



Veterinary Practitioners  
Registration Board of Victoria

# Board Update

June 2014

## Gazetted Code: The Code of Practice for the Operation of Breeding and Rearing Businesses

### The Revised Code has now commenced

The Code of Practice for the Operation of Breeding and Rearing Businesses (Revision 1) became law in Victoria on Friday 11 April 2014.

Further changes have been made to the Revised Code since its release on 17 December 2013, which have been incorporated in the finalised Gazetted version.

The first change is that sufficiently healthy bitches now have the potential to continue breeding after their fifth litter, but only if an annual breeding clearance certificate for each individual bitch is obtained from a veterinary practitioner.

Also, there is no longer a mandatory requirement for pre-mating and post-birthing veterinary health checks for all breeding female cats and dogs, but each female must still have at least an annual veterinary health check, along with any additional veterinary health checks as directed by a veterinary practitioner.

All businesses need to be fully compliant with the Revised Code – except where a business has agreed conditions on their registration with council. All businesses are encouraged to talk with their local council on achieving compliance with the code.

### How do I access the Revised Code?

The Gazetted Code of Practice for the Operation of Breeding and Rearing Businesses (Revision 1) is the document that is law in Victoria. This can be accessed with the following instructions:

1. Go to the Victorian Government Gazette website <http://www.gazette.vic.gov.au>
2. In the quick search box on the top right corner, type in "S117"
3. Click on the link "Special Gazette Number S117 Dated 11 April 2014"

The Gazetted Code can be downloaded and printed off the Victorian Government Gazette website for private use. However it is copyrighted and cannot be distributed. To order hardcopies of the Gazetted Code at a cost of \$12.90 each (excluding postage), contact the Victorian Government Gazette using the following details:

Email address: [gazette@bluestargroup.com.au](mailto:gazette@bluestargroup.com.au)

Phone: 03 8523 4601

Note: A finalised version of the Revised Code is available on [www.depi.vic.gov.au/breedingcode](http://www.depi.vic.gov.au/breedingcode)

### Other information

The tool kit documents, factsheets and other useful resources are still available on [www.depi.vic.gov.au/pets](http://www.depi.vic.gov.au/pets)

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### BOARD MEMBERS

Roslyn Nichol  
Peter Mansell  
David Beggs  
Tracey Bradley  
Janet Cohen  
Michael Doyle  
Alan Gaskell  
Andrew Gould  
Jennifer Wilkins

### HOW TO CONTACT US

Level 11, 470 Collins Street  
MELBOURNE VIC 3000

+613 9620 7444

[communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au)  
[www.vetboard.vic.gov.au](http://www.vetboard.vic.gov.au)

## Management of Suspected Malicious Poisoning

Veterinary practitioners may occasionally have animals presented to them which show clinical signs of possible malicious poisoning. In such cases, it is critical that appropriate samples are taken either during examination or at post mortem so that authorities can investigate and take any necessary action.

The Department of Environment and Primary Industries (DEPI) regulates the use of agricultural and veterinary chemicals under the Agricultural and Veterinary Chemicals (Control of Use) Act 1992. Offences covered by this Act include the illegal use of insecticides to make home-made baits and the misuse of registered bait products such as those containing sodium fluoro acetate (1080).



In cases of suspected malicious poisoning, it is critical in terms of law enforcement that a veterinary practitioner:

- takes appropriate samples e.g. stomach contents, crop contents, liver, kidneys etc.
- ensures the samples are immediately frozen and stored appropriately e.g. in unused, clean containers/bags
- makes appropriate file notes of the clinical signs and takes digital photographs of the animal.

DEPI recently received a report of suspected 1080 poisoning of a domestic dog in north-western Victoria. Post mortem samples of the stomach contents, kidneys and liver were fixed in formaldehyde which is appropriate for histopathological analysis but inappropriate for chemical analysis. This hampered DEPI's investigation as analysis of the stomach contents for 1080 was impossible.

Even though owners are often unwilling to have a post mortem conducted on their animals, it is critical to collect appropriate samples for analysis, wherever possible. A positive analytical report in attributing the death to poisoning is more likely to have the desired legal outcome rather than clinical signs alone.



