

# Boardtalk

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## President's Report

I am pleased to report that good progress is being made towards the national recognition of veterinary registration. While the wheels of change in regard to veterinary legislation seem to turn very slowly, they are moving and at the next meeting of State and Federal Primary Industries Ministers later this year an agreement to a timetable for introduction of the required changes is expected.



Even with this agreement, it will still take some time for the all the jurisdictions to get the changes through their respective Parliaments. The Australasian Veterinary Boards Council (AVBC) is working on the introduction of an interim measure. It is expected that this will allow veterinarians who have clients in more than one jurisdiction and therefore require registration in more than one State or Territory to achieve this with a simple one-page application and quite a small initial fee. There is a strong possibility that this interim measure will be in place for use from January 1st 2008.

Thorough and thoughtful preparation work done by the Board and its staff lead to a reasonably smooth introduction of the new State Government legislative requirement for the submission of an Annual Return this year. As expected with something new, there have been a few anxious moments for some. However I am sure the office staff were able to help people understand the legislative requirements. Some people, using the electronic submission process, mistakenly thought they had completed and submitted the Annual

Return when in fact it had not been fully submitted. Next year a 'successfully submitted' electronic confirmation will be included in the process. If anybody still has serious concerns about the annual return itself or the process I would appreciate it if you could contact me via the office so that those concerns may be included in any review of the legislation and the process.

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*President's report continued*

One other issue that arose recently due incidentally to the introduction of the new legislation was a request to AVBC by the producer of 'Yellow Pages' as to whether the term 'Veterinary Surgeon' or 'Veterinary Practitioner' should be used in their listings. They were advised that 'Veterinary Surgeon' was still the preferred title as most jurisdictions still had this term in their legislation.

Don't forget, reading Boardtalk can be included as part of the unstructured CPD requirements. The answer to many of the questions received at the Board's office can be found in current and past issues of Boardtalk and they are all available, with a search option, on the Board's website.

Garth McGilvray,  
President VPB

**1300 366 653**

**New toll free telephone number for  
VPB**

**1300 366 653**

*You can use this number to contact the  
New South Wales Veterinary  
Practitioner's Board from ANYWHERE  
within Australia for the cost of a local  
call.*

**1300 366 653**

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

It is hard to believe this time last year I was travelling around the state presenting the proposed draft Regulations of the Veterinary Practice Act to the profession. Since that time, the Veterinary Practice Act 2003 and Regulations 2006 have been introduced and are now fully functional, with all of the new provisions being activated. The new Board has 'hit the ground running' (sprinting more like it) and the office staff and procedures have morphed to suit the new requirements of the legislative processes.



Thank you very much to all those practitioners, approximately half of the 3,000 NSW registered vets, who submitted their annual registration payment and annual return electronically, through the Board's website. While not being compulsory, it saves the Board's staff an enormous amount of processing time. Practitioners would also appreciate the electronic method saves them considerable time and money also so I would strongly urge you to use this method. [It would also make you familiar with the Board website and all the information which is so readily available there.] Our fee processor, Westpac Bank, has assured me that our web based payment gateway, is as secure as current technology enables. If you didn't use this method of payment

this year I strongly encourage you to try this facility next year. After all if the Board can contain the administrative processing costs (with your help), it can continue with the current maintenance of lower registration fees.

I have included in this Boardtalk a 'registration fee comparison table' for practitioners and specialists. The last fee adjustment by the NSW Board a few years ago was down, from \$260 to the current \$235. This fee compares favourably to other Australian registering Boards.

The NSW Board continues to strongly support and encourage the process that will bring about National Recognition of Registration [known as "National Registration"]. This subject is firmly on the agenda again at the next scheduled 'Primary Industries Ministerial Council' (PIMC) meeting in November 2007 for further development and implementation. One impact on the NSW Board will be a loss of income. At the moment there are veterinarians who reside outside of NSW and are already registered in their state of residence but have had to pay full fees for NSW registration, as they want to be registered in this state. The Board

will absorb this loss of income as the budgets of the last few years have taken this anticipated development into account. The Board will continue to keep practitioners informed about developments regarding National Registration.

As I sign off, it is pleasing to report that some practitioners have taken up my standing offer to visit the office and speak to me about issues that they have felt needed clarification. Practitioners are always welcome to visit us at Alexandria where a coffee will be offered and hopefully some answers!

