

Boardtalk

June 2018

Issue 48



President's Report

This will be the last Boardtalk President's Report that I make before the current Board completes its term. I have been reflecting on the achievements of the Board over that time and the overarching importance of regulation. Whilst we often don't think about regulation we must follow various pieces of legislation as part of our day-to-day life as veterinarians in practice, industry, or government. The standards that regulation mandates are pivotal in that day-to-day life.

So, it is with considerable appreciation to my fellow Board members and the Board's administrative office and employees that I contemplate this last term of the Veterinary Practitioners Board of New South Wales.

There has been continual improvement of processes and protocols over that period so that all our interactions are more consistent and efficient whilst serving the purpose of the legislation. This improvement has been particularly important with respect to our complaint investigations with the number of complaints against veterinarians increasing from 44 in 2016 to 72 in 2017.

The Board has faced a number of issues created by external forces during the last 3 years including the regulation of the profession by racing authorities and stressors created by stray animal management and social media. When dealing with these and other issues the role of the Board includes enforcing the provisions of the Act and Regulation, providing advice to

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consumers of veterinary services, providing advice to the Minister, liaising with professional bodies such as the AVA, and co-operating with regulators in other jurisdictions.

The Australasian Veterinary Boards Council (AVBC) facilitates this co-operation among regulators of the profession in Australia and New Zealand. The AVBC is an incorporated association whose members are the state and territory veterinary registration boards of Australia and the Veterinary Council of New Zealand together with the AVA and the NZVA. The AVA and NZVA are not paid members and therefore have no voting rights but their contributions to discussions are considerable and highly valued by other members.

Generally the President or Chair of each member board represents the board and hence the state or territory. I represent the NSW Veterinary Practitioners Board and am accompanied by John Baguley in his position as Registrar at the face to face meetings.

All registered veterinarians in NSW and across Australia fund the work of the AVBC. A fee of \$26 per registered veterinarian funds the operations and this fee has not changed since 2014.

The AVBC provides its members with:

- a forum for communication and discussion of areas of mutual interest and policy development
- the framework for public and industry confidence in veterinary standards
- the assurance and promotion of educational standards through the accreditation of veterinary schools, the National Veterinary Examination and specialist accreditation.

The AVBC's major functions are managed by its Standards Committees:

- Veterinary Schools Accreditation Advisory Committee (VSAAC) which is responsible for the **accreditation of veterinary degrees that lead to registration**

- The Board of Examiners (BoE) which is responsible for conducting the **National Veterinary Examination (NVE)** which is the exam that applicants for registration who do not have qualifications suitable for registration are able to sit for the purpose of registering as a veterinarian in Australia and New Zealand
- Advisory Committee on the Registration of Veterinary Specialists (ACRVS) which is responsible for **undertaking assessment of veterinary specialist applications** and making recommendations to member boards regarding specialist registration in Australia and New Zealand

The strength of the AVBC is that it provides a body with the critical mass and resources to carry out these activities which would be very difficult and much more expensive if each individual veterinary board had to perform them in isolation.

National recognition of veterinary registration and mutual recognition of qualifications between Australia and New Zealand underlie the importance of ensuring that the standards for university facilities and education, for determining specialist registration, and for accepting candidates from overseas completing the National Veterinary Examination are consistent within Australia and between Australia and New Zealand.

An important consequence of the validity and robustness of AVBC's assessment processes is the international reputation it has achieved as an assurer of the quality of veterinary professional standards.

Whilst many veterinarians might not think about or fully understand the role of the AVBC during everyday veterinary life, like its constituent Boards, it is foundational to the high esteem in which our profession is held.

Many registrants will be aware of the recent announcement of the proposed resignation of the Veterinary Surgeons Board of South Australia from the AVBC. Whilst this issue is still to be resolved it has highlighted the importance for all boards and registrants of understanding the critical role the AVBC plays in the regulatory environment of the veterinary profession in Australia and New Zealand.

Finally I would like to convey my deep thanks to the current Board members and all the Board staff for their dedication and hard work over the last three years. It has been such a privilege to work with these amazing people.

Mark Simpson

President

From the Registrar's Desk

We are examining possible changes to our database and website to improve the efficiency and effectiveness with which we interact with the profession and we are looking for your suggestions.

Currently, veterinarians are able login to our website to submit registration renewal payments, Annual Returns, change their contact details, and check the amount of CPD they reported to the Board during their current 3 year CPD cycle.

Other possible services the website could provide include records of invoices and payment receipts and an option to record CPD activities during the year.

It is also important that these submissions and changes are available in real time from the website rather than the current delays created by our existing systems.

Along with the above the Board is also looking at the option of developing an app to make the above processes easier if using a smart phone or tablet and to potentially provide additional services such as a photo identification function. An app would also allow the Board to more easily connect with you during disease outbreaks or for other tasks such as registration renewal.