## Alprazolam rescheduled to Schedule 8

From 1 February 2014 alprazolam has been rescheduled in the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) to Schedule 8. As a result of this scheduling amendment, veterinary practitioners will need to store, handle and record all alprazolam products as a Schedule 8 drug. Legislative requirements for the supply and use of Schedule 8 drugs can be found via the following information sheet produced by Drugs and Poisons Regulation, Department of Health

<http://docs.health.vic.gov.au/docs/doc/Veterinary-practitioners--key-legislative-requirements-in-Victoria>

or under Guideline 6, via the Board's website

<http://www.vetboard.vic.gov.au/guidvet.php>

## Storage of Schedule 8 Drugs

The Drugs and Poisons Regulation Group has informed the Board of a recent spate of burglaries to veterinary clinics, during which the safe used to store schedule 8 drugs, has been stolen or broken into. Victoria Police investigated the burglaries and expressed concern that many practitioners were not strictly complying with the requirements for Schedule 8 drug storage.

The Board reminds practitioners of their obligations to comply with Division 4 of the *Drugs, Poisons and Controlled Substances Regulations 2006*, which sets out drug storage requirements. The Regulations can be accessed via the following link:

[http://www.legislation.vic.gov.au/Domino/Web\\_Notes/LDMS/LTObject\\_Store/ltobjst8.nsf/DDE300B846EED9C7CA257616000A3571/04061E004238763ECA257BD50001481F/\\$FILE/06-57sra013%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/ltobjst8.nsf/DDE300B846EED9C7CA257616000A3571/04061E004238763ECA257BD50001481F/$FILE/06-57sra013%20authorised.pdf)

## Social Media

Individuals and organisations are embracing user-generated content, such as social networking, personal websites, discussion forums, message boards and blogs.

Whether an online activity is able to be viewed by the public or is limited to a specific group of people, veterinary practitioners need to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. Information, which is circulated on social media may end up in the public domain, and remain there, irrespective of the intent at the time of posting.

Social media changes the means of communication but, not the Board's expectations of veterinary practitioners who remain obligated to apply existing regulatory responsibilities to social media as they do to traditional forms of communication.

Section 59 of the *Veterinary Practice Act 1997* (the Act) states:

*A person must not advertise a veterinary practice or veterinary services in a manner which is or is intended to be false, misleading or deceptive; or offer a discount, gift or other inducement to attract persons to a veterinary practitioner or veterinary practice unless the advertisement also sets out the terms and conditions of that offer; or refers to, uses or quotes from testimonials or purported testimonials; or unfavourably contrasts veterinary services provided by the veterinary practitioner or veterinary practice with services provided by another veterinary practitioner or veterinary practice*

The Board has reviewed whether the ban on testimonials is still appropriate in the 21<sup>st</sup> century, when a wealth of information is placed online, with different levels of control over who says what about whom. The Board submitted a request to the Department of Environment and Primary Industries that this provision be repealed when next the Act is subject to amendment. Until such time, the ban on testimonials remains.

## Consent forms and Informed Consent

The Board has reviewed several cases recently where written consent forms have been provided as evidence of informed consent by the animal owner. In some of these cases the owner has reported that they signed the consent form without knowing what they were signing or without a thorough explanation of the procedure they were consenting to.

While there is an onus on animal owners to thoroughly read any form provided to them for signature, it cannot always be assumed that a signature on a form is evidence of informed consent. The veterinary practitioner should ensure that before an owner signs a consent form, they are fully informed of details of the recommended treatment, prognosis, foreseeable risks and complications, and associated costs.



## Vaccination Cards

The Board has recently been advised of cases where veterinary practitioners are providing vaccination cards to breeders with the vet's contact details pre-recorded on the cards. The breeders are then obtaining vaccinations and vaccinating the animals themselves before selling them with the aforementioned vaccination card.

The Board is concerned that the public is not lead to believe that a veterinary practitioner has examined and vaccinated an animal when this is not the case, and advises against this practice.

## Case Study

A dog was presented to a veterinary clinic with ongoing hip and stifle issues. Dr R examined the dog and x-rays were subsequently taken and reported to show degenerative joint disease and hip dysplasia. On arrival at the clinic to collect the dog, the owner asked to see the x-rays however, Dr R stated they had been filed and were not available at that time. Over the following weeks the owner attended at the clinic and also spoke to Dr R on the phone regarding the dog's condition with the expectation of viewing the x-rays however they were never presented. The owner then took the dog to another veterinary clinic for a second opinion. Requests were made for Dr R to forward the x-rays to the second veterinary practitioner; however these were declined. During the Board's investigation, three requests were made to Dr R before the x-rays were forwarded to the investigation panel.



The owner submitted a complaint to the Board, which alleged that Dr R: (1) failed to provide services by not allowing him/her to view the x-rays taken of the dog; (2) refused to forward the x-rays on to the second veterinary practitioner when requested to do so; and (3) was uncaring and disappointing in behaviour and attitude.

After a preliminary investigation, the matter was referred to an informal hearing into the professional conduct of Dr R. It was alleged that:

Dr R failed to provide services of an acceptable professional standard in regards to the quality of the x-rays taken of the dog.

