



Board Update

Newsletter of the Veterinary Practitioners Registration Board of Victoria

VETERINARY
PRACTITIONERS
REGISTRATION
BOARD
OF VICTORIA

Issue 1 February 2013

President's Message

Welcome to the final newsletter that the 5th Board appointed under the *Veterinary Practice Act 1997* (the Act) will publish.

Renewal of Registration for 2013 proceeded very smoothly. Please remember that if you held primary Registration in Victoria last year and have not yet renewed for 2013, it is possible to remain on the Register after submitting the appropriate paperwork and payment of all fees but you must do so by COB 31 March. Failure to do so will result in removal of your name from the Register on 1 April 2013

Four members of this Board are retiring this year and I wish to acknowledge their contribution here.

Emeritus Professor Virginia Studdert *BS DVM (Hons) DVSC Reg. Specialist* served the Board from March 2004 to March 2013, with the last three years as Deputy President. As a long-serving and experienced veterinary member of the Board, Virginia's contribution to the ongoing evolution of the Board is undeniable. Members of the Board and staff have relied upon her ability to clarify matters and extract the relevant details. As Convenor of the Registration Committee, Virginia brings a wealth of experience in assessing matters of registration and as an active member of the Complaints Committee, her contribution has been invaluable in aligning many of the Board's investigation processes with those of other registration Boards, where appropriate.

Dr Andrew Cameron *BVSc (Hons)* served the Board from March 2007 to March 2013. Andrew is the Minister's appointment to the Board and is the Chief Veterinary Officer for Victoria. A pragmatic thinker with a quick wit, Andrew has provided guidance to the Board about the administration of the Act and implementation of legislative change. Andrew is a valued member of both the Registration and the Guidelines Committees.

Dr Rachel Martin *BDS Sc MPH* served the Board from July 2008 to March 2013. Rachel is a community member of the Board and has been diligent in ensuring that protection of the public remains at the forefront of the Board's consideration of matters. Rachel has also been instrumental in reviewing and reworking the Board's Fitness to Practise protocol and in supporting those registrants who are undergoing a fitness to practise investigation. As Convenor of the Communications and Information Technology Committee, Rachel has been a valuable contributor to the *Board Update* and was involved in the planning and execution of the Board's 2012 Roadshow. Rachel is also a member of the Guidelines Committee.

Ms Diana James *BA LLB* served the Board from July 2009 to March 2013. Diana is a community member of the Board and is the legal appointment. As with Rachel, Diana is always mindful of the Board's overarching obligation to protect the public. As a legal practitioner, Diana's understanding of the Act and other related legislation is invaluable when considering matters of law. Her attention to detail and willingness to assist the Board's staff is highly valued. Diana is a member of the Registration, Complaints and Communications and Information Technology Committees.

We thank each of the retiring members for their unique contribution to the Board. Personally, it has been an honour for me to work with these members - each so generous with their time and forthright in sharing their thoughts.

In the next edition of the *Board Update* we will introduce the incoming members of the 6th Board.

Ros

President: Dr Roslyn Nichol BVSc

Inside this issue

<i>President's Message</i>	1
<i>Board Performance Survey</i>	2
<i>Specialist Endorsements</i>	2
<i>Registration 2013</i>	2
<i>Fitness to Practise</i>	3
<i>Case Study</i>	4
<i>Prescribing of Virginiamycin and use of Restraint Headings</i>	6
<i>From the Department of Primary Industries</i>	7

Board Members

Dr RA Nichol
Em Prof Virginia Studdert
Dr DS Beggs
Dr AK Cameron
Mr AR Gaskell
Dr AB Gould
Ms DS James
Assoc Prof PD Mansell
Dr RE Martin

Suite 1, Level 11,
470 Collins Street
MELBOURNE VIC 3000

T +61 3 9620 7444
F+ 61 3 9620 7044

enquiries@vetboard.vic.gov.au
www.vetboard.vic.gov.au

Board Performance Survey

The Board is conducting its annual survey of registered veterinary practitioners, which is undertaken as part of the Board's governance obligations. The survey can be completed on-line and is administered via SurveyMonkey: it is anonymous. To participate, please follow this link <http://www.surveymonkey.com/s/VetBoardSurvey2013T8J22FP>. We urge you to complete this survey. Input from registered veterinary practitioners is important to assist the Board to measure the views of its stakeholders and to assess the Board's effectiveness in working with those who rely on its services. The survey will be active until **Sunday 24 March 2013**.