Registration Renewals

It is registration renewal time for veterinary practitioners who are registered in NSW so please remember to submit your *Annual Return* and registration payment before 30 June. Here are five important points to remember:

1. Registration renewal is a two-step process (submission of *Annual Return* and payment of the registration fee) both steps can be easily completed using your [Vet Login](#).
2. Alternatively, you or your employer can pay your registration renewal using your website reference number (contained in your emailed letter of renewal) and you can submit your Annual Return using your [Vet Login](#).
3. If you do not have a Vet Login just go to the website www.vpb.nsw.gov.au, click on the large [Vet Login button](#) to the right of screen and then click on the Forgotten your password link. An email will be sent to the address held on our database enabling you to create your secure password. Any problems please just call our office for assistance.
4. **Before you go to the website to submit your Annual Return** please work out your structured and unstructured CPD points for the return period (1 April 2017 to 31 March 2018).
5. If you do not plan on remaining registered in NSW after 30 June this year please complete a *Voluntary Removal from the Register Form*. If you do not renew and do not remove yourself from the Register and then wish to restore yourself at a later date you will be charged a penalty fee.
6. If your contact details change during the year it is vital that you advise the Board. You can check that we have the correct contact details for you using your Vet Login. Changes to these details can be made using your Vet Login or by completing our *Notification of Change of Details Form* and by emailing admin@vpb.nsw.gov.au or posting this completed form to the Board's office.

It is important to note that failure to submit **both** the payment and the Annual Return by 30 June will attract a late fee (\$50) and failure to complete either of these steps by the Board meeting in July will result in your removal from the Register and requirement to pay a restoration penalty fee equal to the cost of registration for a full year (currently \$300) should you wish to return to the Register in NSW.

Please contact our office if you have not received your annual registration renewal notice by email or if you experience any difficulties with your Vet Login.

CPD Cycles

As noted elsewhere in this edition of Boardtalk, the Board is moving from providing veterinarians with a specified 3 year CPD cycle to using a rolling 3 year CPD cycle.

This change will simplify the administration and tracking of CPD requirements and align NSW with other Australian and New Zealand jurisdictions. A rolling 3 year CPD cycle simply means that all veterinarians in NSW (except those with non-practising conditions) will be required to complete their CPD requirements during any given 3 year period.

Once our website is updated veterinarians will login and be able to see CPD point submissions for the previous 2 years so that the amount of CPD that must be completed during the current return period will be clear.

Licence Renewals

Hospital licence renewals must also be paid by 30 June and email renewal notices have been sent to hospital superintendents or a nominated email address for hospital accounts.

It is a condition of all hospital licences that the Board must be notified within 14 days of any change of details regarding the licence. Future changes to the website and database will enable the Board to ensure improved compliance with this requirement.

As noted in previous issues of Boardtalk, the Board's database has now been updated to include licence holder type (individual, partnership, company or other body), names of veterinarians with a controlling interest, and website address.

A confirmation details form will be created for the website to allow licence holders to check details we hold and update the Board as appropriate. This will be available after the renewal period.

John Baguley
Registrar

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From the Hospital Inspector's Car

Right touch regulation.

As you would expect, I often receive information when I'm out and about talking to veterinarians and others across New South Wales and the office receives emails and phone calls about activities that may lead to further enquiries. The Board has a statutory function to investigate complaints and **facts** are the building blocks to a solid investigative process, leading to decisions in accordance with the legislation.

The internet is also a valuable tool - Google, Facebook, websites and blogs may provide useful information.

Other parts of the puzzle can come from well established relationships with organisations such as racing authorities, NSW Health, AQIS, NSW Agriculture, APVMA and others.

The aim of this work is to understand exactly what is happening in our profession from a regulatory sense, get ahead of the issue and take appropriate action before matters have the opportunity to adversely affect animal welfare, the public or the veterinary profession.

I work very closely with the Board and the Registrar and we go about this work behind the scenes and it is happening on an ongoing basis. In fact, since I stepped down as the Registrar several years ago, I have been more proactive promoting recognition by the profession of the Board's statutory functions and ensuring compliance.

Inspections of licensed veterinary hospitals may be perceived as my only role with the Board and of course they are subject to routine inspections, as are mobile veterinary businesses.

However, some may not be aware of the powers under section 91 of the *Veterinary Practice Act 2003*, which include for example:

- i. *Authority to enter any premises at any reasonable time which the inspector has reasonable cause to believe any person is doing or has done a restricted act of veterinary science... 'veterinary premises' is defined as; public space, any land, vehicle, vessel or aircraft.*
- ii. *An authorised inspector may make inspections, collect and take away samples, take photographs, seize and take away records.*
- iii. *It is an offence to obstruct, hinder or refuse to assist without reasonable excuse - penalties apply.*

I have used these powers in the past (when investigating serious misconduct) although it is not common.

I am very thankful to work in a profession where I receive remarkable support. This means the Board can go about its regulatory functions with a level of regulation that is proportionate to the risk and with an assurance of quiet compliance.

Glenn Lynch

Hospital Inspector / Investigator

Confidential Help for Veterinarians

Doctors Health Advisory Service
24 hours a day.

(02) 9437 6552

The Complaints Committee Report

Since May 2017 the Board has reviewed and determined 16 complaints. Of these complaints 14 were dismissed after investigation and two veterinarians were found guilty of unsatisfactory professional conduct and cautioned.

The Board is very mindful of the stress and impact that a complaint investigation can have on the veterinary practitioner and the complainant. The Board's Complaints Officer is usually the first point of contact for members of the public with concerns. The Complaints Officer has training in counselling and dispute resolution and is able to listen to the complainant's concerns and offer assistance and guidance in seeking a resolution.

In most cases, where appropriate, complainants are directed back to the hospital superintendent to discuss their concerns and attempt to resolve issues without needing to lodge a formal complaint. This provides an opportunity for the practice to engage with the complainant outside the formal complaints process.

Where the complainant's concerns are outside the jurisdiction of the Board they can be directed to the appropriate agency. The Board does not investigate complaints about fees provided estimates are given and informed consent received for treatment as set out in the Veterinary practitioners code of professional conduct.

