



VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

Board Update – March 2018

President's message

The first quarter of the year has passed quickly, and the Easter break is upon us. The Board wishes all a restful break, especially those veterinary practitioners who have treated the many animals injured in recent bushfires in Victoria's south west.

In early March, Board members held a full-day strategy workshop to discuss the Board's 2018-2019 work plans. At the meeting, the Board discussed resourcing and set priorities and delivery dates for work being undertaken by Board committees and staff to fulfil Board functions and meet Minister for Agriculture the Hon Jaala Pulford's Statement of Expectations for the Board.

The Board recently approved changes to Board *Guideline 6 Supply and use of drugs*. When the Board consulted veterinary practitioners about the changes, it became apparent to the Board that it may be common practice among veterinary practitioners to supply scheduled drugs solely based on another practitioner's prescription. The Board takes this opportunity to remind veterinary practitioners that they must comply with Regulation 38 of the *Drugs, Poisons and Controlled Substances Regulations 2017*. Regulation 38 requires sale or supply to be for the treatment of an animal under the veterinary practitioner's care, and only if the veterinary practitioner has taken all reasonable steps to establish a therapeutic need. An article in this issue includes guidance on how to establish therapeutic need. Another article addresses queries about donating and disposing of expired drugs.

The two case studies in this newsletter emphasise the importance of giving animal owners options for the care of a patient. Further, where owners decline measures suggested to relieve an animal's suffering, the Board expects veterinary practitioners to refer such matters to the relevant authority, e.g. the RSPCA.

Speaking of the RSPCA, the Board acknowledges with sadness the death of Dr Hugh Wirth AM, who was President of RSPCA Victoria for 43 years. Dr Wirth demonstrated a tireless and passionate dedication to the welfare of animals in his public roles and his private practice. Vale Hugh Wirth.

This issue's contribution from Agriculture Victoria introduces presentations on antimicrobial resistance and antimicrobial stewardship from the University of Melbourne's Professor Glenn Browning.

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President's message continued...

On registration matters, veterinary practitioners in Victoria will be able to renew their registration online from mid-May to 30 June 2018. Late registration in July will attract a fee. The Board expects to finalise the fee schedule for the 2018-2019 registration year in April 2018. A fee increase in line with CPI is anticipated.

In this issue we also discuss the registration of veterinary practitioners from other States who are working in Victoria. In brief, vets who have relocated to Victoria need to register here within set timeframes. Vets who are visiting temporarily and are registered in another State or Territory can use their existing registration to practise in Victoria for brief periods.

Peter Mansell

President

Save the date

- The Board's VetConsole will open for registration renewal in **mid-May**
- Your colleagues who have relocated from the ACT, NT, NSW and Tasmania must apply for Victorian registration before **16 May 2018**.



Revised Board Guideline 6 - Supply and use of drugs

The Board recently asked Victorian veterinary practitioners for their feedback on draft revisions to Board Guideline 6 – *Supply and use of drugs*.

The main change proposed by the Board was a new section on provision of prescriptions (6.4). This change was prompted by enquiries to the Board from practitioners and the public about a practitioner's obligation to provide a written prescription on request.

Of the 383 responses to the Board's call for feedback, 65% of respondents supported the revised Guideline.

The Board subsequently approved Guideline 6.4, which is [now published with other Guidelines on the Board's website](#).

Legal requirements

Some veterinary practitioners who gave feedback noted and queried section 6.4.5 of the Guideline:

Under regulation 38 of the *Drugs, Poisons and Controlled Substances Regulations 2017*, veterinary practitioners may not supply scheduled drugs based solely on another practitioner's prescription. Only registered pharmacists may supply scheduled drugs based solely on a prescription.

Respondents to the Board held the view that supplying drugs based solely on another practitioner's prescription was a well-established practice, for example when holiday-makers run out of their animal's medication or other clinics have no stocks of the required drug.

The Board was concerned to learn that supply in such circumstances is considered a well-established practice, as it suggests that some veterinary practitioners may not be aware of their obligations under *Drugs, Poisons and Controlled Substances Regulations 2017* (and previous 2006 regulations).