Specialist Endorsement

Congratulations to the following practitioners who have recently received specialist endorsement.

Dr Laura Hardefeldt	V4491	Large Animal Medicine
Dr Sophia Haynes	V4943	Small Animal Medicine
Dr Merrin Hicks	V4231	Emergency Medicine and Critical Care
Dr Matthew Izzo	V6136	Cattle Management and Disease

Registration 2013

During the recent registration renewal period, the Board noticed two areas in particular where practitioners often failed to meet their lawful obligations.

Requirement to notify the Board of change of address - Section 19 of the Act

Section 19 requires a registered veterinary practitioner to notify the Board of **any** change of address of the practitioner, which appears on the register - **within 28 days** of that change.. Failure to notify the Board within 28 days of any change of address that appears on the register, may incur 10 penalty units, which currently equates to a fine of **\$1408.40**.

The provision for the imposition of a penalty for contravention of section 19 was introduced into the Act in 2010. Since this time, the Board has not enforced the provision, rather, it has broadcast the requirement via the *Board Update* and on the Board's website. The Board now considers that practitioners have been offered an adequate period of time in which to be made aware of this requirement. Change of address requests can be made by emailing the Board at communications@vetboard.vic.gov.au.

Fraud, forgery, etc. - Section 58 of the Act.

Section 58 provides that: a person must not –

Fraudulently or by false representation or declaration (either orally or in writing) obtain registration under this Act or
Fraudulently or by false representation (either orally or in writing) procure any person to be registered under this Act.

The registration renewal declaration (either online or in hard-copy) states the following:

In the past 12 months I have not been found guilty of any professional misconduct, or any unprofessional conduct
I am not subject to any disciplinary proceedings (including preliminary investigation) by anybody or authority constituted to discipline veterinary practitioners
I have not had my registration cancelled or suspended
I have not been found guilty of an indictable offence in Victoria or an equivalent offence in another jurisdiction with the last 10 years
I do not have any special conditions placed on a registration in another jurisdiction
I am not unfit to practise as a registered veterinary practitioner because of a severe substance dependency (e.g. drug or alcohol)
I do not have a physical or mental impairment that significantly impairs my ability to practise as a registered veterinary practitioner

If any of the above statements apply, you cannot renew online and must provide a hard-copy renewal form to the Board with the non-applicable statement crossed out and supplementary information attached, to explain the relevant circumstances. Providing a false declaration carries a maximum penalty, if the offence is proven, of up to 100 penalty units, which currently equates to **\$14084.00**. Further, a person who makes a false declaration is also liable to the penalties of perjury.

The declaration must be signed by you (or in the case of online renewals, accepted by you). It is not acceptable to delegate this task to your spouse, partner, office manager or veterinary nurse or for them to make the declaration on your behalf. If false representation is used to procure registration, it is you, as the registered veterinary practitioner, who will be held responsible.

Fitness to Practise

One of the main functions of the *Veterinary Practice Act 1997* (the Act) is that of protection. The Board recognises its responsibility to ensure that a practitioner, who may have a physical or mental impairment, an incapacity or a severe substance dependency (alcohol and/or drug), which may affect their ability to practise, does not put the public or animals at risk. Moreover, the Board recognises its responsibility to the practitioner and must ensure that they are supported and assisted during any fitness to practise investigation.

The Board seeks to balance these competing interests through its fitness to practise investigation and while it does not wish to unduly burden the practitioner, the ultimate aim of the process is one of protection. A fitness to practise investigation is used to determine the extent to which a condition - medical or physical - affects the practitioner's ability to practise. Such matters are handled with sensitivity and in confidence.