Glenn Lynch  
Registrar

Australian Veterinary Boards	Annual Registration Fee	Annual Specialist Registration Fee
Northern Territory	\$100.00	\$150.00
Queensland	\$122.15	\$244.30
Tasmania	\$174.24	\$174.24
South Australia	\$225.00	\$225.00
A.C.T	\$225.00	\$375.00
<b>New South Wales</b>	<b>\$235.00</b>	<b>\$235.00</b>
Victoria	\$241.00	\$341.00
Western Australia	\$345.00	\$415.00

## Confidential Help for Veterinarians

Doctors Health Advisory Service

Independent and confidential service staffed by specially selected and trained medical practitioners who are able to offer personal and health assistance as well as referral to specialists. Veterinary practitioners / their families / their colleagues are able to make calls to the Help Line. Issues vary and all calls are unique but may involve depression, alcohol abuse, drug use, work related stress or marriage difficulties. This highly respected and leading health care advisory organization aims to assist veterinarians to maintain full personal, professional and social capability. The dedicated telephone service is available 24 hours a day.

**(02) 9437 6552**

### Avoid the red face and difficult phone call.

While the Veterinary Practitice Act 2003 does not list equipment and structural standards required for the licensing of veterinary hospitals, such requirements are however documented in a Board policy paper. Each hospital application is assessed on its merits as to whether it is "fit for purpose" and many of the previous requirements are still enforced.

One of these requirements is that the veterinary hospital *(b) be designed and constructed so as to prevent the escape of an animal brought into the premises and to ensure the effective confinement of that animal at all times.*

So it is with some dismay that the Board reports being notified over recent months about a number of security issues regarding hospitalised dogs. The cases have varied from escaping from cages and unlocked doors, while others have jumped fences. Sometimes the escaped dog has inflicted severe and in cases fatal injuries on other hospitalised animals.

The Board asks each practitioner and especially the Superintendents of licensed Hospitals, to take the time to walk through their practices, checking their general security. Look for what could /might go wrong and then institute a plan/protocol to ensure that can't happen. Effective self closers, doors not propped open, dogs not tied up in situations where they can chew through the lead, outside runs with no roof, loose catches on cages which give way with pressure. It may be some time since this sort of check was done and some problems may be just waiting for the ingenious dog or cat.

If a dog or cat escapes from a veterinary hospital it is extremely difficult and certainly embarrassing for the veterinarian to explain the loss of the "family member" to a client who understandably see such an event as being very distressing and extremely unprofessional.

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

We continue to roll out our new veterinary degree at CSU. Of particular note are: the new staff recruitment as we embrace new disciplines; develop, plan and build new facilities; and the move into Phase II of the BVSc course in July this year with the commencement of the PBL curriculum.

Our latest staff addition is Jan Lievaart. Jan is a veterinary epidemiologist from Utrecht, The Netherlands, whose major interests are in dairy and food safety. Jan brings with him experience of the European approach to disease investigation and public health and will oversee teaching and research in epidemiology as well as food safety. Understanding the EU attitude to public health is an important attribute we need our students to understand, so Jan's experience will be very valuable.

On other staff news, Scott Norman, Senior Lecturer in Veterinary Reproduction, won an AVA teaching award and was presented with his prize at the recent AVA meeting. In July we will welcome Raf Freire as Lecturer in Animal Welfare and Behaviour and Associate Professor Bryan Hilbert, to lead our clinical equine group. We also value strong links between teaching and research and welcome the appointment of Professor Terry Spithill in a Strategic Research Chair in Molecular Parasitology. More appointments will follow in early 2008. In addition to Veterinary Science the School delivers undergraduate courses in Animal Science and Equine Science and because staff generally teach across the three major courses we now have critical mass in a number of areas.

Facilities are growing apace. At the time of writing the campus has 3 active building sites, two of them with delivery dates in July and August. One is the refurbishment of a research laboratory together with a microscopy teaching facility in the former Regional Veterinary Laboratory. The second is remodelling and equipping of teaching spaces suitable for the PBL activities. The third is the Clinical Training Centre (that will also house an equine clinic, imaging facilities and a reproduction unit), which is now fully excavated. At advanced stages of planning are: a new diagnostic and pathology teaching building incorporating a state

of the art post-mortem room; a PC2 accredited laboratory for teaching microbiology under conditions of appropriate physical containment; remodelled lecture theatres; new office facilities and the small animal clinic to be located in the city of Wagga Wagga.

