Vetboard Victoria newsletter
October 2019

The October 2019 issue of Vetboard Victoria's newsletter presents new President Ted Whittem's insights into the work of the Board, two case studies on snakebite, disease identification and notification information, and other general information and announcements.

CONTENTS

PRESIDENT'S MESSAGE

For my first quarterly newsletter report, at the beginning of my term as President, I will share with you some of what I have learnt about the Board and its functions that I was not aware of as a member of the profession.

The Board is formed by the *Veterinary Practice Act 1997*, which has been amended from time to time, with the objective of ensuring animal welfare and protecting the public by regulating veterinary practitioners.

The Seventh Board, under Professor Peter Mansell's leadership, initiated engagement with the Minister for Agriculture to update and amend the Act. There are a number of amendments to the Act in process, and the new Eighth Board is continuing with this engagement.

The Act gives the Board power to create Guidelines on appropriate standards of veterinary practice and veterinary facilities. Currently our draft new guidelines are open for public comment. You will have received an email requesting your input on these draft guidelines and you can make submissions by following the link provided here and in that email.

Board membership and staff

The Board has nine members appointed by the Governor in Council on the recommendation of the Minister for Agriculture. Six of the Board members are veterinary practitioners with differing professional backgrounds. The remaining three positions are held by public members who bring financial, legal and animal welfare expertise to the Board.

NEW SPECIALISTS IN VICTORIA

Congratulations to the five veterinary practitioners recently endorsed by the Board as specialists:

- Dr Helsa Teh, endorsed as a specialist in Small Animal Medicine on 2 October 2019
- Dr Hayley Volk, endorsed as a specialist in Veterinary Ophthalmology on 4 September 2019
- Dr Jamie Wearn, endorsed as a specialist in Large Animal Medicine on 1 July 2019.
- Dr Richard Ploeg, endorsed as a specialist in Veterinary Anatomical Pathology on 1 July 2019.
- Dr Lauren Lacorcia, re-registering as a specialist in Small Animal Medicine on 1 July 2019.

In addition to the nine Board members, there is also a pool of 12 "Approved Persons", again from a range of different professional backgrounds, that the Board can draw upon to fill vacant positions on hearing panels.

The work of the Board is supported by a staff of seven (approximately 5.2 full-time equivalents). I would like to take

President's message continues next page...

PRESIDENT'S MESSAGE CONTINUED

this opportunity to thank General Manager Dr Glenice Fox, and IT & Process Improvement Officer Bryce Tozer, who have recently resigned, for their dedicated service to the Board. I also wish to highlight to the profession that together with the other Board staff, Glenice and Bryce achieved major steps forward in modernising the processes of the legislatively-required registration and investigation activities.

The General Manager-& Registrar role has been temporarily filled, with Janet Hopkins taking the role for three months while we actively recruit for a permanent incumbent.

The Board's staff can be broadly described as having three functions: Communications and Registrations, Investigations, and Finance:

- The Communications and Registration team is usually your first contact with the Board. This is the friendly and helpful team that answers your calls and emails and works hard behind the scenes to continuously improve the quality of the Board's registration processes and public-facing communications, such as guideline documents, online forms and our website.
- Our Investigation team initially receives and reviews complaints made to the Board, and prepares them for preliminary evaluation by the Board. They also assist in any subsequent investigations and preparation of evidentiary briefs.
- The Board's budgeting and financial management is conducted by our Finance Manager.

Board staff report to the Board through the General Manager & Registrar.

Staff assist the Board to meet the Minister for Agriculture's performance expectations, which are set and reported on annually.

Complaints to the Board

Complaints about veterinary practitioners can be brought by any person including members of the public, veterinary practitioners, other government agencies. Investigation into the professional conduct of veterinary practitioners can also be instigated directly by the Board.

Prior to investigation, the Board validates that complaints relate to a veterinary practitioner's professional conduct or fitness to practise, or to a member of the public who is falsely representing themselves (or another non-vet) as a veterinary practitioner.

Initially, complaints are usually investigated by a panel of two Board members assisted by Board staff. Investigation of a complaint may take several months to complete, depending on the complexity of the complaint.

After an investigation is completed, the panel makes a recommendation to the Board about whether further action is required. The Board will then decide whether to accept the panel's recommendation, which may be that no further action is to be taken, or that a formal or informal hearing into the matter is required.