If the Board believes the ability of a registered veterinary practitioner to practise veterinary medicine or surgery may be affected because of their physical or mental health, an incapacity or severe substance dependency, the Board may, pursuant to section 25 of the Act, appoint one of its members to conduct a preliminary investigation. Sources of information regarding a practitioner's fitness to practise may include: self-referral; the Drugs and Poisons Regulation Group (Department of Health); a treating medical practitioner, pharmacist or police officer; a practice principal or work colleague; and a member of the public.

If the Board believes that there is a serious risk to the health and safety of the public (including the veterinary practitioner) or that the health and welfare of animals will be endangered, the Board may, pursuant to section 24 of the Act, suspend the registration of the veterinary practitioner until any investigation into the matter is completed.

Once a fitness to practise investigation has commenced, the practitioner is asked, pursuant to section 27 of the Act, to undertake a medical examination. The Board arranges and pays for the medical examination. The examining medical practitioner must provide a report to both the Board member appointed to investigate the matter and the veterinary practitioner under investigation: This requirement is subject to certain exceptions. The member appointed to conduct the investigation reports to the Board and makes a recommendation.

For example, if it has been established (by way of medical examination) that a veterinary practitioner is suffering from an impairment that will affect their practise, the practitioner may be asked, pursuant to section 29 of the Act, to agree to :

- alter the way in which they practise veterinary surgery or medicine
- the imposition of conditions, limitations or restrictions on their registration
- alter or cancel any endorsement as a specialist under section 8
- suspend registration for a period of time specified by the Board.

The Board may take any action that is necessary to implement an agreement under section 29 of the Act.

Usually, conditions aimed at rehabilitation and monitoring are negotiated. Each case will be judged on individual merit but the aim is to return the veterinary practitioner, as soon as possible, to safe practise for the protection of themselves and the public. Emphasis is placed on rehabilitation rather than punitive action.

Examples of conditions may include:

- restriction on possessing, prescribing and administering Schedule 8 and 11 drugs
- urine and/or other drug screening
- regular psychiatric review
- work-site monitoring and limitations on the type of practice permitted.

The veterinary practitioner usually bears the cost of any programme, which the Board imposes.

The Board may:

- set a time-frame for any rehabilitation
- decide whether the situation is such that the practitioner's employer needs to be involved
- decide on when and to whom the practitioner will report and the format of those reports (in person or by telephone, written reports from medical practitioner, etc.).

If the veterinary practitioner, who is the subject of the investigation, does not agree or abide by an agreement to undergo a medical examination or does not reach an agreement or abide by an agreement under section 29, the Board may refer the matter to a Formal Hearing.

The Board may revoke a condition, limitation or restriction or suspension imposed on a veterinary practitioner if the veterinary practitioner satisfies the Board that their ability to practise safely is no longer affected.

Case Study

Background

A five-year-old dog was presented to Dr B because the owners were concerned that the dog had been lethargic and refusing to eat. With the information that the owners provided, Dr B formed the opinion that the dog was probably suffering from anti-coagulant poisoning.

The dog was hospitalised at the veterinary clinic for 6 days before being sent home after showing signs of improvement. The dog was returned to the clinic 4 days later for blood tests, which revealed a low platelet count. The dog was sent home with strict instructions for rest.

The dog was returned to the clinic after 5 days as its health had begun to decline again. A blood test revealed low platelets and a high white cell count. The dog was given anti-inflammatory agents, anti-emetics and antibiotics and was discharged. A few days later the dog was presented to Dr B after-hours, as its condition had worsened. The dog died later that day while hospitalised.

The owners alleged that Dr B was negligent in the care of the dog: they were not given a definitive diagnosis and the dog was not given the appropriate treatment, which led to the dog's death. The owners also alleged that: they were not given adequate justification for treatment; that Dr B did not inform them of the possibility that the dog's illness might be fatal; and that Dr B did not seek the advice of more experienced practitioners, offer referral or other options for care.

The matter was referred to an Informal Hearing into the professional conduct of Dr B. It was alleged that Dr B:

1. did not keep clinical records of an acceptable standard and
2. failed to adequately communicate to the owner the nature and consequences of the dog's illness/condition; the nature of the after-hours care being offered; and alternative treatment options including referral.

