



Veterinary Practitioners
Registration Board of Victoria

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Board Update

September 2014

President's Message

The Board's travelling roadshow may be rolling into your town soon. Scheduled for October, the Board plans to visit Geelong, Ballarat, Bendigo, Mirboo North and Melbourne.

The topic of discussion for this year's event is *Professional Conduct: Privileges & Responsibilities*. We will discuss and debate the professional and ethical obligations of veterinary practitioners in 2014, and consider ways in which to adapt these to your individual practise.

We hope that the sessions will be informative, and thought provoking. We encourage you to join the discussion around this topic, or initiate others which you believe the Board may be able to assist in. Food, beer, and wine will be provided.

2014 ROADSHOW

Professional Conduct: Privileges & Responsibilities



1 October

Kardinia Park, Simonds Stadium
Entry – Cnr Kilgour Street / Latrobe Terrace, Geelong
7pm – 9pm

8 October

Golden City Hotel
427 Sturt Street, Ballarat
7pm – 9pm

15 October

National Hotel Motel
182 – 186 High Street, Bendigo
7pm – 9pm

22 October

Grand Ridge Brewery
1 Baromi Road, Mirboo North
7pm – 9pm

29 October

Oaks on Collins
480 Collins Street, Melbourne CBD
7pm – 9pm

Victoria's New Chief Veterinary Officer



Professor Charles Milne BVetMed, MRCVS, ARAgS

Professor Charles Milne commenced as Victoria's Chief Veterinary Office (CVO) on 1 July 2014.

Experienced Professor Milne was instrumental in preparing and responding to the UK Foot and Mouth Disease (FMD) outbreaks in 2001 and 2007 on behalf of the Scottish Government. In addition to FMD, Professor Milne has extensive experience in the management of animal disease outbreaks including:

- Avian Influenza
- Brucellosis
- Newcastle disease
- Bluetongue

As CVO for Scotland, Professor Milne was responsible for all veterinary matters including prevention and control of exotic and endemic animal diseases, veterinary public health, international trade and animal welfare. He developed an animal health and welfare scheme for Scotland, the first of its type in Europe, which has since been widely adopted. He is a founding member of the UK government's Scientific Advisory Committee on exotic disease. Professor Milne is a veterinary practitioner with almost thirty years' experience in a variety of roles. He studied veterinary medicine at the Royal Veterinary College and was awarded a BVetMed Degree from the University of London in 1985.

CVO role in Victoria

The CVO plays a key role within the Biosecurity Division of the Department of Environment and Primary Industries (DEPI). The CVO is based at DEPI's Attwood office. The CVO leads DEPI's extensive animal biosecurity programs. The CVO provides strategic and scientific leadership in state wide all hazards all emergency response approaches to animal biosecurity incursions.

Queen's Birthday Honours 2014 – Mr John Dillon

The Board congratulates Mr John Dillon, who was awarded a Queen's Birthday Honour for his service to charitable organisations and to the banking and finance sector. Mr Dillon served as the legal member of the Board from 1998 – 2007.

John Francis Xavier Dillon LLB was the first member with legal qualifications appointed to the VPRBV in March 1998 following implementation of the Veterinary Practice Act 1997. This Act had replaced legislation regulating the professional activities of veterinary surgeons in Victoria dating back to the first Veterinary Surgeons Act passed on 17 December 1887.

From 1888 to 1998, members of the Veterinary Board were registered veterinary surgeons who had been elected by registered veterinary surgeons. From 1998, the nine members on the Veterinary Practitioners Registration Board were appointed by the Victorian Minister for Agriculture. Three of the nine members appointed were without veterinary qualifications, but one member had to have legal qualifications. John Dillon was that member.

Endorsement Specialist

The Board congratulates the following practitioners who recently received specialist endorsement.

Dr Rachel Peacock	V4263	Veterinary Emergency and Critical Care
Dr Jaqueline Ley	V3212	Veterinary Medicine Animal Behaviour
Dr Lauren Lacorcica	V3810	Small Animal Medicine
Dr Natalie Courtman	V5032	Veterinary Clinical Pathology
Dr Jennifer Bauquier	V8153	Equine Medicine

Case Study 1 – Dr B

A four-year-old entire female dog was presented to Dr B with symptoms of lethargy and inappetance. Blood and urine testing were undertaken which were suggestive of pyometra. An ultrasound was undertaken which confirmed the diagnosis of pyometra. Surgery was recommended but declined by the owners due to financial constraints. The dog was subsequently euthanased with the owner's consent. The owners submitted a complaint to the Board, which alleged that Dr B did not advise them of options for veterinary care.

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

Dr B failed to provide all available options to the dog's owner, as recommended by Guideline 8.4.

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

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

The Panel made its finding based upon the following reasons.

The dog was presented to Dr B after being observed voiding some blood stained material whilst toileting. During the teleconference with the Panel prior to the hearing the owner stated that other than passing this blood stained material, the dog seemed to be in good health; she was eating, drinking, and was bright and alert. The owners reported that they observed the dog playing with other dogs whilst in the waiting room at the veterinary clinic. This description was in contrast to that provided by Dr B who described the dog as being dull and lethargic.