My major take-home message about this process is to highlight that after a veterinary practitioner is alerted to a complaint having been made, it can take several months before the Board is in a position to determine a pathway forward.

If the Board decides that a matter warrants a hearing, staff can provide guidance to the veterinary practitioner about the process and likely timeframes. Since taking the role of President, I have learned that the process of conducting an investigation and hearing into a matter can be quite drawn out; in some cases taking longer than a year. The outcome of a hearing is called a 'finding', which may range from no case to answer through to serious unprofessional conduct. The penalties applied by the Board for findings of unprofessional conduct are called 'determinations' and range from counselling through to suspension or cancellation of registration.

As determinations have the potential to seriously impact a veterinary practitioner's reputation, livelihood and welfare, the Board is dedicated to the principles of natural justice. We work with the veterinary practitioner to ensure they have the best opportunity to respond to any allegation. The Board understands that the process may be distressing and stressful for the veterinary practitioner. On this, I refer practitioners to the resources in the item in this newsletter titled, 'Support to assist with impact of complaints process'.

I have been astounded at the number of complaints received by the Board in the last two months. If this workload does not reduce, we will need to strategically plan for major changes in the Board's

approach to performing its regulatory functions, which would likely have cost implications for the Board.

With the help of Board staff, I aim to provide a report of retrospective data on the type and nature of complaints and their related findings and determinations.

Veterinary practitioners can then review their own practices and procedures in the light of those elements of our professional life which seem to be most problematic, from the point of view of the public.

By working together with the Board, the profession may be able to improve its public standing and reputation and decrease the costs, both personal and financial, of the complaints handling process.

Professor Ted Whittem
President, Eighth Veterinary Practitioners Registration Board of Victoria

CASE STUDIES ON COMPLAINTS: SNAKEBITE ENVENOMATION

With summer fast approaching, it seems timely to take a longer look at complaints involving the treatment of animals presenting with suspected snakebite.

Over the past 10 years, the Board has received complaints about the treatment of snakebite in dogs, cats and horses on a regular basis, and each year at least one of these complaints has progressed to an informal hearing. This was the case in the two examples which we explore in more detail below.

These complaints highlight the importance of clearly communicating with clients and the need to rapidly diagnose snakebite and provide life-saving treatment. In each of these cases, anti-venom was not administered.

Following initial assessment, the Board conducted a preliminary investigation of each case, assessing the complainant's information and the veterinary practitioner's response. Both matters were referred to informal hearings to establish whether the veterinary practitioners' clinical management of the animals may have been of a lesser standard than that which might reasonably expected of a veterinary practitioner by their peers and/or the public.

The first case

In the first case, an owner asked the veterinary practitioner to give the dog anti-venom because they had seen the dog fighting with a snake and suspected it had been bitten.

Examination confirmed that the dog's symptoms were consistent with snakebite. During the consultation, discussions between vet and owner broke down. The vet administered cortisone and antibiotics and advised the owner to take the dog to an emergency centre for further treatment. However, the owner took the dog home, believing that the dog had received adequate treatment.

A short time later, the dog's condition deteriorated rapidly, and the owner took the dog to another veterinary clinic, where anti-venom was administered. The dog's condition did not improve, and he died later that day.

The Informal Hearing Panel considered the allegation that, despite evidence from the owner and clinical examination results supporting a diagnosis of snakebite, the vet failed to administer anti-venom and/or treat for snake envenomation.

In this case the veterinary practitioner:

- admitted that they refused to administer anti-venom because they were unable to fully communicate their usual "standards of care" protocols to the dog's owner
- told the Panel that the clinic had stocks of anti-venom which would have been appropriate to administer for bites from snakes in the local area
- had observed that the dog was unable to stand or walk, and accepted that the dog had been bitten by a snake
- acknowledged that they allowed the dog to leave the clinic without appropriate treatment (anti-venom) and without clear directions on the need for further veterinary care, and
- admitted they knew the owner would take the dog home rather than to the emergency centre.

The Panel accepted that it was the vet's normal practice to have a conversation with the client including prognosis, treatment options and potential complications - in accordance with good veterinary practice. However, the Panel expressed the view that in this urgent circumstance adherence to standard

SNAKEBITE CASE STUDIES CONT.

protocols resulted in poor communication with the owner, to the dog's detriment.

