriate prevention response. We currently have solid data on over 400 affected cats, with over 100 fatalities, seen in veterinary practices over the last two years.  
[http://www.pgfedu.au/open/CVEPermethrinSurveyCT252\\_web.pdf](http://www.pgfedu.au/open/CVEPermethrinSurveyCT252_web.pdf).

Richard Malik, Aine Seavers, Stephen Page, Anne Fawcett and Erin Bell  
On behalf of the Australian Veterinary Association Therapeutics Advisory Committee



The members of the Board and the Board's staff would like to wish all veterinarians and their families a wonderful Christmas and a Healthy and Prosperous New Year.



## Boardtalk

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**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