PBL (Problem Based Learning) is an approach that is used in many Australian Medical Schools as well as a number of overseas veterinary schools but not, to date, as a fundamental part of a curriculum in a veterinary school in Australia. Some staff at CSU have experience with similar systems overseas. We will launch the first of our PBL cases (or 'problems') for our year 3 students in second semester this year, which marks the start of Phase II of the course. A case will follow every week of semester for 2 years. We have been busy preparing the cases and training of staff as facilitators of PBL groups over the last few months. We have undertaken these developments under the direction of consultant Penny Little who has designed a system for us that can be managed within our resources. One of the reasons for adopting PBL was to move away from didactic lectures (although there will still be some lectures) and encourage students to drive their own learning. An added benefit of the PBL process is that staff have a common goal and work closely together on the delivery of the cases. A new course was the perfect opportunity to build this as a fundamental part of the curriculum. Over the two years that PBL will run the students will also learn clinical skills as preparation for the clinically-based Phase III. We will report on the progress of our PBL next time

Professor Nick Sangster  
Professor of Veterinary Pathobiology  
Charles Sturt University, Wagga Wagga

## **News From University of Sydney - Refurbishment of the University Veterinary Centre, Sydney**

The University Veterinary Centre, Sydney is undergoing 5 stages of redevelopment and modernization to facilitate the provision of state-of-the-art of clinical services, teaching and research. Stage 1 commenced in 2005 with the building of the Valentine Charlton Cat Centre. The centre has been highly successful and staffs a dedicated team of feline specialists and clinicians. Stage 2 of the refurbishment will commence shortly in August 2007. This upgrade will include a \$2.8 million refurbishment of the canine centre, with new consultation & treatment rooms, chemotherapy suite, a new clinical tutorial room, and a state-of-the-art intensive care unit. The redevelopment includes provision of advanced three-dimensional imaging, including installation of a magnetic resonance imaging facility.

This redevelopment is timely, as the University has concurrently made a substantial investment (\$7.5 million) in other new diagnostic equipment for the UVCS and University Veterinary Centre Camden, including a multi-slice CT scanner, full digital imaging suite, scintigraphy and a wide range of video-endoscopy and endosurgical equipment.

Stages 3 to 5 of the redevelopment at the UVCS will involve expansion and refurbishment of the diagnostic imaging area, anaesthesia unit, operating theatres and relocation and upgrading of the surgery teaching laboratory and postmortem rooms.

Other exciting developments in the Faculty of Veterinary Science include major expansion of postgraduate coursework options in 2007. New models and enhanced resources for training of post-graduate veterinarians in small animal, equine and ruminant clinical studies have linked clinical internship programs with articulated Graduate Certificate, Graduate Diploma and Master of Veterinary Studies degrees. This type of articulation assists interns to associate high levels of clinical reasoning with rigorous research skills.

The need to support Australian animal industries with a critical mass of professionals who can implement the latest knowledge and techniques in key areas of animal and veterinary science has led to the launch of new training programs in Animal Breeding Management, Veterinary Public Health, Veterinary Pathology, Animal Genetics, Reproduction and Nutrition. Recognising that working professionals who make up the bulk of postgraduate students need greater flexibility in post-graduate studies, much of the teaching is on-line and complemented by intensive residential on-campus workshops.

Vanessa Barrs  
BVSc(Hons) M.VetClinStud FACVSc.(Feline  
Medicine) GradCertEd (Higher Ed)  
Head of Small Animal Medicine  
Faculty of Veterinary Science

### **REMINDER International Doctors' Health Conference, Sydney 25-27th October 2007**

An international conference on doctors' health will be held in Sydney from Thursday 25th to Saturday 27th October 2007. With the theme 'Wellbeing', the conference will canvass issues relating to the health of veterinarians, medical practitioners and dentists. The sponsoring organizations are the Doctors' Health Advisory Service (New South Wales), which assists veterinarians, medical practitioners and dentists, and the NSW Australian Medical Association. For more information go to website:

<http://www.doctorshealthsydney2007.org>

# Annual Registration Payment and Annual Return

The Board's staff has detected some confusion with (a) the registration payment and (b) the requirement to submit the annual return. These 2 requirements are quite separate and the package posted out by the Board in April included for your assistance

- A covering letter explaining the new requirements
- Guidelines to help complete the annual return and
- The tax invoice for registration payment for 2007/08.
- A diary to assist with recording continuing education details
- A copy of the annual return

It is the legislation that requires practitioners to both....