The Panel held that it should have been apparent to the vet that the owner did not fully understand the seriousness of the dog's condition. It was incumbent on the vet to tell the owner in clear and stark terms that it was likely the dog would die if it did not receive immediate emergency treatment. Further, the Panel firmly expressed the view that cortisone and antibiotics were not appropriate or reasonable treatment for snake envenomation. The vet acknowledged that they had treated the dog both inappropriately and inadequately, and expressed considerable remorse for their actions.

Time was a crucial factor in this case. The dog did not receive potentially life-saving treatment due to the communication breakdown between the vet and the owner, contributed to by the inflexibility and inadequacy of the vet's communications.

The second case

In the second case, the owner found a dead snake in their yard and suspected their two dogs had been bitten. After speaking with the vet over the phone, the owner drove both dogs to the veterinary clinic for urgent treatment.

The vet examined both dogs and commenced diagnostic tests for snake envenomation. Although one of the dogs clearly had symptoms of snake envenomation, the vet did not administer anti-venom to the dog. This was despite receiving at least two requests to do so from the dog's owner. The dog's condition quickly deteriorated, and he died a short time later.

The Informal Hearing Panel considered the allegation that, that despite evidence from the owner and the dog's symptoms supporting a diagnosis of snakebite, the vet failed to administer anti-venom and/or treat for snakebite envenomation.

In this case the vet was the only practitioner on duty at the clinic.

One of the two dogs was unable to walk and had been carried into the clinic. This was the dog examined first. Clinical examination showed he had a low temperature (37.3° – 37.4°), slow pupillary light reflexes and was unusually quiet. A creatine kinase (CK) blood test was within the normal range.

While the vet was performing a CK test on the second dog, the owner alerted them that the first dog's condition had deteriorated markedly. The vet administered oxygen, but the dog died a short time later. The vet did not attempt to resuscitate the dog, believing that he would not have responded. In total, the dog had been at the clinic for approximately thirty minutes between presentation and death.

The veterinary practitioner agreed that:

- the owner had asked them to give this dog anti-venom on arrival but did not administer anti-venom because they had not yet made a definitive diagnosis and wanted to exclude other possible causes for the dog's symptoms such as ingestion of poison bait
- the high cost of the anti-venom was a factor in their decision not to administer it
- they were unaware that the first dog had been presented to the clinic twice in the previous twelve months for snake envenomation and that anti-venom had been administered on both occasions
- they should have looked at the clinical notes or asked the owner for further information about the dog's history but failed to do so on the night.

The Panel decided that the information presented to this vet at the time clearly indicated that the first dog had almost certainly been bitten by a snake. The Panel noted that the dog's symptoms were already well advanced when he was presented to the vet and this, together with the rapid decline in the dog's condition, suggested the dog may have received a significant amount of venom when bitten. As such, there was a high probability that the dog would not have survived even if anti-venom had been administered.

The Panel expressed the view that a more immediate and specific response should have been expected of the vet, based on the information available to them at the time and the owner's specific requests for anti-venom to be administered.

Similar to the first case, the Panel here considered that the veterinary practitioner had allowed their clinical diagnostic approach to divert their focus from the need for urgent and specific treatment for the most likely diagnosis – snake envenomation.

Given the likelihood of envenomation and the owner's consent to administration of anti-venom,

SNAKEBITE CASE STUDIES CONT.

the panel's view was that, even though the CK test result was in the normal range, it was unreasonable to delay time-critical treatment.

The Panel noted that the vet was relatively inexperienced, working under difficult circumstances and had no other colleagues to consult with because they were the only practitioner on duty that night. It was accepted that this may have contributed to errors of judgement in what was an emergency situation.

Findings

The Informal Hearing Panels found that in each of the above cases there had been unprofessional conduct by the veterinary practitioners, and the Panels determined that the veterinary practitioners should be counselled.

WHAT IS COUNSELLING?

Counselling is one of the determinations that may be made by a Hearing Panel after a finding of unprofessional conduct.

It is a formal process during which a veterinary practitioner is informed how their conduct failed to meet the minimum required standard and how that standard might be met in the future.

A Hearing Panel may counsel in any way it sees fit. Counselling may be verbal or written; it may be given immediately or within 28 days of the determination.

Counselling is permanently recorded on a veterinary practitioner's file and may be referred to in any future hearing or action taken by the Board.