Dr B was found to have engaged in unprofessional conduct and the Panel determined that Dr B be cautioned.

A 'caution' is a formal notification, in the context of an advisory warning, to a registered veterinary practitioner. It warns the registered veterinary practitioner that a change in their manner of practise is required to conform to the minimum professional standards as defined in or considered by, for example: (1) veterinary practice or ancillary legislation (e.g. Drugs, Poisons and Controlled Substances legislation); (2) Board issued Guidelines; (3) veterinary peers' commonly understood practise standards; and (4) commonly understood community standards. Such adverse outcome is placed on the permanent record of the veterinary practitioner and may be referred to in any future hearing or action that the Board may undertake. The Panel made this finding based upon the following reasons.

Regarding Allegation 1

Dr B informed the Panel that clinical records comprise daily reviews, hospital notes and the results of any tests or procedures performed and that these notes are entered onto the computer daily or weekly. As a sole practitioner though, for the last 8 - 9 years, any 'thought processes' have been kept in Dr B's head rather than being recorded as case notes.

The Panel emphasised the importance of case documentation noting that clinical records are for future use, referral and as information for other veterinary practitioners who are or may become involved in a case. The Panel acknowledged that for sole practitioners, the clinical records may not initially appear to be necessary as a means of communication between veterinarians; however, they are legal documents and should be completed and stored properly.

The Panel acknowledged that Dr B made notes about conversations and communication with the owners but important information regarding the dog's condition, hospitalisation and test results were not recorded. It was concerning that the records were fragmented and partly contemporaneous, partly retrospective. The Panel was also concerned that the case records did not indicate a comprehensive approach and were not indicative of a methodical diagnostic plan. From the clinical records, the Panel could not ascertain the purpose of and/or interpretation of many of the tests undertaken.

With the evidence and the information before it, the Panel was of the opinion that Dr B's clinical records were incomplete and inconsistent with the requirements of the Board's Guideline 11.

Case Study continued ...

Regarding Allegation 2

Dr B informed the Panel that when the owners brought the dog to the clinic, it was unwell and based on the information provided, made the judgment that it was suffering from anti-coagulant poisoning. Dr B stated that the owners made it clear during the first consultation that 'finances were a concern' and during discussion about costs, the owners revealed their spending limit. Dr B stated however, not being able to remember the amount of the limit nor was any documentation provided to corroborate this discussion. Dr B also stated that the main reason that the owners refused the blood transfusion was due to an inability to pay.

During the teleconference prior to the informal hearing, the Panel questioned the owners about their complaint and whether the issue of costs was discussed. The owners claimed finances were not an issue, that they had never discussed costs with Dr B and before the dog died, had paid in excess of \$1200 for tests, treatment and care: they declined the blood transfusion due to Dr B's lack of justification for the procedure.

While treating the dog, Dr B performed many tests including radiography, haematology, agglutination, urinalysis and biochemistry profile and administered antibiotics and Vitamin K. The Panel expressed some concern that despite Dr B initially thinking that the dog had been poisoned with a rodenticide, a coagulation test to confirm the suspicion was not performed. When questioned, Dr B stated: 'trying to keep costs down', 'didn't think about it' and 'couldn't remember' why this test was not performed.

The owners were also concerned that Dr B did not inform them of the seriousness of the dog's condition, as being potentially fatal. Dr B admitted not realising how ill the dog was until the final day that it was presented. The dog died that afternoon but Dr B was not present. The Panel was concerned that Dr B did not fully appreciate the seriousness of the dog's condition that day and did not adequately convey any concerns to the animal's owners and therefore, they were unaware and unprepared for the dog's death.

Dr B expressed 'feeling' that as the owners were reluctant to follow through with some suggestions, they did not want referral. The Panel considered that Dr B's admissions and assumptions indicated having not fulfilled the obligations related to the Board's Guideline 8, clauses 4 and 8.