## Pay the annual fee

•If the registration fee is not paid by the due date, *'the Board must remove a veterinary practitioner's name from the register'* - pursuant to section 27 (g) of the Act.

AND to

## Submit the annual return

•If an annual return is not submitted by the due date, *'the Board must remove a veterinary practitioner's name from the register'* - pursuant to section 27 (h) of the Act.

The quickest and cheapest method for submitting the payment and even completing the annual return is via the Board's website.

## Continuing Professional Development (CPD)

The three-year cycle for recording CPD points for currently registered practitioners began on 1 April 2007. Practitioners who are currently practising are expected to achieve a minimum of 60 points over a consecutive three-year cycle. **Of the 60 points at least 15 points must be structured.** The remainder (45 points or greater) may be either more structured points, or unstructured points.

The diary practitioners received in the mail is one simple way to keep record of the lectures, seminars, journals etc. It is issued to assist but please do not post the diary back to the Board – it is yours to keep.

The 'guidelines to complete the annual' return and 'the CPD points allocation table' are available under 'publications' on the Board's website.

## Honorary Practitioners

If you are a retired practitioner who no longer provides veterinary services to the public, you most likely have 'honorary' registration (although many honoraries are still actively practising). If you have registration you are still required to submit the annual return.

If you have also retired from CPD activities, don't become anxious about the requirements. The Board has the 'legislative flexibility' available at its disposal to assess every case on its merits and will work towards accommodating you to retain your honorary registration.



## New chemical registrations

Lee Cook

Department of Primary Industries

The following proposed new registrations will be of interest to large animal practitioners. It may still be some time till most of these are marketed and readily available.

Halocur Oral Solution by Intervet Australia for treatment of diarrhoea caused by *Cryptosporidium parvum* in calves.

Duvaxyn R Equine Rotavirus Vaccine (Inactivated) by Fort Dodge Australia for use in mares to reduce rotavirus scours in their foals.

Lice 'N' Simple Pour-On Equine Lousicide by Jurox should be available in July. It is a triflumuron pour-on and is the only pour-on product which can be legally used for treating horses in NSW.

Caprimec Broad Spectrum Oral Antiparasitic Solution for Goats by Virbac (Australia) Ltd.

The latter is particularly significant as it provides the first macrocyclic lactone (abamectin) product registered for goats. Major problems with residues have followed the illegal use of other ML drenches in goats and this product should be the first port of call for any goat owner needing to drench with something more than a benzimidazole

drench (or trichlorfon which is available for use under permit – consult the APVMA web site at [www.apvma.gov.au](http://www.apvma.gov.au)).

## Diazinon review

Practitioners working with sheep producers need to be alert to the suspension of registration of diazinon from May. The suspension means that no new diazinon may be supplied by manufacturers until label amendments are in place. Diazinon on retailers' shelves may be sold, and used for the next two years, in accordance with the existing label directions. After that its use for dipping or jetting sheep will be illegal. Details are available from the APVMA web site at <http://www.apvma.gov.au/media/mr0704.shtml>.

## Injectable steroid controls

Occasional audits of practitioners are being carried out to check compliance with the control order implemented by DPI. The order and its requirements can be viewed online at [http://www.dpi.nsw.gov.au/aboutus/about/legislation/stock\\_medicines\\_act\\_1989\\_subordinate\\_legislation/orders](http://www.dpi.nsw.gov.au/aboutus/about/legislation/stock_medicines_act_1989_subordinate_legislation/orders).

The main controls are:

- \*Veterinarians may not supply any injectable steroid under any circumstance.
- \*Detailed records of purchase and use must be kept.
- \*Records can be kept in the S8 (Controlled Drug) register.
- \*Special provisions apply to sheep testosterone injection.

## The Future for Dimetridazole

The APVMA has now finalised its review of dimetridazole and associated products (Dimetridazole FG, Emtryl Premix, B&J Dimetridazole Oral, CCD DMZ 225 Premix, Emtryl Soluble, CCD dimetridazole water soluble).

The outcome of that review is that in future no use is to be permitted in any food producing species. This includes breeder turkeys and other breeding birds or animals.