Reflections

Common themes in these complaints are the highly emotional nature of the consultations and the need to rapidly diagnose envenomation and provide life-saving treatment.

This places conflicting demands on a practitioner, who must communicate clearly with the client while providing urgent treatment to the animal.

At all times, veterinary practitioners should prioritise the welfare of the animal and be prepared to take command of the situation.

Management of snakebite cases is complex, and clear communications are essential to avoid misunderstanding. Clients in such cases often have to make time-critical decisions when highly stressed.

Emergency situations such as these can be intensely difficult for all involved. Clients may be very emotional and unable to take in information or fully comprehend the gravity of the situation.

People take time to process complex information, so it may assist to give the client pre-prepared material to read while the practitioner is performing diagnostics and administering first aid. This may help them make an informed decision about the care of their animal. As well as covering diagnosis, treatment and prognosis, such material could include an estimate of costs, the level of care which can be provided, availability of after-hours care, and referral options for intensive treatment and monitoring.

Practitioners may be cautious about proceeding with treatment because of the high cost of anti-venom, and the unpredictable outcome of treatment for snakebite. Clients who better understand the decision-making process faced by a practitioner are less likely to feel aggrieved at an adverse outcome.

On costs, vets should not withhold information about high cost treatments on the assumption that their client cannot pay for the treatment. Vets should provide estimates to clients at the outset of diagnostics and treatment, and regularly update them. Costs can rapidly escalate in cases which need intensive ongoing management.

Veterinary practitioners who practise in areas where snakebite is a common occurrence should have a very clear process for clinical management of cases, including record keeping. Stages in the process should include first aid, diagnostics, access to anti-venom and the ability to provide ongoing care to a patient. Alternatives to treatment (such as euthanasia) should be considered and discussed with the client.

Veterinary practitioners who are new to an area should make themselves aware of the possibility of snake envenomation, the types of snakes likely to be involved, clinical presentation and the process they should follow to diagnose and manage animals affected by snakebite. Second opinions should be considered where a diagnosis cannot be made or where an animal is not responding to treatment as expected. Again, an ongoing dialogue between the client and the practitioner responsible for the patient's management is an essential part of this process.

Further reading: 'Addressing client expectations with good communications' in Vetboard Victoria Newsletter March 2019.

Disease identification and notification is the focus of news in this issue from Agriculture Victoria and the Commonwealth Department of Agriculture.

ANIMAL DISEASE NOTIFICATION NOW EASIER WITH *NOTIFY NOW* SMARTPHONE APP

Victorian Agriculture Minister Jaclyn Symes has launched a new animal disease notification app developed by Agriculture Victoria, **Notify Now**.

At launch, Ms Symes advised that notifying authorities of the presence or suspicion of animal disease is an important element of biosecurity in Victoria. Reports to Agriculture Victoria from vets, laboratories and animal owners help to identify disease incursions, and are also used to monitor disease trends and guide animal health policy.

Notify Now is a free app available to download to smart phones from the App Store and Google Play. The app makes it easier to submit disease notifications and is quicker than the current paper-based notification method. Veterinary practitioners and other users can use the app to send high quality geo-located photos of affected animals, with owner details and Property Identification Codes, directly to Agriculture Victoria.

While the app is primarily for vets, it can also be used by animal owners, primary producers, livestock agents and other people who work with animals.

Timely and accurate reporting of notifiable diseases in **all animal species** (not just livestock) can help minimise losses to individuals, animal industries, the environment, and the State of Victoria.

Notifiable diseases are defined under the *Livestock Disease Control Act* (1994). The list includes serious endemic diseases such as anthrax as well as exotic diseases such as African swine fever, bluetongue virus, and foot and mouth disease. For some of these diseases, Agriculture Victoria must be notified immediately, others within 12 hours or within seven days. View more information on notifiable diseases at agriculture.vic.gov.au/notifiable-diseases.