Regulation 38 says:

A veterinary practitioner must not sell or supply a Schedule 4, Schedule 8 or Schedule 9 poison unless:

- a) that sale or supply is for treatment of an animal under the veterinary practitioner's care; and

- b) the animal is owned by, or is in the custody or care of, the person to whom the poison is sold or supplied; and
- c) the veterinary practitioner has *taken all reasonable steps to establish a therapeutic need for that poison*; and
- d) if the poison is a drug of dependence, Schedule 8 poison or Schedule 9 poison, the veterinary practitioner has taken all reasonable steps to ascertain the identity of the person who owns or has custody or care of the animal for whose treatment the poison is sold or supplied; and
- e) in the case of a Schedule 9 poison, the veterinary practitioner holds a general Schedule 9 permit that authorises that sale or supply.

Failure to comply with this regulation is subject to 100 penalty units. The current value of a penalty unit is \$158.57 (as at 1 July 2017).

Establishing therapeutic need

The Drugs and Poisons Regulation (DPR) Office of the Victorian Department of Health has issued guidance for health practitioners on how to establish therapeutic need in human and animal patients.

DPR Guidance on therapeutic need

Practitioners are generally required to take "all reasonable steps" to ensure that a therapeutic need exists before they prescribe or otherwise authorise treatment. To satisfy this requirement, the following would need to be taken into account by a veterinary practitioner:

With respect to the person who requests the substance or the animal for which it is proposed to prescribe or supply the substance –

- the medical history of the animal
- the medication history of the animal
- the presenting symptoms or described condition
- any signs or knowledge of misuse or abuse of medicines or illicit drugs by the person requesting the substance.

With respect to the substance requested, or that is to be prescribed (or supplied) –

- its suitability for the treatment of the presenting symptoms or described condition

- its potential for misuse or abuse
- the quantity to be prescribed (or supplied)

When an animal is known to the practitioner and the therapeutic need has been previously established, very little effort may be required in taking 'all reasonable steps' to ensure a therapeutic need exists.

However, for an unfamiliar animal a more thorough effort might be required to satisfy this requirement.

In these and other circumstances, 'all reasonable steps' might include:

- examining the animal
- confirming the person's claims by contacting previous treating practitioners
- confirming the authenticity of reference letters or diagnostic tests provided in relation to the animal
- arranging for diagnostic tests (where applicable) to justify initial or ongoing treatment.

[Download DPR information sheet here.](#)

While this publication is directed at medical practitioners in relation to their human patients, the general principles are transferable to veterinary practice.

The Board expects veterinary practitioners to comply with Regulation 38 of the *Drugs, Poisons and Controlled Substances Regulations 2017*.

Practitioners should *not* supply scheduled drugs based solely on another practitioner's prescription.

Key resources for vets

Victorian veterinary practitioners should familiarise themselves with *Drugs, Poisons and Controlled Substances* legislation:

- [Key responsibilities for health practitioners](#)
- [Veterinary practitioners – key legislative requirements in Victoria](#)

Office of Drugs & Poisons Regulation:

1300 364 545

dpcs@dhhs.vic.gov.au



University of Melbourne on antimicrobial resistance and stewardship

From Agriculture Victoria

The University of Melbourne, the [Asia-Pacific Centre for Animal Health](#) and the [National Centre for Antimicrobial Stewardship](#) recently collaborated with Agriculture Victoria to produce online information on antimicrobial resistance and antimicrobial stewardship, including prescribing guidelines for multiple species. The Department thanks these organisations for their essential contributions.



Professor Glenn Browning, University of Melbourne

Presentations from Professor Glenn Browning

Head of the Department of Veterinary Biosciences in the Faculty of Veterinary and Agricultural Sciences at the University of Melbourne, Professor Glenn Browning is a veterinary microbiologist whose research interests include the molecular pathogenesis and epidemiology of bacterial and viral pathogens of animals, the development of novel vaccines and diagnostic assays to assist in control of infectious diseases, and antimicrobial stewardship in veterinary medicine.

Professor Browning has worked with Agriculture Victoria to produce presentations covering:

- when and why we use antimicrobial drugs in veterinary medicine
- pharmacokinetic and pharmacodynamic factors that influence the usage of antimicrobials
- how resistance arises in bacteria and how we can limit the development of that resistance
- how we can introduce antimicrobial stewardship into veterinary practice to limit the development of anti-microbial resistance.

Key messages from Professor Browning

In his presentations, Professor Browning advises, 'if there is no progress after 48 hours, therapy, diagnosis and all treatments should be reassessed. As a general rule, therapy should continue for 48 hours beyond clinical or microbiological resolution'.