Dr B also informed the Panel about not seeking the advice or assistance of a colleague. The dog was treated at the clinic for approximately three-weeks during which time the dog's condition fluctuated. The Panel was concerned that despite the performance of many tests, Dr B was unable to work towards a definitive diagnosis and despite this, did not seek advice from other veterinary practitioners or specialists. Although Dr B stated contacting colleagues for advice regarding difficult cases, Dr B offered no explanation for not doing so in this case. The Panel noted that if cost was a concern, seeking advice from a colleague should not necessarily add to the burden but rather, might provide useful information in the treatment or diagnosis in difficult cases. The Panel also emphasised the importance of seeking advice and of continuing education, especially when operating as a sole practitioner.

Conclusion

While acknowledging that the initial treatment of the dog may have been appropriate in the circumstances, the Panel noted the unsatisfactory nature of: the extended time taken in attempting to establish a diagnosis; the lack of justification for or interpretation of tests performed; the failure to seek assistance from colleagues or to offer referral when there was a lack of satisfactory improvement; and the failure to appreciate and advise the owners of the seriousness of the dog's condition.

The Panel advised Dr B of the need to change current practice and to seek assistance in difficult cases, to detail 'thought processes' in clinical records and reiterated the importance of consolidating records into a coherent case management plan. The Panel determined that while this was not a willful act of negligence but rather an error of judgment and inadequate communication, there was sufficient evidence that Dr B had engaged in unprofessional conduct.

Prescribing of Virginiamycin and use of Restraint Headings

George Downing, Principal Veterinary Officer, Victorian Department of Primary Industries

Certain labels for products containing Virginiamycin (i.e. Eskalin products), which previously had been approved by the Australian Pesticides and Veterinary Medicines Authority (APVMA), were cancelled on 3 April 2012. Products with these cancelled labels (bearing APVMA Approval No 49111/50/0904, 49111/50C/0904, 46049/25/0104 and 51354/0103) are now only available for use under APVMA Permit Number 13462. The permit is in force until 3 April 2013 and a copy of the permit can be found at <http://permits.apvma.gov.au/PER13462.PDF>.

The requirements of the permit are as follows: Prior to prescribing Eskalin Feed Premix for Cattle, Eskalin Wettable Powder Spray-On Feed Premix or Eskalin 500 Feed Premix, veterinary practitioners must investigate the use of non-antibiotic options. If Virginiamycin is indicated and selected for use, the prescription must be consistent with the Australian Veterinary Association (AVA) Code of Practice for Prescription and Use of Products which Contain Antimicrobial Agents. Dosage regimens should be designed for each situation, with an appropriate duration and frequency to minimise both treatment failure and the emergence of antimicrobial resistance. Veterinary practitioners are also required to review farm records on the use of products containing Virginiamycin, to ensure compliance with prescribing instructions.

The current Eskalin labels (APVMA Approval Numbers 49111/36250 and 46049/36251 approved on 9 September 2011, and 51354/36249 approved on 12 September 2011) have a 'Restraint Heading' with the same requirements as in the permit. These labels were developed following a decision of the Administrative Appeals Tribunal in 2008 to address concerns about the development of antimicrobial resistance from the continuous use of Eskalin in livestock feed for production enhancement.

The AVA Code of Practice for Prescription and Use of Products which contain Antimicrobial Agents is currently under review and the revised version will shortly be available on the AVA website. The main emphasis of the revised version of the Code is expected to be that the use of prescription antimicrobial agents in animals has the potential to lead to antimicrobial resistance in human bacterial populations and to treatment failures. Antimicrobials must therefore only be used when absolutely necessary and in compliance with the Code. Virginiamycin is expected to receive special mention in the Code in that the duration and frequency of use should be minimised. It should not be used for production enhancement, due to concerns that it can cause cross-resistance with Quinupristin-Dalfopristin, an antibiotic used as a 'last-line' therapy for important human infections.