⇓ **Download the app from the App Store or Google Play, search for 'Notify Now'.**

AGVIC NEWS IN YOUR INBOX

As a veterinary practitioner registered in Victoria, from time to time you will receive emails from the Board containing important news from Agriculture Victoria. Information that we will forward to you includes:

- **Biosecurity Advisory Notes**, advising significant but not urgent situations – see the Biosecurity Advisory on the outbreak of African Swine Fever in Timor Leste published in this newsletter.
- **Biosecurity Alerts**, issued where there is a really urgent need for vets to be engaged or involved in an unfolding animal health issue e.g. if an exotic animal disease was diagnosed in Victoria.
- VetWatch newsletter, containing messages from the Chief Veterinary Officer's Unit, current surveillance data, results of interesting disease investigations and AgVic research projects, and links to international disease information of relevance to local vets. The newsletter covers all animal species including wildlife.

AGVIC NUMBERS & LINKS

General information and contacts

- www.agriculture.vic.gov.au
- Customer service line 136 186
- Disease Watch Hotline 1800 675 888 to report suspected emergency diseases, 24 hours a day, 7 days a week (staffed by vets)
- Email queries about laws or policy to animal.biosecurity@ecodev.vic.gov.au

Talk to local animal health staff

Call 136 186 to be put in touch with AgVic Veterinary Officers and Animal Health Officers located throughout Victoria.

Antimicrobial resistance and stewardship

www.agriculture.vic.gov.au/amr - includes background science, refresher videos, and prescribing guidelines.

NEW FIELD GUIDE FOR VETS ON EMERGENCY DISEASES

The Commonwealth Department of Agriculture and the CSIRO's Australian Animal Health Laboratory has developed a new resource for vets on how to identify emergency animal diseases, now available on the National pest and disease outbreaks website.

The guide helps vets to identify important emergency animal diseases in the field.

The guide includes appropriate differential diagnoses and necessary actions to take if presented with signs of an unusual disease. Vets are on the front line for exotic animal diseases and this resource strengthens their toolkit for early identification and reporting – critical to minimising the harm posed by these diseases.

Funds for this field guide were allocated as a result of the *Australian Government's Agricultural Competitiveness White Paper, the government's plan for stronger farmers and a stronger economy.*

View Emergency animal diseases – A field guide for Australian veterinarians at https://www.outbreak.gov.au/for-vets-and-scientists/emergency-animal-diseases-guide.

AGRICULTURE VICTORIA BIOSECURITY ADVISORY: AFRICAN SWINE FEVER SPREADING ACROSS ASIA

African swine fever is a highly contagious viral disease of pigs that is continuing to rapidly spread from foci in eastern Europe and across Asia. Humans are not susceptible to African Swine Fever.

Most recently, African Swine Fever was confirmed in the Dili Municipality of Timor-Leste (or East Timor), approximately 650 kilometres north-west of Darwin across the Timor sea. This is a significant development because it represents the closest outbreak of this exotic disease to Australia since the first Asian diagnosis in China in August 2018.

The situation in affected areas is challenging for the local veterinary authorities and further international spread, including potentially to Australia, is possible.

Veterinarians who suspect African Swine Fever in pigs must report it immediately by either:

- contacting a local District or Regional Veterinary Officer, or
- ringing the all-hours Emergency Animal Disease Watch Hotline on 1800 675 888 (this number is also on the **Notify Now** smart phone app downloadable from the App Store or Google Play).

The disease

African Swine Fever has a complex epidemiology and can affect domestic and feral pigs of all ages, with clinical signs of fever, 'blotching' of the skin, incoordination, diarrhoea and pneumonia. Mortality rates are often very high. The gross lesions of African Swine Fever are highly variable and are affected by the virulence of the isolate and the course of the disease.

There are no treatments or vaccines available.

Pigs usually become infected through direct contact with infected pigs, fomites (contaminated vehicles, equipment or clothing) or through ingestion of material such as pig meat or pig products that contain the virus.

The virus survives for long periods under most environmental conditions and at a wide range of pH levels. It is not inactivated by freezing and thawing and is resistant to most commercially available disinfectants. Biting flies and ticks can also aid spread to susceptible animals.

Diagnostic samples required from suspect cases:

- Blood from live animals (plain and in EDTA anticoagulant).
- Samples of tonsils, spleen, lymph nodes (gastrohepatic, mesenteric), lung, kidney, liver and ileum collected aseptically at post-mortem and forwarded unpreserved.