Once a formal complaint has been lodged in the form of a statutory declaration the Board has a legislated responsibility to investigate the complaint. Complainants have the ability to seek a review of Board processes by the Ombudsman. It is vital that the Board follows proper processes when a complaint is received.

The circumstances behind the two findings of unsatisfactory professional conduct that received cautions and fines up to \$1,000 are summarised below:

- The Board found a veterinarian guilty of unsatisfactory professional conduct in breach of the *Veterinary Practice Act 2003* (Act) (s 35(d)) in that they had failed to comply with the condition on their registration to complete structured CPD points. The Board requires veterinarians to lodge a declaration of completed CPD each year. Where the amount of declared CPD does not meet the Board's requirements, conditions will be placed on the veterinarian's registration. This is usually to complete a set amount of CPD in a set timeframe. Failure to comply with conditions on registration is unsatisfactory professional conduct and further conditions will usually be applied to their registration. See <https://www.vpb.nsw.gov.au/sites/default/files/images/PR03%20Failure%20to%20Meet%20CPD%20Requirements.pdf>
- The Board found a veterinarian guilty of unsatisfactory professional conduct under the *Veterinary Practice Act 2003* (s 35(k)) in that they failed to identify and fully address post-operative complications following a tibial osteotomy procedure, specifically in relation to a displaced tibial tuberosity and that they administered an inappropriately low dose of antibiotics to treat an identified infection. Increasingly veterinarians are performing more advanced surgical procedures. Veterinarians must be able to identify common complications and be able to treat, seek assistance or refer such complications in cases that they have treated.

When investigating complaints there are often differing recollections of events. Clinical records provide a contemporaneous record of the veterinarian's consultation, procedures performed and treatments.

This record must be made as soon as practicable and must include the results of any diagnostic tests, analysis and treatment. It must be legible and in sufficient detail to enable another veterinary practitioner to continue treatment of the animal.

If the record is altered after it is created, the alteration must be clearly identified in the record as such. At times additional information may need to be added to a clinical record. This should be added to the end of the record, identified as such and dated. Information should never be deleted from previously created records. The Board is able to audit records to identify if they have been altered.

There are a number of common issues that result in complaints being lodged. Communication is more difficult in some circumstances especially where multiple veterinarians are involved in treatment, either in a multi- vet practice or where referral is sought or recommended. Similarly great care needs to be taken when the owner or person responsible of the care of the patient is not present during consultations. Parents, siblings or friends may present an animal for care.

All communications including phone calls, text messaging and emails should be recorded in clinical records.

Anaesthetic deaths are usually unexpected and very distressing for all involved. Some anaesthetics including in brachycephalic animals, sick and injured patients are higher risk. These risks must be discussed and informed consent obtained, preferably in writing.

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

LIFELINE

24 hour Crisis Support:

Suicide Prevention

131114

Are you falling behind the rest of the profession? Current standards in pain relief

Veterinarians are expected to assess for and alleviate animal pain where necessary and in accordance with current standards.

The Board published a Boardtalk Insert in December 2013 (Resources, Boardtalk Inserts) from Dr Sanaa Zaki at The University of Sydney on Pain Assessment and Management in Companion Animals. As noted by Dr Zaki, when deciding on what drugs and techniques are most appropriate to treat pain in our patients, it is important to note that no single drug or class of drugs will manage pain effectively in all cases. The provision of appropriate pain relief frequently requires a multimodal approach.

Over the last 6 years the Board's Hospital Inspector has inspected every veterinary hospital in NSW and most unlicensed premises. The vast majority of licensed premises and house call or on-site veterinary practices in NSW have access to a variety of options for pain relief, including access to opioids.

Although the use of opioids and S8's in practice bring with them a greater burden (or level) of vigilance and record-keeping (S8 register etc.), this is no excuse to not be using this modality in practice.

Stocking a range of analgesics with different modes of action ensures you are able to provide your patients with pain relief in accordance with current standards.

The Board does not dictate what drugs are used for particular procedures or for different categories of pain assessment such as mild, moderate or severe. However, if you are not or may not be able to provide pain relief in accordance with current standards for your patient due to skills, knowledge, experience, or simply due to lack of availability of analgesic agents, you must offer referral to another veterinarian just as you would for other treatment options in your practice.

If a complaint is received by the Board the veterinarian may be required to explain how their approach to pain assessment and management was considered to be in accordance with current standards of veterinary practice.

Compounded pharmaceuticals

With some restrictions under the *Poisons and Therapeutic Goods Act 1966* and the *Stock Medicines Act 1989* (most notably in relation to food producing species), the supply options for a veterinarian in NSW include a registered product for that animal species, a registered product for use in another animal species or humans or an unregistered product compounded by either a compounding pharmacy or the veterinarian.

Veterinarians have indicated that compounded medications provide a number of potential benefits for veterinarians, animal owners and animal welfare. Compounded medications may:

1. Increase the range of available therapeutic agents to veterinarians
2. Allow more precise dosing of some animals
3. Improve animal owner compliance

There are a few important points to consider under the *Veterinary Practice Regulation 2013* (sch 2) (Veterinary practitioners code of professional conduct) (Code) when considering the use of compounded pharmaceuticals:

1. You may supply a compounded pharmaceutical for an animal that you have physically examined or have under your direct care and only in respect of that animal (clause 20).
2. You must carry out procedures according to current standards and you must base professional decisions on evidence-based science or well-recognised current knowledge or both (clause 4). The Board is of the opinion that the current standards of veterinary practice require that compounded medications are indicated when a suitable registered veterinary product is not available.