Dr R failed to comply with the professional obligation to forward the dog's x-rays when requested to do so by the second veterinary practitioner (with owner consent).

Dr R's behaviour and attitude in relation to the forwarding of the dog's x-rays to the Board, as part of the investigation, was unprofessional and not of a standard expected by his/her peers.

Dr R was found to have engaged in unprofessional conduct, and the Panel determined that Dr R be counselled.

Counselling is one of the determinations that may be made following a finding of unprofessional conduct. It is a formal process within which the veterinary practitioner is informed of how his/her conduct failed to meet the minimum required standard and how that standard might be met in future. The Panel may counsel in any way they see fit. The counselling may be oral, written, given immediately or with 28 days of the determination. It becomes a matter of permanent record on the veterinary practitioner's file and may be referred to in any future Hearing or action taken by the Board.

The Panel made its findings based upon the following reasons.

### Allegation 1.

Dr R took x-rays of the dog's hips and left stifle and diagnosed that it was suffering from degenerative joint disease and bi-lateral hip dysplasia. When the owner returned to the clinic later that day to collect the dog, Dr R informed the Panel that he/she was unable to show the owner the dog's x-rays as they had already been filed. Therefore, instead of viewing the dog's x-rays, Dr R stated that he/she explained to the owner "what was meant by hip dysplasia, femoral head flattening and degenerative changes, by showing him/her normal versus abnormal x-rays" of an alternative dog, which he/she stated the owner seemed happy enough with at the time.

The Panel viewed the x-rays of the dog, taken by Dr R and questioned Dr R about their extremely poor quality. Dr R informed the Panel that on the day the x-rays were taken he/she did not realise that the developer was expiring, which had affected the quality of the x-rays. Dr R further informed the Panel that as the dog had already been placed under a general anaesthetic once that day, he/she felt there was enough detail in the x-rays to make a diagnosis of degenerative joint disease and hip dysplasia and didn't think it was warranted to re-anaesthetise the dog to obtain better quality x-rays. Dr R also provided the Panel members with recent x-rays taken as evidence of the normal quality of an x-ray he/she produces.

The owner attended the veterinary clinic on two more occasions and Dr R stated that he/she was never asked by the owner to view the x-rays on these occasions. The owner advised the Panel via teleconference, that he/she could not recall whether he/she had asked Dr R to see the x-rays on these visits and that he/she very much doubted their existence due to the fact that they had not been produced when first requested at the initial consultation or when requested by the second treating veterinary practitioner.

The Panel advised Dr R that of the three x-rays taken of the dog by her, only one of those x-rays was of an acceptable diagnostic standard. The Panel understood Dr R's reluctance to show the owner the x-rays due to their poor quality however the owner had paid for a service that was not provided to an acceptable, appropriate and professional standard as would be expected of a registered veterinary practitioner.

#### Allegation 2.

The owner took the dog to another veterinary practitioner for a second opinion. The Panel was provided with clinical notes from this practitioner which detail that he/she rang and spoke to Dr R to request if the owner could come in to collect the dog's x-rays, this request was refused by Dr R; an email was sent by the second treating practitioner to Dr R requesting the x-rays be forwarded to him/her, no response was received; and on a veterinary nurse rang the clinic requesting the dog's x-rays, however the request was refused again with no reason given.

Dr R informed the Panel that he/she did not receive and was unaware of the email or phone request from the second veterinary clinic and had only spoken to the second treating practitioner on one occasion where he/she detailed her observations and diagnosis of the dog over the phone. Dr R denied having received any other requests for the x-rays from the clinic and stated that he/she had forwarded all other patient notes to them when requested.

The Panel could not account for the conflicting recollections of the parties. Without corroborating evidence to support either party, the Panel was unable to substantiate the allegation of unprofessional conduct.

#### Allegation 3.

The Panel were concerned that as part of the investigation process, three requests were made by the Board to Dr R to forward the dog's x-rays. Dr R initially refused to comply before subsequently forwarding the x-rays after the Board's third request.

Dr R informed the Panel that at the start of the investigation by the Board, he/she was provided with advice on how to deal with the investigation process, which he/she followed. Dr R stated that in hindsight, this advice may have been incorrect and was partly responsible for the decision not to send the x-rays into the Board initially. Dr R also pointed out to the Panel that he/she felt he/she was under no obligation to forward the x-rays as the letter from the Board only 'asked for his/her co-operation' in sending them and did not demand them. Dr R stated that he/she was uncertain of his/her obligations at the time and that he/she considered he/she was not under a professional obligation to adhere to the guidelines.