International situation

African Swine Fever is present in most countries of sub-Saharan Africa and in areas of eastern Europe. In August 2018, China – the world's largest pork producing country, reported an outbreak of African Swine Fever. Investigators estimated that the virus had been circulating in that country since March 2018. Since that time, the virus has been confirmed in Vietnam, Laos, Myanmar, North Korea, South Korea, Mongolia, the Philippines, Cambodia and now Timor-Leste. An estimated one-quarter of pigs globally have died or been slaughtered as a direct result of African Swine Fever.

AFRICAN SWINE FEVER BIOSECURITY ADVISORY CONT.

Risk to Australia

To date, there have been no recorded outbreaks of African Swine Fever in Australia.

The Federal Government has reviewed Australia's current biosecurity processes and possible disease introduction pathways and has tightened already strict import and border security conditions.

What is being done in Victoria?

Agriculture Victoria is working closely with the pork industry to review our level of African Swine Fever preparedness and escalate activity, particularly around communications to:

- veterinary practitioners so they are aware of the situation
- pig producers so that they do not feed swill to their pigs, can recognise and report disease if they see it and can implement stringent biosecurity on their properties
- pig hunters so that they report diseased or dead feral pigs if they see them.

AgVic is also working with industry to develop workable movement restrictions and surveillance programs for use before and, if required, during and after an outbreak. AgVic is also developing the policies, IT tools, rapid diagnostic tests and operational plans needed in the case of an outbreak.

What can vets do to help?

1. Familiarise yourself with the clinical signs of African swine fever. Know what samples to collect to diagnose the disease, and make sure you know how to report suspected cases.
2. Ensure that your pig-owning clients are aware of, and comply with, swill feeding legislation.
3. Help your pig-owning clients to put in place effective biosecurity protocols to protect their herds.

Pig with African swine fever showing redness on its ears. Source: afrivip.org

More information on African Swine Fever

- **NEW** Emergency Animal Diseases: A field guide for Australian veterinarians www.outbreak.gov.au/sites/default/files/documents/ead-field-guide.pdf
- AgVic info on African Swine Fever http://agriculture.vic.gov.au/agriculture/pests-diseases-and-weeds/animal-diseases/pigs/african-swine-fever
- AgVic biosecurity guidelines for pig producers http://agriculture.vic.gov.au/agriculture/livestock/pigs/pig-health-and-welfare/biosecurity-guidelines-for-pig-producers

International info on African Swine Fever

- Centre for Food Security and Public Health factsheet, 2015. 'African swine fever' http://www.cfsph.iastate.edu/Factsheets/pdfs/african_swine_fever.pdf
- Food and Agriculture Organisation of the United Nations African Swine Fever website http://www.fao.org/ag/againfo/programmes/en/empres/ASF/index.html

ARE YOUR CONTACT DETAILS UP TO DATE?

Vetboard Victoria needs your residential address, email address and mobile number so we can confirm you are entitled to be registered in Victoria and contact you about confidential matters as required. We keep this information confidential unless you choose to publish it as part of your practice address.

Under section 19 of the *Veterinary Practice Act 1997*, you must notify us of a change of address within 28 days of that change.

Sign into the VetConsole to check:

- ☑ Is your residential address on the VetConsole?
- ☑ Is your email address up to date?
- ☑ Is your mobile number correct?

CONSULTATION ON REVISED BOARD GUIDELINES STILL OPEN

Vetboard Victoria is seeking your feedback on the Board's revised guidelines about appropriate standards of veterinary practice and veterinary facilities.

The guidelines are used by the Board to help decide if a practitioner's conduct has been unprofessional.

All veterinary practitioners practising in Victoria are expected to be familiar with the guidelines. This includes veterinary practitioners with interstate registration who are deemed to be registered in Victoria under national recognition of veterinary registration.

The objective of the Board's review of the guidelines is to ensure they reflect contemporary expectations both of veterinary service users and the veterinary profession. The guidelines should also be accessible, practical, relevant and easy to understand; and should meet legislative requirements.

We are seeking feedback from all stakeholders, including veterinary practitioners, employers and veterinary practice owners, pet owners and livestock producers, animal welfare organisations and the general public, on the following two documents:

- Revised 'Guidelines of the Veterinary Practitioners Registration Board of Victoria', containing 23 Guidelines starting with 'Guideline 1 - Basic Principles of Professional Conduct'.
- New 'Guidelines in context: a practical guide to professional conduct', containing explanatory notes and some FAQs based on questions that practitioners commonly ask the Board.