3. You must ensure you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal and this includes the likely extent and outcome of the veterinary services (clauses 7 and 16). It is important to ensure the client is aware of the likely risks and benefits surrounding the use of a compounded pharmaceutical.
4. You must obey any code or rule of an animal sporting organisation when working within that industry (clause 14). It is vital to ensure that the compounded product does not contain any substances prohibited under the rules of the relevant animal sporting organisation.

Here are some frequently asked questions received by the Board regarding the use of compounded pharmaceuticals:

1. *Is the veterinarian able to supply the compounded medication to the client directly rather than the medication going straight to the client from the compounding pharmacy?*

Yes. There is a provision for indirect dispensing to the client by the compounding pharmacy. So, if it is more convenient for your client the compounding pharmacy may dispense the medication to the client via your veterinary practice. However, the compounding pharmacy must be able to demonstrate a direct pharmacist-client relationship.

Please note that the veterinarian is not dispensing the compounded medication in this circumstance. The compounding pharmacy is a pharmacy and not a wholesaler so this is different to you supplying a product you have purchased from a wholesaler.

2. *Can the veterinarian put a dispensing fee on the price of the compounded medication or mark up the compounded medication when supplying to the client?*

No. Unlike medication received from a wholesaler the veterinarian is not dispensing the product. You cannot treat medication from the compounding pharmacy the same as medication from a wholesaler. The veterinarian is best able to deal with the costs and time involved with supplying a compounded pharmaceutical through a prescription fee. If the veterinarian is supplying the medication indirectly then a freight fee may also be applicable.

3. *Can the veterinarian provide an additional label to the compounded medication (so that it does not obscure the pharmacy label such as on the outer package)?*

No. It is illegal in NSW for a veterinarian to place an additional label on prescription medicine dispensed by a pharmacy (this includes a compounded product).

4. *Can the veterinarian provide additional written instructions to the client to augment the information provided by the pharmacy generated label?*

Yes. This may also be a good place to remind the client of the potential time delays in providing further supply of medication as this is medication specifically compounded for their pet and therefore there are no stocks of the medication kept on the premises.

5. *If a client has a question or problem with a compounded medication the label will typically provide contact details for the compounding pharmacy but it might be equally important to discuss an adverse event or other problem with the veterinarian as well. How can this issue be addressed?*

Compounding pharmacists are able to discuss the problem with the client and provide either specific advice about the medication or refer the client to the veterinarian as the veterinarian's

contact details are linked to the label and prescription. Alternatively, as there is a direct veterinarian-client relationship, the client may choose to contact the veterinarian initially and the veterinarian can attempt to resolve the issue or refer the client to the pharmacist as appropriate.

6. *The compounding pharmacy may need more than 24 hours to fill the prescription. If the client is late requesting a repeat there is a gap in medicating the animal. Is the vet able to prescribe and store any quantity of compounded medications?*

No. Compounded medications are prepared for an individual animal by the compounding pharmacy and therefore they cannot be stored in the practice or treated as if they were provided by a wholesaler. Compounded medications provide a number of benefits to clients but this is one potential disadvantage that you should discuss with the client to try to avoid periods where the animal is not medicated.

7. *Is the veterinarian able to titrate the dose of the compounded medication? For example, can the directions for use on the prescription state: "Give 3 mL twice daily or as directed by your veterinarian"?*

Yes. For compounded products, the veterinarian is responsible for providing instructions to the pharmacist for compounding of the products and the required label directions for use. You can also provide additional written information to assist your client.

Please note however that the compounding pharmacist may not be able to guarantee the accuracy of dosing beyond a certain point hence it is best to discuss the individual needs of your patient with the compounding pharmacist.

8. *Does the veterinarian have to provide a prescription or can the veterinarian order for in-clinic use?*

A compounding pharmacist may only commence compounding for an animal medication on the instruction or a prescription from a veterinarian. The instructions do not have to be in writing, but it is best practice to provide instructions in writing where possible.

In order for the compounding pharmacist to dispense the compounded product, a prescription must be issued that identifies the owner, the specific animal and quantity of compounded product sufficient to treat the animal.

The veterinarian cannot order compounded veterinary pharmaceutical products for general use in other animals at a later date. There is no provision allowing for the general preparation and storage of compounded pharmaceutical products.

The Pharmacy Council of NSW has recently received a number of complaints in relation to the authenticity of raw materials used in compounded preparations. Further information and fact sheets are available from <https://www.pharmacycouncil.nsw.gov.au/>

Purchasing restricted drugs is a privilege

Veterinarians are granted the authority to purchase restricted substances by NSW Health under poisons and therapeutic goods legislation and with this privilege comes significant responsibilities. When purchasing restricted substances for use in veterinary practice or simply for use in your own animals you must comply with all storage, record keeping and supply provisions of poisons and therapeutic goods legislation and veterinary practice legislation.

An inspector under the *Poisons and Therapeutic Goods Act 1966* (s 43) has the power to request a summary of all purchases

of restricted substances (S4 and S8 drugs) from drug wholesalers for the purpose of ensuring compliance with poisons and therapeutic goods legislation.

NSW Health and the Board monitor the purchases of restricted substances by veterinarians to ensure compliance with poisons and therapeutic goods and veterinary practice legislation.

Random audits of drug purchases have previously included:

1. S8 and specific S4D medications such as anabolic steroids
2. General anaesthetic agents
3. All restricted substances by veterinarians granted non-practising conditions

Until 2012, the Board granted some veterinarians with honorary registration “non-practising conditions” enabling them to purchase restricted substances for use in their own animals despite being exempt from completing CPD requirements.