Professor Browning cautions, 'using antimicrobials for surgical prophylaxis is not generally recommended unless it can be justified, e.g. before intestinal surgery; and should never be used as a substitute for poor aseptic technique. Routine clean surgeries such as ovariectomies do not require antimicrobial prophylaxis'.

Professor Browning concludes, 'vets need to be cautious that easier dosage regimens are not driving our choice of antimicrobial drug,' and that we should 'use vaccines and other management procedures that replace our reliance on antimicrobial therapy for controlling infectious disease' and implement measures in veterinary practice to ensure good antimicrobial stewardship.

View presentations and other information

Agriculture Victoria invites all veterinary practitioners in Victoria to:

- [View Professor Browning's presentations](#)
- [Download and consult evidence-based prescribing guidelines](#)
- [Read key information on how veterinarians can fight antimicrobial resistance](#) including principles of appropriate use of antimicrobials, the 5Rs and a framework for antimicrobial stewardship practice.
- Email orders for magnets with key messages and other educational materials to animal.biosecurity@ecodev.vic.gov.au

Donation and disposal of expired scheduled drugs

Veterinary practitioners have asked the Board if it is legal to provide out-of-date medications to people for use by overseas animal charities.

Under *Drugs, Poisons and Controlled Substances Regulations 2017*, registered veterinary practitioners are authorised to supply scheduled drugs for the veterinary treatment of animals under their care and where reasonable steps have been taken to establish a therapeutic need.

If the animals in question are not under your care and you have not established a therapeutic need, supplying drugs for use by third party overseas animal charities may otherwise be considered to be wholesaling - which would be unlawful unless you had a wholesale licence.

For more information, see the article in this newsletter on [Board Guideline 6 – Supply and use of drugs](#).

Disposal of expired medicines

Return expired medicines to your local pharmacy for disposal via the free [Return Unwanted Medicines \(RUM\) program](#).



RUM is a national program funded by the Commonwealth Government to address the safe disposal of medicines -part of the Federal [Quality Use of Medicines](#) objective.



Case study 1 – Failure to give options for care

Summary

An aged dog was presented to Dr F because the dog had not eaten in four days. Clinical examination revealed the dog to be emaciated and weak. The dog was treated with penicillin, cortisone and vitamin B12 to stimulate her appetite so that she might recover some strength. The dog died two days later.

The Board's Preliminary Investigation Panel considered that the conduct of Dr F may have been of a lesser standard than that which might reasonably be expected of a veterinary practitioner by their peers and/or the public, and the Panel referred the matter to an informal hearing.

At the informal hearing it was alleged that Dr F failed to inform the dog's owner of options for further care.

The Informal Hearing Panel found Dr F to have engaged in unprofessional conduct, and the Panel determined that Dr F be reprimanded.

A reprimand is a formal notification in the strongest terms to a registered veterinary practitioner that they have acted in an unprofessional manner in their conduct as a veterinary practitioner.

It signals that the registered veterinary practitioner has irrevocably jeopardised his or her standing in the profession, and/or has jeopardised the standing of the profession as a whole in the eyes of the public.

It is a permanent blot on the registered veterinary practitioner's record and will be referred to in any future Hearing or action taken by the Board.

A reprimand may also be recorded on any future request for a Letter of Professional Standing to another veterinary registration authority, whether in Australia or overseas, if that authority requests such information.

Reasons for finding and determination

The dog was initially presented as a six-year-old dog. However, Dr F judged her to be much older and the owner conceded in evidence that she *was* older. The dog's exact age could not be determined, but it is likely that she was somewhere between 13 and 16 years of age.

The dog was presented to Dr F in a collapsed and emaciated state. Clinical examination revealed her to be extremely weak and unable to stand without assistance. Her abdomen was shrunken but no abnormalities were palpable. In response to the owner's concern that the dog had a foreign body lodged in her throat, Dr F noted no visible or palpable abnormalities of the mouth and/or throat.

In written evidence to the Board and in discussion with the Panel, Dr F advised that it was their understanding that the owner wished to have the dog treated. For this reason, Dr F did not offer euthanasia despite it being their opinion that euthanasia was a reasonable option given the dog's condition. Dr F advised the Panel that they did not wish to distress the dog's owner by discussing euthanasia after it became apparent that the owner wished the dog to recover.

In discussion with the Panel, Dr F further advised that they considered the dog's prognosis to be grave and did not expect her to survive for more than a few hours or days. Despite this opinion, Dr F did not discuss the poor prognosis or its implications with the owner. Again, Dr F cited a desire not to cause further distress to the owner.