View the proposed guidelines and find out how to give feedback at https://www.vetboard.vic.gov.au/VPRBV/2019_Guidelines_Review.aspx

Questions about the proposed guidelines can be directed to guidelines@vetboard.vic.gov.au

IMPORTANT CHANGES TO *DOMESTIC ANIMALS REGULATIONS 2015*

On 3 June 2019, the Victorian Government amended the *Domestic Animals Regulations 2015* through the *Domestic Animals Amendment Regulations 2019*, to implement the Pet Exchange Register which will improve the traceability of dogs and cats in Victoria.

Changes affecting veterinary practitioners effective from 1 July 2019

The two amendments summarised below directly affect veterinary practitioners and authorised microchip implanters:

1. Prescribed identifying information

Effective from 1 July 2020, microchip implanters, including veterinary practitioners are required to obtain the source number of the breeder of any cat or dog for inclusion on a microchip record. If the breeder of the dog or cat cannot be identified, the source number of the council pound, animal shelter, pet shop or foster carer or any other person that owns the dog or cat must be included on the microchip.

Microchip registries will update their microchip registration forms to ensure the source number is captured by vets and microchip implanters when implanting a microchip into a cat or dog.

2. Removing permanent identification devices

It is still an offence to remove a microchip from a cat or dog unless a veterinary practitioner reasonably considers the removal to be necessary for therapeutic reasons.

The amended regulations now also allow a vet to remove a microchip if ordered by a court.

Download complete version of updated regulations at www.legislation.vic.gov.au > Victorian Law Today > *Domestic Animals Regulations 2015*

View report of feedback received from stakeholders https://engage.vic.gov.au/domestic-animals-regulations-amendment-2019

More about the Pet Exchange Register (PER)

As advised in the June 2019 issue of Vetboard Victoria's newsletter, from 1 July 2019 it became an offence to advertise a dog or cat without a microchip number and PER source number. This offence would apply to both the advertiser and the publisher of a non-compliant advertisement.

CHANGES TO DOMESTIC ANIMALS REGS CONT.

Veterinary practitioners play a vital role in promoting responsible dog and cat breeding, and can support the Pet Exchange Register by:

- advising people who sell or rehome animals to register on the Pet Exchange Register and quote their source number alongside the microchip number on all dog or cat adverts, and
- encouraging anyone who is choosing a new pet to check the validity of the advertiser by searching for the quoted source number on the Pet Exchange Register.

View more information about the Pet Exchange Register at http://animalwelfare.vic.gov.au.

Request flyers and other promotional materials by emailing per@ecodev.vic.gov.au.

SUPPORT TO ASSIST WITH IMPACT OF COMPLAINTS PROCESS

The Australian Health Practitioners Regulation Agency (AHPRA) has recently published videos and written resources as part of its work to minimise the potentially adverse impact of its complaint handling process on health practitioners.

One video produced by AHPRA is 'A notification was made about me: A practitioner's experience' (YouTube). This is an honest, first-hand account of a health practitioner's experience of what it is like to be the subject of a notification to AHPRA. In particular, the practitioner reflects that she wishes she had reached out for help sooner.

The information in this video and related AHPRA resources may also be useful to veterinary practitioners who are asked to respond to a complaint by Vetboard Victoria.

Getting support early is important for any practitioner going through a complaints process. Many practitioners find these processes very stressful and a good support network is essential.

The Board encourages practitioners to explore and call on resources for support, and has provided some useful links below.

USEFUL SUPPORT RESOURCES

- AHPRA resources for health practitioners with useful insights for all professionals
- AVA telephone counselling service
- Lifeline Australia
- SANE Australia

FAQS FROM VETERINARY PRACTITIONERS

Do I need a radiation licence to take X-rays in Victoria?

Yes. A use licence is required to operate and use radiation sources/units within Victoria, including veterinary general X-ray units, veterinary fluoroscopic X-ray units, veterinary computed tomography X-ray units and/or unsealed radioactive material used in veterinary nuclear medicine.

Holders of use licences must also comply with the Code of Practice for Radiation Protection in Veterinary Medicine (2009).

Obtain a use licence from the Victorian Department of Health and Human Services at https://www2.health.vic.gov.au/public-health/radiation/licensing/use-licences-employees/sector-specific-information/veterinary/surgeons

Can I do less CPD if I work part time, am taking leave from veterinary practice, or am retired but still have general registration?