A permit (PER 10115 – expiring on 3 July 2009 – and available on the APVMA web site at <http://permits.apvma.gov.au/PER10115.PDF>) has been issued to allow continued use of product already in trade. This is product already manufactured and labelled for supply, or currently held by wholesalers, veterinarians or users.

The permit requires that all existing product in trade only be used in accordance with the conditions of the permit and that a copy of the permit must be attached to all existing containers if they are to be used legally.

The permit allows treatment of breeding animals only. No animals being raised and intended for human consumption – such as grower pigs, meat turkeys, chickens and pigeon squabs – can be treated with dimetridazole from 3 July 2007. Withholding periods (WHP) apply to produce from treated breeding animals. That produce can still be used for human consumption after the relevant WHP expires.

The permit is due to expire in two years or when the expiry date on product in trade is reached, whichever comes sooner.

Because no on-going use is to be permitted in food producing animals all new product being supplied to the market will have labels allowing use only for breeding pigeons, caged and game birds, when these are not intended for human consumption.

The key issue for vets in NSW is that the restraint statement in the permit: "DO NOT USE this product to treat any animal species or category of animal, not included in the dosage and administration table" means vets cannot "prescribe" any off-label use.

The full review documentation is available on the APVMA web site at:  
<http://www.apvma.gov.au/chemrev/dimetridazole.shtml>.

Note that the permit includes a warning: "Dimetridazole may cause genetic damage in users". It is because of concerns about genotoxicity that the product is being withdrawn.

Check the report on the web site or contact Mr Lee Cook, Veterinary Officer, Biological and Chemical Risk Management at DPI Orange for further information. Telephone (02) 6391 3722.

Lee G Cook  
Veterinary Officer  
Biological and Chemical Risk Management  
NSW Department of Primary Industries  
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Fax: 02 6391 3740  
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# Use of Avian Influenza Rapid Diagnostic Tests

Marilyn Evers, Animal Biosecurity,  
NSW Department of Primary Industries

National Animal Health Committee recently discussed the use of rapid diagnostic tests (also called (hand-held or penside tests) for Avian Influenza (AI).

Various tests are available and their sensitivity and specificity vary. Animal Health Committee is very concerned that any suspicion of AI infection is resolved by conducting appropriate tests in an accredited laboratory. The impact of a false positive or false negative diagnosis on our international trade could be very costly, let alone the implications for the general public.

For this reason clause 10B of the *Stock Diseases Regulation 2004* contains some very specific controls over testing for avian influenza and the release of positive or inconclusive results.

The clause states:

*“(1) A person must not test, or attempt to test, stock for avian influenza unless:*

*(a) the test is carried out in a veterinary laboratory that has been accredited by the National Association of Testing Authorities (NATA), Australia for such testing, and the results of the test are released by a veterinary pathologist, or*

*(b) the test is carried out for diagnostic purposes and the Chief Veterinary Officer has approved:*

*(i) the diagnostic technique to be used, and  
(ii) the laboratory at which the testing will be conducted, and*

*(iii) the person or persons who will be conducting the testing, or*

*(c) the test is carried out for research or training purposes and:*

*(i) the research or training has been approved by the Chief Veterinary Officer, and*

*(ii) the research or training is to be conducted by a person or class of persons approved by the Chief Veterinary Officer.*

*(2) A person must not release or otherwise publish the results of a test for avian influenza (whether conducted under subclause (1) or otherwise) in relation to stock in New South Wales,*

*that appear to be positive or inconclusive without the approval of the Chief Veterinary Officer.*

*(3) For the purpose of this clause, a person is taken to have tested, or attempted to test, stock for avian influenza if the person has conducted any test that may be used to determine if stock has, or may have, been exposed to avian influenza.”*

In accordance with the legislation and the national concerns the NSW Chief Veterinary Officer (CVO) has now approved the field use of rapid diagnostic tests for AI in NSW as follows:

*Rapid diagnostic tests for avian influenza may be used in NSW:*

*•in a laboratory accredited by NATA Australia as an adjunct to other laboratory testing, where confirmatory testing will be undertaken as a matter of course (eg testing of allantoic fluids or cell culture supernatants for agent),*

*•in a field investigation where there is sufficient concern about the possibility of AI and early indications of AI involvement would be of benefit, provided samples are also sent to a laboratory accredited by NATA Australia for further testing.*