A recent survey of feed mills and their use of S4 products has shown that veterinary practitioners are prescribing Virginiamycin for periods of six- or twelve-months and even on an 'ongoing' basis. It was also found that occasionally prescriptions are provided by veterinarians on request from the feed mill. These practices are clearly unacceptable and in some cases are also contrary to the legal requirements for dispensing. Prescriptions must be written to address a specific disease situation, such as introduction to grain feeding, rather than to increase production through ongoing use. They must also meet the poisons legislation requirements for each respective State and Territory.

In 1999, the then Standing Committee on Agricultural and Resource Management, incorporating representatives from all States and Territories, agreed on a number of conditions relating to the use of veterinary chemicals, to provide the basis for legislative controls. One of these was that any direction under a Restraint Heading on a veterinary chemical label must be adhered to by all users, including veterinary practitioners.

Development of antimicrobial resistance is a global concern. While much can be attributed to antimicrobial use in human medicine, there are clear links to their use in livestock production. Increased monitoring and enforcement of appropriate antimicrobial use can be expected in the future. Certain medications may be restricted to 'Human use only' if concern escalates.

From the Department of Primary Industries

Disease Notification – Know your Obligations

Notification to DPI or an Inspector of Livestock, of suspicion or diagnosis of notifiable diseases, is required within certain timeframes and with certain information to be provided. From 1 December 2012, revised regulations came into force regarding this notification and the obligations of producers, veterinary practitioners and laboratories. Please ensure that you and your staff are familiar with these obligations. Information about the changes and details of what is notifiable and when, can be found on the [DPI website](#).

Anthrax – now immediate notification required

Anthrax is a serious zoonotic disease that is endemic to Victoria, often occurring as isolated single cases but has the potential to affect many properties and animals as it did in 1997 and 2007 in the Goulburn Valley.

Previously, notification within 12 hours was required but this has changed to notification without delay, in recognition of the threat it poses to human and animal life and to allow DPI to respond more rapidly to reduce the impact of any outbreaks. If you or your clients suspect anthrax contact your local animal health staff or call the 24/7/365 emergency animal disease hotline on **1800 675 888**.

Details to be provided

Notification of disease is recorded by DPI and may or may not be acted upon; trends are also monitored. To better facilitate this decision making and observation of trends, more epidemiological information is required about reported incidents: these are detailed below.

The information can be provided in several ways, including via a [form](#) that is faxed, over the telephone to animal health staff or in person. Provision of accurate information is vital, particularly the numbers sick, dead and at risk.

In summary, the details required are:

- *Property*
The property owner's name, property address and the Property Identification Code (PIC) of the location where the disease is suspected; if different, the animal owner details are required.
- *Animal*
The date of onset of signs, the species concerned and their ages, the numbers of animals sick, dead and at risk.
- *Disease*
The disease suspected and a description of the clinical signs or lesions.
- *Laboratory*
If samples have been sent to a laboratory, include the details of which laboratory.
- *Veterinary Practitioner*
If a veterinarian has been consulted about the disease or incident, include their contact details.
- *Person making the notification*
Details of the person making the notification, including contact details.
- Date of notification

Relevant legislation

[The Livestock Disease Control Act 1994](#)

[The Livestock Disease Control Regulations 2006](#)

continued over page ...

From the Department of Primary Industries continued...

Recycled Water Use with Cattle – A Recent Survey

Although there may seem to be plenty of water now available, Australia is 'a sunburnt country' and a near decade long drought has only recently passed. As the population grows and water demands increase, so does the inflow to sewage treatment plants. One of the products - recycled water - is a valuable resource to agriculture because the quality and volume available are reliable year round. Recycled water has myriad uses but in particular, it is used to irrigate crops for human consumption and public recreation grounds and is provided to new housing areas in 'dual-pipe schemes'.

For pigs however, due to the risks to human health posed by *Taenia solium*, use of recycled water is prohibited. For cattle, the risk is associated with *Taenia saginata* causing *Cysticercus bovis* lesions, which threaten international trade and are of concern to human health. Nonetheless, provided that the treatment process meets requirements to remove *Taenia* eggs, recycled water may be used within guidelines in association with cattle production and for drinking and the irrigation of pasture. Details of these recommendations can be found on the [DPI website](#).