A recent audit of some veterinarians granted honorary registration with non-practising conditions has found some of these veterinarians to be in breach of these conditions in that they have purchased restricted substances for use in animals that were not their own. Breaching a condition on registration is defined as unsatisfactory professional conduct and may be considered sufficiently serious to warrant a finding of professional misconduct.

Veterinarians have authority under poisons and therapeutic goods legislation to purchase restricted substances for use in animals only. Any veterinarian purchasing drugs for another purpose such as personal use is in breach of both poisons and therapeutic goods legislation and veterinary practice legislation. Again, this could lead to a finding of unsatisfactory professional conduct or professional misconduct.

The authority to purchase S4 and S8 medication is a privilege granted to veterinarians and it can be taken away.

Avoiding anaesthesia related complaints

For the period 2008 to 2017 the Board investigated 439 complaints against veterinarians in NSW and 294 of these complaints were dismissed (67%). The number of new complaints each year ranged from 31 in 2008 to 72 in 2017 reflecting an increasing trend in the number of complaints received by the Board each year.

Approximately 17 of the 439 complaints investigated by the Board during this period involved an adverse event in relation to anaesthesia (4%).

Complaints are assessed for evidence of a possible breach of the legislation and more specifically of the Veterinary practitioners code of professional conduct (Code) (*Veterinary Practice Regulation 2013* (sch 2)).

A brief analysis of these complaints and alignment of areas of concern with specific clauses of the Code has identified a number of principles that may assist veterinarians in avoiding anaesthesia related complaints with the Board. These risks need to be addressed prior to, during, and after anaesthesia.

Prior to anaesthesia

1. Gather history and perform a physical examination in accordance with current standards
2. Obtain informed consent from the person responsible for the care of the animal where practicable and this must include a discussion of likely extent and outcome of services together with an estimate of costs and referral options where appropriate
3. Ensure client contact details are correct
4. Create a detailed record as soon as practicable and in sufficient detail to enable another veterinarian to continue treatment

During anaesthesia

1. The anaesthetic protocol must be in accordance with current standards and address risks as determined by findings from history, physical examination and other diagnostic tests

2. Ensure appropriate monitoring of anaesthesia including skills, knowledge and experience of staff and use of appropriate and required equipment
3. Contact the client when practicable if further consent is required
4. Create a detailed record as soon as practicable and in sufficient detail to enable another veterinarian to continue treatment
5. Develop and employ adverse event protocols

Post anaesthesia

1. Post anaesthetic protocol in accordance with current standards and addressing additional complications or risks arising from previous findings and the procedure
2. Appropriate monitoring during recovery period
3. Contact the client when practicable if further consent is required
4. Create a detailed record as soon as practicable and in sufficient detail to enable another veterinarian to continue treatment
5. Develop and employ adverse event protocols
6. Ensure availability as appropriate for the ongoing care of the animal

Summary of specific actions for risk mitigation

1. Thorough history and physical examination and address associated risks
 - a. Breeds and breed types such as brachycephalic dogs
 - b. Aggressive animals
 - c. Concurrent medication, differential diagnoses and definitive diagnoses
 - d. Accurate weight
 - e. Feeding history

2. Pre-anaesthetic blood testing performed as indicated, results discussed with the client and used to inform the anaesthetic protocol as required
3. Obtain informed consent when practicable from the client and ensure the client is aware of likely extent and outcome of services and is provided with an estimate of costs (including additional procedures)

Consider offering referral for cases requiring additional knowledge, skills or resources in relation to all aspects of case management including anaesthesia

4. Ensure records are made as soon as practicable and are in sufficient detail for another veterinarian to continue the treatment of the animal
 - a. Record the use of drugs of addiction in a separate register as required
5. Provide pain management in accordance with current standards
6. Ensure drugs and any combination of drugs are used in accordance with current standards and not contraindicated in relation to either other drugs used or differential diagnoses
7. Ensure appropriate monitoring of anaesthesia (current standards are that the minimum requirement is to have a pulse oximeter)
8. Ensure any thermal support provided is in accordance with current standards
9. Ensure staff are familiar with protocols for adverse events
10. Ensure you are available for the ongoing care of the animal or that you make arrangements for another veterinarian to take over the care of the animal

Summary of recent issues investigated by the Board

1. Protocol not compatible with differential diagnoses (for example megaesophagus)
2. Protocol not in accordance with current standards (for example the use of an alpha 2 agonist with atropine, incorrect dose rates)
3. Technique not in accordance with current standards (for example development of a tracheal tear)
4. Failure to create a contemporaneous record of dose rates and agents used
5. Addressing and avoiding burns
6. Failure to adequately monitor the animal during recovery and use of an inappropriately sized cage during recovery
7. Failure to address additional anaesthetic risks associated with brachycephalic dogs
8. Failure to diagnose or appropriately treat aspiration pneumonia
9. Failure to address additional anaesthetic risks associated with anaesthesia of aggressive animals
10. Failure to ensure availability for the ongoing care of the animal

The Board has received an increasing number of complaints in recent years associated with dental procedures and these cases highlight the need to ensure many of the above risks are addressed.

It has often been said but it is worth repeating that poor client communication (e.g. explaining the risks of anaesthesia or the procedure) and inadequate record keeping (e.g. recording the results of the clinical examination before the anaesthetic) are common factors in many complaint investigations.