Clinical examination revealed the dog having an increased temperature and a tense abdomen, making it difficult to palpate effectively. Blood and urine tests were undertaken; the results of which revealed a high white cell count and neutrophilia, and the presence of blood in the urine. Based upon these combined findings Dr B suspected that the dog was suffering from pyometra. An ultrasound examination was subsequently undertaken which confirmed this diagnosis. The Panel considered that the diagnostic testing undertaken by Dr B was reasonable and the diagnosis was fittingly based upon the results of the clinical examination and diagnostic tests performed.

Dr B recommended an immediate ovariohysterectomy to treat the pyometra, with an estimate of \$1800 to perform the surgery. The owners declined surgery due to financial constraints. With surgery no longer an option Dr B's only other recommendation was that the dog be euthanased; to which the owners consented. In his/her statement to the Board and during the teleconference with the Panel, the owner advised that the only options presented were immediate surgery and euthanasia. Dr B conceded that this was correct.

The Panel was concerned that the owners were not provided with any other alternate options for the dog's care besides immediate surgery or euthanasia. While the Panel acknowledged that pyometra can be a life threatening condition requiring immediate surgery and/or euthanasia, it considered there was insufficient evidence in the history of this case to indicate that the dog's condition was so grave that these were the only available options for initially addressing this case. The blood and urine test results revealed relatively minor changes indicative of infection. The dog's temperature was recorded as being 39.9°C, which while high, is not extreme or life threatening. Ultrasound examination revealed large loops of fluid filled uterus, but no evidence of rupture. The Panel considered that there was nothing documented in the clinical record which indicated an animal in extremis, and as this was the case, other options for care should have been provided to the owner. While the Panel acknowledged that other options may not have been as effective as immediate surgery in addressing the dog's condition, and may still have resulted in the need for subsequent euthanasia, it was of the opinion that options should have been offered and the attendant risks and prognosis communicated to the owners to allow them to make an informed decision.



The Panel presented Dr B with other possible options that may have been considered for the dog's immediate care, including (but not limited to):

- Administration of analgesia and antibiotic medication prior to referral to the owners usual veterinary clinic.
- Administration of analgesia, antibiotic medication, and intravenous fluid therapy while hospitalised overnight, pending surgery or referral in the morning.
- Treatment with prostaglandins or other drugs to decrease progesterone levels.

When presented with other possible options for care by the Panel, Dr B stated that she/he was not comfortable in providing such options due to their associated risks. While the Panel acknowledged that other potential options for the dog's care were less than optimal and came with possible serious risks (including death), it was of the opinion that the owners should have been informed of such options, their approximate costs, their possible risks, complications, and prognosis, allowing them to be part of the decision making process involving the dog's subsequent care. By not informing the owners of these various potential options, the decision as to how to treat the dog was ostensibly made by Dr B, without appropriate reference to the owners.

In a situation where Dr B felt he/she could not in good conscience offer a particular option for care, the owners should have been given the opportunity to be referred to a veterinary practitioner who did not have this objection.

Case Study 2 – Dr G

A seven-year old dog was presented to Dr G at an after-hours emergency centre with a vaginal prolapse. Surgery was undertaken to reposition the exteriorised tissue, and sutures placed to prevent a recurrence.

The owner submitted a complaint to the Board, which alleged that Dr G did not advise him/her of options for veterinary care.

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

Dr G failed to provide all available options to the dog's owner, as recommended by Guideline 8.4.

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

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

The Panel made its findings based upon the following reasons.

Dr G informed the Panel that after examining the dog, he/she communicated to the owner the treatment plan; to anaesthetise the dog and reposition the exteriorised tissue. Dr G informed the Panel that he/she was of the opinion that this course of treatment was in the best interest of the dog. When the owner raised concern with costs, Dr G offered to discharge the dog as soon as it was fully recovered from the anaesthetic and ambulatory, as opposed to it remaining in hospital overnight. When questioned by the Panel what steps he/she would have taken had the owner still been unable to afford treatment, Dr G stated that he/she would have recommended the owner apply for credit through a finance company whose details would be provided by the clinic. Dr G further advised that if the owner definitively refused the offer of a credit application or the initial and only treatment plan offered that they would then be offered other options for the care of their dog. The Panel was concerned that the owner was not provided with alternatives for addressing the dog's care, apart from undertaking immediate surgery to reduce the prolapse. The clinical record documents that the dog; was bright and alert (exuberant in nature), eating normally, and showing no obvious pain. The prolapsed tissue was documented as being healthy with only one small area of traumatised tissue at the tip. The Panel considered there was insufficient evidence noted in the history in this case to indicate that the dog's condition was so critical that immediate surgery was the only available treatment option, and as such other options for care should have been provided to the owner, such as discharge into the owner's care or overnight hospitalisation, pending follow up care and treatment at a regular veterinary clinic in the morning. While the Panel acknowledged that other options may not have been as effective as immediate surgery in addressing the dog's condition, it was of the opinion that all options should have been offered and the attendant risks and prognosis communicated to the owner to allow him/her to make an informed decision.