It would also be opportune to remind veterinarians of their obligation under the *Exotic Diseases of Animals Act* to immediately report any suspicion of an exotic disease to the CVO, phone: 02 6391 3717, or via the Emergency Animal Disease Watch Hotline: 1800 675 888

Marilyn Evers, Animal Biosecurity,  
NSW Department of Primary Industries  
Ph 6382 1077, m 0428 268 668, fax 6382 2228  
Email: marilyn.evers@dpi.nsw.gov.au

**EMERGENCY - ANIMAL  
DISEASE WATCH HOTLINE**

**1800 675 888**

Report Unusual Disease Signs, Abnormal  
Behaviour or Unexplained Deaths



## Change of particulars to be notified

One of the most frustrating roles for staff of the Board is to 'track down' registered veterinarians who have changed their contact details (address) without notifying the Board. The onus is directly on the veterinarian to contact the Board, in writing, notifying the Board of the change. It is a legal requirement.

Legal requirement;

Section 31 of the *Veterinary Practice Act 2003* requires NSW registered veterinary practitioners to notify the Board about a 'change of particulars' within 14 days of that change.

Penalty for failure to notify the Board;

• Failure to notify the Board of a change to your particulars may attract an on the spot fine (penalty notice) of \$200.

## Report from Complaints Subcommittee

### [1] Veterinary Surgeons Investigating Committee V Thompson [2007] NSWADT 107

On May 14th 2007 the Administrative Decisions Tribunal handed down its decision in *Veterinary Surgeons Investigating Committee v Thompson*. The Tribunal found veterinary surgeon Andrew David Thompson of Orangeville NSW guilty of serious misconduct in a professional sense pursuant to section 22A of the Act, and issued orders

**(1) That the name of the Respondent be removed from the Register of Veterinary Surgeons or the Register of Specialists;**

**(2) That the Respondent may not make any application for the restoration of his name to The Register prior to 10th May, 2011;**

**(3) That the Respondent pay the Applicant's costs of the hearing.**

The full text of the decision is accessible on the internet site

<http://www.austlii.edu.au/au/cases/nsw/NSWADT/2007/107.html>

And at

<http://www.lawlink.nsw.gov.au/adtjudgments/2007nswadt.nsf/073fc38175c57477ca2570ec0018b9f0/3ec7b8c266f1ebf6ca2572d80001c026?OpenDocument>

Reading of the full text is recommended to those who wish to have accurate and complete knowledge of the proceedings against Andrew David Thompson.

### [2] Alteration of Records

A veterinary practitioner was reprimanded by the Veterinary Practitioners Board, ordered to pay costs and instructed to seek professional mentoring following the discovery that history records were altered up to a week after the original contemporaneous records were created. The

alterations were considered deceptive in this case because the changes altered the facts and were intended to deceive the Board or other readers of the document.

### [3] Advertising offence.

A veterinary practitioner was cautioned, fined \$750, charged costs of \$125 and directed to cease his misleading advertising in newspapers. The newspaper advertisements used a derivative of the word 'specialist'. This is prohibited under the Act; Section 13 which reads...

*Offence to practise as specialist unless registered as specialist*

*13 Offence to practise as specialist unless registered as Specialist*

*a) (1) An individual must not represent himself or herself to be a specialist in a branch of veterinary science unless he or she is the holder of specialist registration in that branch.*

*Maximum penalty: 50 penalty units or imprisonment for 12 months, or both.*

*(2) Without limiting the ways in which a person can be considered to be represented as a specialist, a representation using any of the following titles, names or descriptions constitutes such a representation:*

*(a) the title or description "specialist" or any abbreviation or derivative of that word in connection with the person's practice of veterinary science,*

*(b) any title, description, words or letters implying, or capable of being understood as implying, that the person is a specialist in a branch of veterinary science.*

#### **[4] Retained rectal thermometer**

A lapse in concentration can result in a chain of events culminating in a complaint being lodged against a veterinarian. Although a complaint was dismissed under 46(2), a veterinary practitioner was cautioned under 46(5) for failure to remove a thermometer from a dog before it went home. The veterinary practitioner has amended practice policy to avoid a recurrence.

#### **[5] Treatment and costs disputes**

The VPB acknowledges the many difficulties presented to veterinary practitioners, especially on weekends and after hours. When presented with cases by clients who do not have a current relationship with the practice and who are unable to pay the estimated fees for procedures, the situation can be very stressful for all.