Prohibited procedures

The *Prevention of Cruelty to Animals Act 1979* (s 12(1)) provides that a person shall not perform any of the following procedures on animals:

- (a) dock the tail of a horse, bull, ox, bullock, steer, cow, heifer, calf or dog
- (b) crop the ears of a dog
- (c) operate upon a dog for the purpose of preventing the dog from being able to bark
- (d) remove one or more of the claws of a cat
- (e) grind, trim or clip one or more teeth of a sheep
- (f) perform a clitoridectomy on a greyhound, or
- (g) fire or hot iron brand the face of an animal.

However, the following procedures may be performed in prescribed circumstances and in accordance with conditions specified in the *Prevention of Cruelty to Animals Regulation 2012*.

1. A veterinarian **may dock the tail of a cow, heifer or female calf that is 6 months of age or older** if the docking is necessary to treat an injury or disease of the animal (cl 20)
2. A veterinarian **may debark a dog** (cl 21) if the veterinarian is provided with:
 - (a) a copy of an order issued under the *Companion Animals Act 1998* (s 21) requiring the owner of the dog (whether or not the existing owner) to prevent it from engaging in nuisance barking, and
 - (b) a statutory declaration by the owner of the dog to the effect of the following:

- i. all reasonable steps other than the operation, such as behavioural training or caging of the dog, have been taken, without success, to prevent the dog engaging in nuisance barking, and
- ii. unless the operation is performed, the dog will be destroyed.

3. A veterinarian **may remove one or more claws of a domestic cat** if he or she is provided with complying documents for the cat and a statutory declaration to the effect that:

- i. all reasonable steps (other than removing the cat's claws), such as behavioural training or caging of the cat, have been taken without success to prevent the cat causing the damage, injury or death referred to in the complying documents, and
- ii. the cat will be destroyed unless its claws are removed.

Complying documents for a cat are:

- (a) a copy of an order under the *Companion Animals Act 1998* (s 31) requiring the owner of the cat (whether or not the existing owner) to prevent the cat from repeatedly damaging with its claws anything outside the property on which it is ordinarily kept, or
- (b) a statutory declaration to the effect that:
 - i. the cat has caused repeated and unacceptable damage with its claws to anything on the property on which it is ordinarily kept, or
 - ii. the cat has repeatedly injured humans, or

- iii. the cat has repeatedly injured or killed animals (whether or not wildlife), other than vermin.

4. A veterinarian **may dock the tail of a dog** if it is in the interests of the dog's welfare (s 12(2A)).

The *Veterinary Practice Regulation 2013* (sch 2 cl 15) requires that **the veterinarian must make a detailed record** as soon as practicable when any of the above procedures is performed, the record must be in sufficient detail for another veterinarian to continue the treatment of the animal and the veterinarian must retain this record for at least 3 years.

Please also note that in addition to the above standard record keeping requirements, the *Prevention of Cruelty to Animals Regulation 2012* (cl 23) requires that **the veterinarian must maintain a register** with consecutively numbered pages, separate from other records for that animal, in writing and including the following information:

- (a) the full name and residential address of the owner of the animal on which the procedure was carried out
- (b) the type of procedure
- (c) the justification for the procedure
- (d) the date on which the procedure was carried out
- (e) a full description of the animal on which the procedure was carried out, including:
 - i. if available, its age, name, breed and electronic identification information (including identification number), and
 - ii. a description of any distinctive markings
- (f) the name of the veterinary practitioner.

Further, any statutory declaration (or a copy of any statutory declaration for an electronic register) or copy of an order required to be provided for debarking or declawing to the veterinary practitioner who carried out the procedure is to be kept in the register.

Responsibilities when sedating animals

Veterinarians may be asked to provide sedation (or tranquilisation) for animals in order for a procedure to be performed effectively and safely by a non-veterinarian. This role may therefore be vital for both animal welfare and human safety. Examples include the sedation of [rams for shearing](#), [horses for certain dental procedures](#), and [wildlife for capture and transport](#).

Clearly there is a range of risks for veterinarians to consider when supplying sedatives for animals from relatively minor procedures associated with shearing of rams to significant, invasive procedures such as equine dental procedures.

If veterinarians choose to supply sedation for procedures to be performed on animals by non-veterinarians, they need to ensure they are aware of their responsibilities, including those imposed by veterinary practice and poisons and therapeutic goods legislation:

- Veterinarians must only supply a sedative for an animal they have either physically examined or have under their direct care (Veterinary practitioners code of professional conduct (Code) (cl 20)). For multiple animals, such as sedation of rams for shearing, it is unlikely you will have examined each animal but you need to be able to show that these animals are under your direct care. This includes regular visits to the property, knowledge of the husbandry and client, and physical examination of a representative number of animals.
- Veterinarian must not supply any restricted substance in a quantity, or for a purpose, that does not accord with the recognised

therapeutic standard of what is appropriate in the circumstances (*Poisons and Therapeutic Goods Regulation 2008* (cl 54)).