No. All veterinary practitioners with general registration must complete the same amount of Continuing Professional Development (CPD) regardless of how many hours they are practising.

Arguably, if you are not practising full-time, you may want to do more than the minimum CPD recommended in the Board's Guidelines to keep up your competencies in veterinary medicine or surgery.

See Vetboard Victoria Guideline 13 – Continuing Professional Development at https://www.vetboard.vic.gov.au/VPRBV/Vets/Guidelines/VPRBV/Guidelines.aspx

VETERINARY PRACTITIONERS REMOVED FROM VICTORIAN REGISTER

The names of the following veterinary practitioners were removed from the Register of Veterinary Practitioners after renewal closed on 31 July 2019.

Dr Huay Min June Ang [V8730]

Dr Jordan Ashby [V9069]

Dr Carley Bennett [V9164]

Dr James Brady [V9101]

Dr Alexandra Carey [V9038]

Dr Adelina Chan [V8061]

Dr Tammy Chan [V8213]

Dr Ashley Child [V8600]

Dr Brianna Clark [V8879]

Dr Roger Clarke [V502]

Dr Jacob Devery [V9052]

Dr Liam Donaldson [V8448]

Dr Alison Elias [V9131]

Dr Gareth Enslin [V8612]

Dr Tahli Foster [V8234]

Dr Sudharma Gamage [V4514]

Dr Jennifer Garner [V3665]

Dr Anthony Gedye [V1723]

Dr Deborah Grice [V1096]

Dr Jasmine Hammond [V8536]

Dr Elizabeth Hancock [V5731]

Dr Michael Harrington [V8883]

Dr Gemma Hay [V8959]

Dr Geoffrey Hazard [V453]

Dr Theodorus Holtzhausen [V8677]

Dr Kat Irving [V9042]

Dr Megan Jolly [V9262]

Dr Alicia Kirkby [V5955]

Dr Martin Labuschagne [V9214]

Dr Christopher Lam [V8559]

Dr Hannah Landry [V9156]

Dr Matthias Le Chevoir [V5976]

Dr Richard LeCouteur [V9168]

Dr Adele Lee [V9128]

Dr Xiaojia Lee [V6236]

Dr Akaru Likhitwatanachai [V6166]

REMIND YOUR COLLEAGUES AND EMPLOYEES WHO HAVE RELOCATED FROM OTHER STATES TO REGISTER IN VICTORIA:

Application deadlines:

- Current registration in Queensland, South Australia or Western Australia: **apply before 20 November 2019** to be registered in Victoria before 1 January 2020.
- Current registration in the ACT, Northern Territory, New South Wales and Tasmania: **apply before mid-May 2020** to be registered in Victoria before 1 July 2020

Application forms: General registration

Dr Kristen Lloyd [V8317]

Dr Ching Luk [V9212]

Dr Alexander MacLeod [V6226]

Dr Alex Mau [V9016]

Dr Malcolm McGrath [V9272]

Dr Ruth Melbourne [V8900]

Dr Paul Mennick [V9198]

Dr Mirinoa Morgan [V5424]

Dr Alexandra Nefedova [V5187]

Dr Richard Nemec [V357]

Dr Cait Ni Thuama [V9176]

Dr Eoghan O'Connor [V9136]

Dr Shara Peggrem [V9180]

Dr Lachlan Pollock [V9350]

Dr Stefanie Ramsey [V9331]

Dr Ian Robertson [V1266]

Dr David Romp [V9288]

Dr Andrew Russo [V8252]

Dr Susan Salter [V8387]

Dr Sean Sanders [V9178]

Dr Benjamin Schmidt [V8596]

Dr Erica Schmidt [V8621]

Dr Amber Shaw [V8758]

Dr Alastair Stott [V2037]

Dr Priya Streram [V5768]

PRACTITIONERS REMOVED FROM REGISTER CONT.

Dr Joey Theo [V9152]

Dr Camilla Thomas [V9134]

Dr Joanne Titcomb [V9287]

Dr Anita Tolpinrud [V8655]

Dr Enn Tonuma [V458]

Dr Natasha Usherwood [V8147]

Dr Peter Verhoef [V1358]

Dr Ronald Wells [V532]

Dr Jeanette White [V3267]

Dr Anna Wong [V8844]

Dr Kate Worthing [V9090]