The Panel commended Dr G on his/her desire to provide the best care at the time to the patient but stressed that the care of a patient is a collaboration between the treating veterinary practitioner and the animal's owner, and that the practitioner cannot make decisions alone and must allow the owner to weigh their options and consider the most appropriate option for both their animal and themselves at the time that their animal's problem or illness occurs.

The Panel considered that by not providing the owner with options for care, Dr G had not complied with the recommendation of Guideline 8.4, which states that veterinary practitioners should “fully discuss the available options for treatment, their associated costs, prognosis, potential complications and consequences. The Board recognises that while there are often several satisfactory ways to treat a particular condition, some methods may be more effective than others. It is always prudent to recommend the most appropriate treatments for the animal; make the client aware of the costs and prognosis; and allow them to take part in decisions regarding treatment”. The Panel considered by not informing the owner of the various potential options for care, the decision as to how to treat the dog was ostensibly made by Dr G, without appropriate reference to the owner.

The Panel were very concerned that only one option for care was communicated to the owner and that other options would only be provided to the owner had this initial option been declined. While animal owners with a medical background may be aware that there are generally several different options for treatment, the majority of animal owners are dependent on the veterinary practitioner to inform them of their animal's medical condition and how it may be addressed. The Panel considered that only offering one possible option for treatment puts an unfair onus on the owner to seek information regarding other potential options, and in many cases an owner would simply assume that the treatment plan provided to them was the only possible option available to treat their animal. Without being made aware of other available treatment options, associated costs and prognosis, the owner cannot be seen to be able to give fully informed consent for treatment. In addition, all options provided should be documented in the clinical record.

Informed Consent



The two case studies published in this issue of the Board Update highlight the importance of providing animal owners with options for the care of their animal and in obtaining informed consent.

Almost all animals will, at some point in their lives, require some veterinary care. Veterinary treatment typically involves some risk, which may include physical pain, a period of recovery, or other issues such as costs and outcomes. The need to balance the risks and the benefits of treatment options makes the decision making process complex and individual to each animal owner. Even with the same information, two animal owners could make a different treatment decision based on their individual circumstances and values.

In practical terms, informed consent processes should support the role of owners as genuine partners in their animal's veterinary care and promote owner involvement in decision making.

Informed consent generally requires that animal owners are provided with information about:

- Treatment options – available options for veterinary treatment including euthanasia or palliative care.
- Outcomes – expected outcomes associated with each option including the known complications or side effects.
- Incidence – rates at which the treatment is successful and known complications occur.
- Costs – estimated costs of each treatment option.

To provide informed consent it is important that:

- Owners understand the information provided.
- Owners are not placed under pressure or coerced into making a decision.
- Owners have time to consider their options.
- Owners are able to ask for any additional information they feel is relevant.
- Owners understand that they have the right to make a decision, including choosing a less effective treatment option and/or refusing treatment (provided this does not breach section 9(1) (c) and/or 9(1) (i) of the Prevention of Cruelty to Animals Act 1986).

All options for treatment which are provided to the owner should be documented in the clinical record, and consent for the chosen option evidenced by the owner's signature on a separate consent form; the details of which are explained to the owner.

Practitioners should be mindful of the obligation to provide animal owners with upfront options for veterinary care, regardless of commercial pressures. It is an offence under section 58A (1) of the Veterinary Practice Act 1997, for a person who employs a veterinary practitioner to direct or incite a practitioner to do anything, in the course of veterinary practice, that would constitute unprofessional conduct. Direct or incite in this context includes placing pressure on an employed veterinary practitioner to engage in unprofessional conduct during the course of veterinary practice.

9 Cruelty

(1) A person who –

- (c) does or omits to do an act with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal; or
- (i) is the owner or the person in charge of a sick or injured animal and unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal

Victorian Graduate Support Scheme

The AVA (Victorian Division) is establishing a Victorian Graduate Support Scheme (GSS). The purpose of the AVA GSS is to facilitate mentoring relationships so that experienced veterinarians can share advice, knowledge and experiences with new graduates. There is a well-established GSS in Western Australia which has been run by the AVA (WA Division) for graduates of Murdoch University since 1997. The AVA will allocate mentors to this year's graduates that request for this to happen. The program requires mentors to keep in touch with their allocated graduate and support them via telephone, email or in person.

The division is taking registrations from Victorian AVA members interested in becoming mentors. Some members that are interested in mentoring have already submitted their names to the Division.

Mentors will be officially mentoring new graduates in their first year out, so it will be a yearlong official commitment at the outset. There will be a training program for all mentors free of charge provided by the AVA on Sunday 19th October at the University of Melbourne, Werribee Campus starting at 9am and finishing at 3pm.

If you are interested in mentoring or would like further information, please call 9600 2930 or email avavic@ava.com.au.