- The administration of a sedative or tranquiliser is a restricted act of veterinary science and hence the veterinarian must only supply these agents to the owner of the animal (owners of animals are exempt persons under the *Veterinary Practice Act 2003* (s 9(2)) and may therefore perform a restricted act of veterinary science). Clearly this does not extend to the shearing contractor, horse farrier, dog groomer or other similar service providers.
- Veterinarians must be aware of both the legislative and skill limitations of non-veterinarians. If the owner of the animal or supervised lay person is incompetent or negligent, the veterinarian may be subject to professional misconduct allegations and proceedings.
- Veterinarians must be aware that, in providing such a service, they are responsible for sedation and appropriate analgesia, the physical assessment of each animal's health status prior to administration of appropriate doses of the drug, and may be held responsible for the outcome of the procedure (as above). They are also responsible for follow up of the animal and they must clearly explain the use, side effects, storage, and safety requirements when supplying these agents as they would for other restricted substances (Code (cl 4)).
- Accordingly, veterinarians must be familiar with the expected outcomes and associated risks of the procedures being performed. For example, the incorrect use of power tools for equine dental procedures can result in over-heating of teeth, which can cause the death of blood vessels and nerves, resulting in pain when eating, loss of appetite and weight loss. Sedated animals may also behave unpredictably and a sedated dog in a car can pose a significant risk to public safety.
- A detailed record of any procedure, treatment or supply of a restricted substance must be made as soon as practicable and in sufficient detail to enable another veterinarian to continue treatment of the animal (Code (cl 15)).

The supply of sedatives and tranquilisers to anyone other than the owner of the animal may lead to a finding of unsatisfactory professional conduct or professional misconduct as defined by the *Veterinary Practice Act 2003* (s 35).

The administration of sedatives and tranquilisers is a restricted act of veterinary science because by reducing or removing an animal's ability to respond normally to its environment, including potentially painful stimuli, it presents a danger to the welfare of the animal.

Under the Code (cl 1), when providing for or administering sedation to an animal the veterinarian must ensure that his or her primary concern is for the welfare of that animal. Accordingly, the veterinarian is responsible for ensuring any procedure carried out on a sedated animal will not jeopardise the animal's health or welfare. A veterinarian cannot simply provide for sedation and then disregard what is being done to the animal. If any damage is caused by a non-veterinarian to an animal while under sedation the Board will consider action against the veterinarian concerned and consider referring the lay operator to the appropriate authorities for a potential breach of the *Prevention of Cruelty to Animals Act 1979*.

In summary, veterinarians supplying sedatives and tranquilisers need to consider their obligations under the appropriate legislation, their responsibilities to the safety and welfare of animals being sedated and their responsibilities for the safety and welfare of the owners of these animals when administering these agents and managing sedated animals.

Veterinarians may be held liable for any adverse consequences by both the Board and through civil proceedings.

Sedation of Rams for Shearing

The following information has come from the Shearing Contractors Association of Australia (SCAA - 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.

CPD Cycles

When CPD cycles were first introduced by the Board each veterinarian was assigned a 3 year cycle and the Board would check how much CPD had been reported at the end of that cycle.

For example, you may have been allocated a cycle starting from 1 April 2015 ending 31 March 2018. The Board calculated the total points recorded from Annual Returns submitted in 2016, 2017 and 2018. During this specific 3 year period you would have been required to complete 60 CPD points including a minimum of 15 structured points. You would then be allocated a new 3 year cycle starting 1 April 2018 ending 31 March 2021.

From this financial year the Board will be moving to a rolling 3 year CPD cycle. This means you will no longer need to be aware of a specific CPD cycle that has been allocated to you. You will simply be expected to attain at least 60 CPD points, including a minimum of 15 structured points in any 3 year period.

The amount of CPD you have reported in the last 2 years of Annual Returns will be available for you to see when you login to our website so you will easily see how many points you are required to attain in the current year.

The change will align the NSW Board with other Australasian boards and allow veterinarians to more easily check their progress in meeting CPD requirements. It will also remove the unnecessary complexity and confusion created by assigning a 3 year cycle to each registrant.

Transfusion practices in dogs and cats research

Murdoch University Veterinary Hospital, Western Australia, is conducting a short online survey on blood transfusion practices in dogs and cats across Australia.

The survey link is <https://www.surveymonkey.com/r/MUBLOODTRANSPRAC>

National harmonisation of veterinary prescribing and compounding requirements– Treatment of Livestock - draft proposal open for submissions

Following recommendations by the Productivity Commission in 2008 and 2016, the States and Territories, facilitated by the Commonwealth Department of Agriculture and Water Resources (DAWR), are developing a framework for national harmonisation of veterinary prescribing and compounding.

On the 26 April 2018 the Harmonisation of Agricultural and Veterinary Chemicals Control of Use Task Group (HACCUT) released a discussion paper for consultation. The paper is available at <http://agriculture.gov.au/ag-farm-food/ag-vet-chemicals/domestic-policy/harmonisation-min-vet-prescribing-reg-requirements>

Individuals or organisations can respond by emailing comments to [Agvet Policy](#) by 8 June 2018. This is a public consultation so feel free to forward these details to anyone you know who might be interested.

APVMA review of macrolide antibiotics – final decision

The Australian Pesticides and Veterinary Medicines Authority (APVMA) initiated a review of macrolide antibiotics (kitasomycin, oleandomycin and tylosin) due to concern, raised by the Joint Expert Advisory Committee on Antibiotic Resistance (JETACAR), about the potential risk of transfer of antibiotic resistance to humans following use of macrolides in animals.

Use of antibiotics as growth promotants requires low doses for extended periods creating a highly selective pressure for resistance.

The APVMA has decided to withdraw approval for the use of macrolide antibiotics for growth promotion in animal production. This means that registration of the product

VET ONLY TRUBIN L-50 GROWTH PROMOTANT FOR PIGS (Registration No. 35806) will be cancelled.

There will also be changes to labels of a number of other products registered for therapeutic use to include the following restraint statement:

Prior to prescribing (Name of Product), investigate the use of non-antibiotic options. If (Name of Product) is indicated and selected for use, prudent prescribing practices (appropriate dose, duration and frequency to minimise treatment failure while minimising the emergency of antimicrobial resistance) must be adhered to.