The DPI recently undertook a survey of all 200 Victorian wastewater treatment plants/facilities and all 200 complied with legislation to mitigate the risks posed by *Taenia* to animal and human health (see Figure 1). Eighty plants (40%) provided recycled water, which has been appropriately treated to remove *Taenia* (helminth) eggs to cattle via either irrigation of pasture or direct supply and of those, 86% were producing Class C water, 10% Class B and 2.5% Class A. These results reflect the relative cost of production of those classes and the higher value of Class A and its production location near major urban centres, which is used in dual-pipe schemes and golf courses etc..

The results of the survey support that recycled water is not knowingly provided to pig establishments; however, there was a recent case where a producer was providing recycled water to his pigs for drinking despite the supply agreement with the water authority. Please be aware of the associated risks with using recycled water and ensure that your clients, who own pigs, are also aware of the requirements.

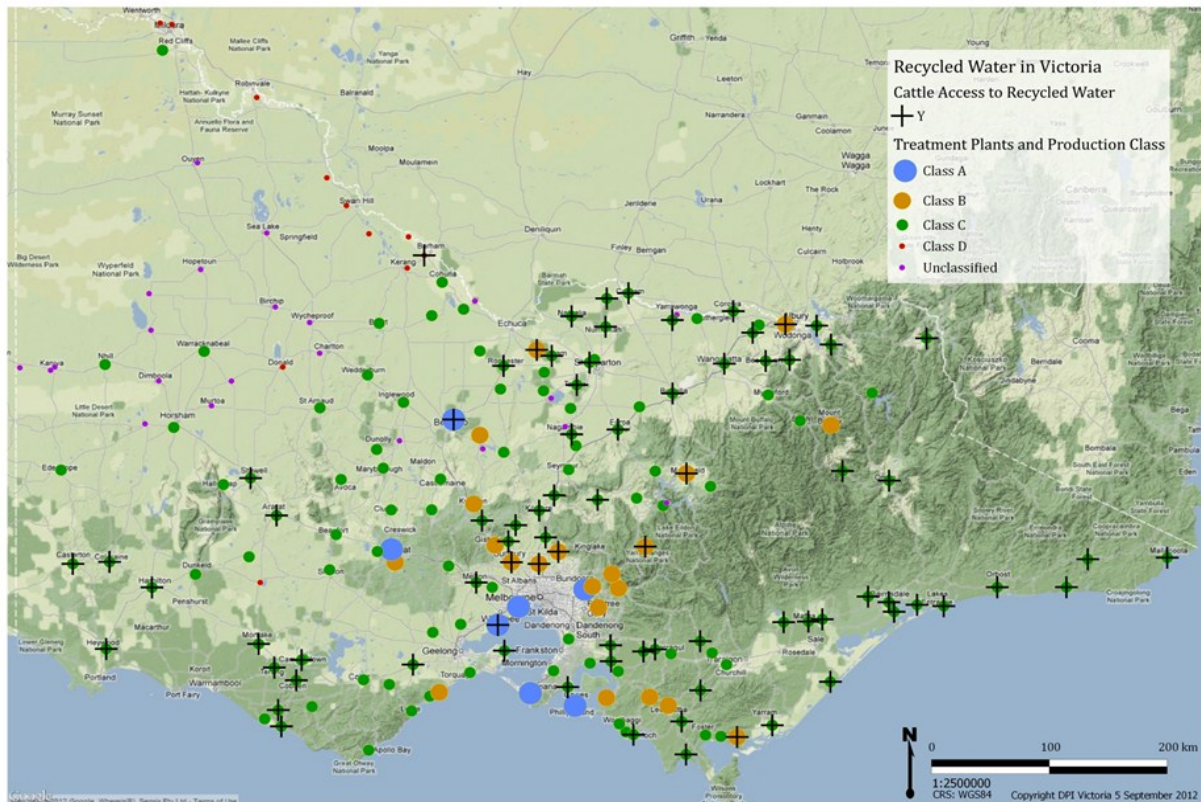


Figure 1 Recycled water in Victoria.