The Panel was concerned that, given the dog's presentation and Dr F's opinion of a poor prognosis, Dr F did not offer other options for care including hospitalisation, diagnostic investigations, or euthanasia.

While these options may have been declined by the owner (or may not have been pursued due to financial constraints), the Panel maintains that such options should have been explained so the owner could make an informed decision about the

dog's care. The Panel considered that, because Dr F had not informed the owner of reasonable options for care, the decision as to how to treat the dog had been made without appropriate reference to the owner.

While the Panel acknowledged Dr F's desire not to cause distress to the dog's owner, a veterinary practitioner's priority must be the welfare of the animal. The Panel considered that conservative treatment was not a reasonable option nor in the dog's best interests - given the likelihood the dog was in distress due to her condition.

The Panel considered that Dr F's failure to recommend either further veterinary care or euthanasia despite evaluating the dog as severely debilitated was both inadequate and a serious misjudgement - which likely resulted in the dog undergoing ongoing suffering.

The Panel reminded Dr F in the strongest terms of the obligation to the welfare of the animal.

Reflections

The welfare of an animal must be a veterinary practitioner's priority.

If a practitioner judges that an animal is suffering, they must give the owner options for relieving the animal's suffering as a matter of urgency and in direct terms.

If an owner declines measures to relieve an animal's suffering (including euthanasia), the Board expects the veterinary practitioner to refer the matter to the relevant authority, e.g. the RSPCA.

A person whose omission results in (or is likely to result in) unreasonable pain and suffering to an animal may be subject to prosecution under the *Prevention of Cruelty to Animals Act 1986*.



Case study 2 - Reporting perceived risk to the health and welfare of an animal

Summary

A pregnant dog was presented to a veterinary hospital after being referred from another clinic where she had presented weak and recumbent.

Clinical examination and diagnostic investigation revealed the dog to be critically ill, and emergency care was initiated to try to stabilise the dog's condition.

Dr S took over the dog's care soon after her admission. Dr S communicated several options for ongoing care to the dog's owners, and they surrendered the dog into the care of the veterinary hospital.

The dog's owners alleged that Dr S undertook veterinary treatment without obtaining consent and refused to discharge the dog at their request.

Failure to provide services

The clinical record shows Dr S communicated 4 options for ongoing care to the dog's owners, being:

1. Caesarean and desexing performed at the veterinary hospital with special payment options
2. Caesarean without desexing performed at the veterinary hospital, requiring a \$1000 deposit
3. Transfer to another veterinary clinic for ongoing care
4. Euthanasia.

The clinical record also showed that both owners phoned the hospital seeking the dog's release. The record showed that the female owner called to advise she was coming to pick up the dog but was unable to advise which veterinary clinic the dog was to be transferred to. The record showed that the male owner told the hospital he intended to euthanase the dog himself.

The first priority of a veterinary practitioner is the welfare of animals. If a practitioner is concerned that an animal's welfare may be at risk if they were returned to their owner's care, it is reasonable for the practitioner to take measures to mitigate this risk.

The veterinary hospital reported the matter to the RSPCA. The RSPCA's investigation report supported the

communications documented in the hospital's clinical record, which were to contact an RSPCA inspector if either of the dog's owners should seek the dog's release.

The Panel considered that the actions taken by the hospital were reasonable in the circumstances and undertaken in the dog's best interests, noting that such actions are supported by Board Guideline 20:

If a registered veterinary practitioner is of the reasonable belief that there exists, or potentially exists, a serious risk to the health and safety of the public and/or the health and welfare of an animal, the practitioner should report the matter to the relevant authority. This responsibility takes precedence over the obligation to maintain client confidentiality.

The RSPCA report also documented a discussion with the veterinary hospital about the dog being surrendered into the hospital's care, which is what ultimately occurred. At this point, she was no longer considered at risk and further action by the RSPCA was not required.

Unauthorised treatment

In offering options for ongoing care, Dr S informed the dog's owners that a caesarean and desexing could be performed at a discounted cost. Dr S also informed the owners that, in accordance with hospital policy, if they did not also consent to having the dog desexed a discount would not be applied to the cost of the caesarian and they would have to pay a \$1000 deposit. In the owners' opinion, this policy was manipulative and made under the threat of financial penalty.