The Board has no role in determining business decisions of practices such as fees and credit arrangements, but reminds veterinary practitioners that in the Veterinary Practice Regulation 2006 [Schedule 2] Code of Conduct (16) all clients must be given cost estimations.

*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.*

The Code of Conduct (Clause 13) clearly spells out veterinary practitioners **responsibilities towards the animal**

3 *No refusal of pain relief*

(1) *A veterinary practitioner must not refuse to provide relief of pain or suffering to an animal that is in his or her presence.*

(2) *In this clause, relief, in relation to pain or suffering, means:*

- (a) *first aid treatment, or*
- (b) *timely referral to another veterinary practitioner,*
- (c) *euthanasia, as appropriate.*

All practitioners are directed to the Veterinary Practitioners Code of Conduct found in the Veterinary Practice Regulation 2006 [Schedule 2] which was a loose insert in the last Boardtalk and is available on the Board website.

#### **[6] Second Opinions**

Veterinary practitioners should always be mindful that when presented with a case for a second (or third) opinion that the person responsible for the animal may deliver a history that could be interpreted as derogatory to the first treating veterinary practitioner. Veterinary practitioners should assess cases only on the facts to hand, and are encouraged to make efforts to communicate with the previous

treating vets.

#### **[7] Euthanasia of a family's animal**

"Informed consent" is a requirement in the Code of Conduct.

*"A veterinary practitioner must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal."*

The Board strongly recommends all veterinary practitioners use "Consent Forms". In a recent case a client's grandchild lodged a complaint against a veterinary practitioner. The grandchild claimed that the dog was hers and she did not have the opportunity to consent to euthanasia. The consent form and the veterinary practitioner's records supported the actions of the veterinary practitioner and the complaint was dismissed.

#### **[8] An important reminder from the Board concerning injectable anabolic steroids-**

[refer to past Boardtalks for the use of testosterone in sheep]

- Veterinary practitioners are not permitted to supply injectable anabolic steroids to anyone. They may pass them to another veterinary practitioner only when they want to discard their current stocks or they may return them to their supplier. No prescribing is permitted.

- The veterinary practitioner must inject animals requiring treatment with an injectable anabolic steroid, or another person is permitted to carry out the injection only if they are in the immediate presence of the veterinary practitioner who supplies the product to them for the purpose..

- All injectable anabolic steroids must be kept in a locked container (cupboard, case, vehicle etc) when not in use.

- Detailed records of all use must be maintained, clearly identifying the animal/client, date and amount used for each product purchased. Records of purchase (source, quantities, date) must also be maintained. How records are kept is up to each veterinary practitioner, but they must clearly account for all purchases and use, and be kept for at least two years. Records can be kept in the S8 register if that is convenient.

- Records of stock on hand must be made immediately, and all records of use made within 24 hours.

- Authorised inspectors under the Stock Medicines Act may request access to all such records. Suitable consolidated records that account for all purchases and use must be produced within a reasonable time.

- All veterinary practitioners have a legal responsibility to know the related legislation which can be viewed online at [http://www.dpi.nsw.gov.au/aboutus/about/legislation/stock\\_medicines\\_act\\_1989\\_subordinate\\_legislation/orders](http://www.dpi.nsw.gov.au/aboutus/about/legislation/stock_medicines_act_1989_subordinate_legislation/orders)

- Also please refer to previous Boardtalk publications

If you need advice you may contact Mr. Lee G Cook, Veterinary Officer, Biological and Chemical Risk Management, NSW Department of Primary Industries, Locked Bag 21 / 161 Kite Street ORANGE NSW 2800

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### [9] Certificates. [Please refer to past Boardtalks in particular August 2003]

For veterinary practitioners the simple act of signing their name on a document has the greatest potential for error of all their professional activities.

•What is a “certificate”? The word certificate may not even be written on the document but a certificate is essentially a **“written statement of fact made with authority”**; the authority coming from the veterinary practitioner’s professional status.

•Many documents are not necessarily labeled “certificates” [for example: reports, declarations, insurance claims, witness statements] but they carry the same level of responsibility. If the recorded information is incorrect or misleading, then the professional integrity of the veterinary practitioner is called into question.

•Many certificates require a veterinarian to sign for the reason of trusted professionalism.