NOT TO BE USED FOR ANY PURPOSE, OR IN ANY MANNER, CONTRARY TO THIS LABEL.

There will be a 12-month phase out period. This allows use of TRUBIN L-50 GROWTH PROMOTANT FOR PIGS and other kitasomycin, oleandomycin and tylosin products that do not carry the new labels until 5 April 2019.

A copy of the final report is available at <https://apvma.gov.au/node/29196>

Prepared by

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Mandatory reporting of certain non-native animal species – outcome of public consultation

After consideration of feedback on its

discussion paper '*Notification of certain non-native animal species*', DPI has reconsidered a proposal that would have required people working in their professional capacity, including veterinarians, to report if they suspected or became aware of the presence of certain non-native animals.

The aim of the proposed changes was to reduce the risk of certain non-native animal species (e.g. corn snakes) becoming endemic and resulting in a major environmental impact.

DPI will work with veterinarians to reduce the biosecurity risks associated with people keeping certain non-native animal species and provide education material to identify risk species. This includes supporting veterinarians in the educative role that they fulfil with their clients; and developing options for safe, voluntary reporting by veterinarians of suspected illegal non-native animal ownership.

Notice from Equestrian Australia to all equine veterinarians

If you are requested to fill in a horse identification description and diagram in either a white EA National Passport Document or a purple FEI Passport Document please make sure when you sign the document to stamp it with your practice stamp.

This means every equine veterinarian will need a practice stamp, and if you do not work out of a practice you will need a stamp with your details on it.

If you have any questions about horse passports please send an email to alisha.sixtus@equestrian.org.au

You may also consider becoming an FEI Permitted Treating Vet, information on this process can be found at the following link - <http://inside.fei.org/fei/your-role/veterinarians/education/become-an-fei-vet>

Hospital licence transfer fee

The Board will be introducing a hospital licence transfer fee after the hospital licence renewal period this year. It is therefore very important for existing hospital licence holders to ensure that the current details for their licence are correct.

You can view current licence details on the Board's Register using the [Find a Vet or Hospital](#) button on our website, choosing the Hospital Search tab and entering one of the required fields.

The Board will be sending current details on the Board's register to all hospital superintendents after the renewal period. Hospital superintendents will be asked to check these details with the current licence holders and this will be a final opportunity to update hospital licence details prior to the introduction of the hospital licence transfer fee.

Please note that the Board must be notified of any change to a hospital licence within 14 days.

The fee for transferring a hospital licence will be \$100.

Hospital Licence Renewals

Hospital licence fees must be paid by 30 June 2018 for the licensing period 1 July 2018 to 30 June 2019.

You can use your website reference number (found in your offer of renewal emailed to the hospital superintendent) to pay your hospital licence fee (\$350) online.

Please contact the Board if you have not yet received your offer to renew a hospital licence.

Any premises where a procedure is undertaken that according to current standards requires the administration of a general anaesthetic or a spinal anaesthetic must be licensed.

There are some exemptions to the above requirement in relation to emergencies, if it is impractical to move the animal because of its size or type, or if it is dangerous to the health of the animal to move it to a hospital.

Registration Renewals

Registration renewals must be completed by 30 June 2018 for the registration period 1 July 2018 to 30 June 2019.

The easiest way to renew your registration is to use the [Vet Login](#). If you do not yet have a Vet Login click on the 'Forgotten your password' link from the Vet Login page and details will be sent to your registered email address.

You can use your [Vet Login](#) or website reference number (found in your offer of renewal) to pay your registration fee (\$300) online and your Vet Login to submit your Annual Return online.

Please contact the Board if you have not yet received your offer of registration renewal by email or if you experience any difficulties with your login.

Veterinary practitioners who reside in NSW and who perform restricted acts of veterinary science in NSW are required to be registered with the Board. To maintain registration in NSW you must complete two tasks:

- ✓ Pay the registration fee (unless Honorary)
- ✓ Submit an Annual Return

If you do not renew your registration by 30 June the Board will apply a late fee of \$50 to your registration fee (total fee \$350) and if you have not renewed your registration by the date of the July Board meeting you will be removed from the Register. Restoration to the Register after this day will result in a restoration penalty fee of \$300 being applied to your registration (total fee \$600).

Resilience in veterinarians: research into stress, mental health, and mediating factors.

Isabelle Jamieson, a Clinical Psychology Masters student at the Cairnmillar Institute, and her supervisor Associate Professor Andrew Francis invite you to participate in a research study being undertaken by the Cairnmillar Institute, Discipline of Psychology.

Research demonstrates that veterinary professionals have a higher than average incidence of mental illnesses such as depression and anxiety, with a suicide rate of up to four times that of the general working population. As well as understanding the risks, this study aims to identify factors that help people cope with stressful occupational, social, and psychological challenges. A better understanding of individual coping styles and protective factors may help inform interventions to redress these issues in the veterinary profession.

Any veterinary practitioner or student aged 18 years and above is invited to participate. You do not have to have experienced any past or current psychological issues or problems to participate in this study - we are interested in a broad understanding of veterinarians' experiences.

To read a full Plain Language Information Sheet and complete the online survey, **please follow this link:** <http://www.surveygizmo.com/s3/4210663/Resilience-in-Vets>

Veterinary Workforce Survey 2018

Please click on the following link: <https://www.surveymonkey.com/r/GBBWNNQ> to access the Veterinary Workforce Survey for 2018.

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

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

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

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

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

Boardtalk

A publication of the Veterinary Practitioners Board of NSW

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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.