Veterinary fees and payment policies are not regulated by the *Veterinary Practice Act 1997* and are at the discretion of the individual business.

The Panel was provided with information indicating that the veterinary hospital's offer to subsidise costs conditionally was in line with its mandate to foster responsible pet ownership (especially where owners may be in financial hardship). The hospital primarily provides animal welfare care, and the recommendations

given to clients are intended to address the ongoing welfare of the animal.

The veterinary hospital had offered the dog's owners subsidised veterinary care in line with its policy. In the Panel's opinion, it was at the hospital's discretion to offer a discount if the owners consented to having their pet desexed.

The dog's owners claimed there were significant discrepancies between the clinical findings made at the original treating clinic and those at the veterinary hospital, and that the hospital's clinical findings overstated the seriousness of the dog's condition.

The owner had not opted for the original clinic to test the dog's blood due to the costs of the tests. The results of blood tests performed by Dr S revealed the critical nature of the dog's condition.

The practitioners at this welfare-focused hospital were experienced in identifying states which indicate that an animal may not be receiving adequate care, such as body condition and flea burden. Dr S also classed the dog as emaciated, with a heavy flea burden.

The Panel considered it was reasonable for Dr S to document such findings as they were relevant to the dog's condition.

Reflections

The reflections in Case Study 1 apply equally to this case study. If a veterinary practitioner judges an animal to be suffering, they must give the owner options for relieving that suffering as a matter of urgency and in direct terms.

If an owner declines measures to relieve an animal's suffering (including euthanasia), a veterinary practitioner should refer the matter to the relevant authority, e.g. the RSPCA.

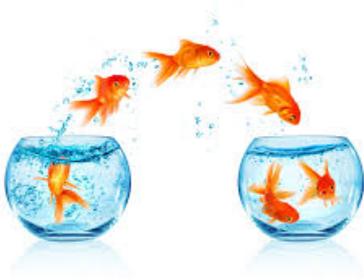


Local and/or locum: when to register in Victoria

Relocation to Victoria

Veterinary practitioners must apply for registration in Victoria if they have relocated from another State or Territory and intend to stay in Victoria for the foreseeable future.

The main factor is if Victoria *is* (or *is going to be*) a practitioner's principal place of residence.



When to register

Relocating vets are legally required to apply for registration in Victoria before their registration in the other State or Territory expires.

Simply rolling over registration in the other State or Territory would not be in compliance with section 4(1A) of the *Veterinary Practice Act 1997*.

Short-term work in Victoria

Veterinary practitioners who are registered in another Australian State or Territory sometimes come to Victoria to work for brief periods temporarily.

Under national recognition of veterinary registration, the Board would recognise a visiting veterinary practitioner's interstate right to practise as giving them the right to practise in Victoria (section 3A of the *Veterinary Practice Act 1997*).

A vet practising in Victoria for brief periods would not have to apply for registration in Victoria as long as:

- their principal place of residence is in the State or Territory where they are registered, and
- their registration in that State or Territory is still active.

International vets

National recognition of veterinary registration does not extend to people registered in other countries including New Zealand.

Vets registered in other countries cannot come to Victoria and use their registration or licence from their home country to practise here.

If an international vet wants to practise in Victoria, and their principal place of residence will be in Victoria, they must apply for registration in Victoria.

Remind your colleagues!

If a vet in your practice has moved to Victoria, remind them to register here before their current registration expires.

Application deadlines:

- Current registration in the ACT, Northern Territory, New South Wales and Tasmania: **apply before 16 May** to be registered in Victoria before 1 July 2018
- Current registration in Queensland, South Australia or Western Australia: **apply before 14 November** to be registered in Victoria before 1 January 2019.

Application forms: [General registration](#)

Equine vets: find your practice stamp!

Message from Equestrian Australia

[Equestrian Australia](#) administers all equestrian sport in Australia and also helps riders and horses to register with the international equestrian federation, the [Federation Equestre Internationale](#).

Veterinary practitioners must complete identification documents for horses to be registered with the Federation Equestre Internationale. The signed form must contain a description and diagram of the

horse, and it must also be stamped with the veterinary practitioner's practice stamp.

Equestrian Australia says it often receives forms which have not been stamped.

Identification documents are only complete after they are stamped with an official practice stamp.



Because riders risk missing their competition due to delays completing forms, Equestrian Australia is asking veterinary practitioners to ensure their practice stamp is accessible and ready to use on identification documents.

More information:

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