•Veterinary practitioners must only state what they know to be true. NEVER certify something you can’t verify or are even slightly unsure of.

•They must not attest to what should or may happen in the future, but only to what has already happened.

•They must not recklessly confirm what other people have stated.

•If an alleged identification mark is not legible at the time of inspection, no certificate should be issued until the animal has been re marked or otherwise adequately identified.

•Where there is no identification mark, the use of the animal’s name alone is inadequate. If possible, identification should be made more certain by the owner inserting a declaration identifying the animal so that the veterinary practitioner can refer to it “as described”. Where microchipping or tattooing has been done, it should be referred to in any certificate of identification

•The owner’s name must ALWAYS be inserted [in the case for example of a litter of puppies this will be the name of the breeder or seller].

#### Remember

A certificate is essentially ‘a written statement of fact made with authority’ and the authority in this case comes from the veterinary practitioner’s professional status. If the facts are incorrect or misleading, the professional integrity of the veterinary practitioner is called into question.

## Questions about radiographs?

Answers are really all in the Code of Conduct.

**Question: My client has asked me to give her the radiographs I took of her dog’s leg as she would like seek a second opinion. I don’t mind that really but I thought I had a legal requirement to keep them?**

Answer: If your client wishes a second opinion or a referral you must assist your client under the Veterinary Practice Regulation 2006, *Schedule 2*

*Veterinary Practitioners Code of Professional Conduct (Clause 13)*

*.9 Referrals and second opinions*

*A veterinary practitioner must not refuse a request by a person responsible for the care of an animal for a referral or second opinion.*

However the records, which include radiographs, are to be retained by you for 3 years [note the change to three years]

*15 Records*

*(3)A veterinary practitioner must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.*

So what do you do?

A] Your obligations are to provide all relevant details to a second veterinarian.

You do NOT have to hand them to the client. In fact that would not always be wise but you can find out the name of the second veterinarian and send them at the owner’s request. Or you can wait to be requested by the next veterinarian. Some veterinarians copy records [ sometimes copying radiographs] to ensure records are maintained at the first veterinary practitioners hospital.

*10 Provision of records*

*A veterinary practitioner who has previously treated an animal must, when requested to do so, and with the consent of the person responsible for the care of the animal, provide copies or originals of all relevant case history records directly to another veterinary practitioner who has taken over the treatment of the animal.*

B] If you send radiographs direct to a specialist or another veterinarian ensure you request return of your records. If the radiographs leave your practice then notations should be made in your records and a note made to follow up their return.

The second veterinarian has a responsibility also. The records [in this case the radiographs] need to be kept safe and returned promptly.

## 11 Return of records

*A veterinary practitioner to whom another veterinary practitioner has referred an animal for treatment or a second opinion must return records provided by the referring veterinary practitioner as soon as practicable.*

### **Question: What is the Boards opinion of digital radiographs?**

Answer: The Board does not specify the type of technology used in any area of veterinary practice. The Board looks on all radiographs and ultrasound images [as well as laboratory results and history] as part of the veterinary practitioner's records and therefore expects the records [including the numbers of radiographs/ storage /quality / interpretation] to be as required under the Code

#### 15 Records

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

*(2) The record:*

*(a) Must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal, and*

*(b) Must include the results of any diagnostic tests, analysis and treatments.*

*(3) A veterinary practitioner must ensure that all records of any consultation, procedure or treatment are retained for at least 3 years after they are made.*

### **Question: How long must I keep radiographs?**

Answer: The Code specifies a MINIMUM of 3 years. Many veterinary practitioners keep the radiographs for the life of the individual patient to ensure ease of follow up. This might be particularly useful if the radiograph was of pins/screws/plates. The legal requirement sets the minimum...every hospital superintendent can set a protocol for their practice.

### **Question: What is the Boards opinion on post operative radiographs? Does the Board require practitioners to have post operative radiographs of every orthopaedic case?**

Answer: Commonsense must prevail. Radiographs would be of no benefit at the end of a routine cruciate repair surgery. However, radiographs are often required to demonstrate the outcome of the procedure (for example a closed hip reduction or a fracture repair) and it would be extremely important to have post operative radiographs in case of complications. Think of it in the terms of the question "Are my records [in this case my radiographs] sufficient for another veterinarian to take over the case today?" The much quoted Code of Conduct (15) Records (2) the record: (a) must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal.

## 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