

# vetregister

The Newsletter of the Veterinary Surgeons Board of Queensland.

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## Introduction to 24<sup>th</sup> Veterinary Surgeons Board of Queensland

Appointments to member positions on the Veterinary Surgeons Board of Queensland have been finalised. The appointments were as a result of the triennial election of two members held in February and the nomination of a member by the Minister for Primary Industries and Fisheries.

The members elected from the seven candidates were **Dr Vic Menrath** BVSc Qld, FACVSc and **Dr David Lovell** BVSc Qld, MACVSc. Both are eminent members of the profession and will be known to most registrants.

Dr Menrath is a feline medicine specialist partner in a private referral practice. This is the seventh consecutive occasion that he has been elected to the Board by his profession. Dr Lovell is an equine practitioner in private practice and he is a member of the Board of Directors of the AVA and a representative of AEVA to the Australasian Veterinary Boards Council.

**Dr Maurine Thomson** BVSc Qld, FACVSc has been appointed to the remaining member position. Dr Thomson is a specialist surgical oncologist employed in private practice in Brisbane.

First time members Drs Lovell and Thomson bring with them a wealth of experience in equine medicine and surgery, and small animal medicine and surgery, respectively, and will fill the void left by the retirements as candidates of Dr Reg Pascoe, equine specialist (fourteen elected terms) and Dr Ray Barbero, small animal practitioner (five elected terms).

Continuing members are **Dr Ian Douglas** BVSc Qld, MSc, MACVSc (Chairperson), **Prof Neil McMeniman** BVSc Qld, MVSc, PhD (Deputy Chairperson) and **Glenda Whitmore**, consumer representative.

The voting response in the election was a disappointing level of 35.3% of registrants down from 40.7% in 2001. All seven candidates are thanked for their commitment to the profession, demonstrated by nominating and contesting the Board election.

A tribute to Dr Pascoe's extraordinary professional career and effort and dedication in serving a total of forty-two years as a member of the Queensland Veterinary Surgeons Board follows.

### Board Officers

The Board is administered by the Registrar, **Wayne Murray** and an assistant to the Registrar, **Vicki Lorimer**. Both officers are non-veterinarian employees of the Queensland Department of Primary Industries and Fisheries.

## **Dr R R R Pascoe AM, BVSc, DVSc, FRCVS, FACVS Specialist in Equine Surgery**



In 1956 Dr Pascoe was first elected to the Veterinary Surgeons Board of Queensland, and apart from a break between 1968 – 1974 he has held his elected position for a total of 42 years – indeed a measure of the enormous respect the profession holds for him. Dr Pascoe was an

elected member over a period of 228 Board meetings and if the last ten years are any guide he has absented himself from only a handful of those meetings. This year Dr Pascoe chose not to nominate as a candidate for the Board election so that he can lessen the commitments that have prevented he and wife Joy from joining the grey nomadic community travelling the country. July 13 marks his 75<sup>th</sup> birthday and the day will find him in a remote area of the Territory or Western Australia behind the wheel of his huge motor home or the 4-wheel drive he is towing behind it. Dr Pascoe never ceases to amaze. The knowledge and experience that he has brought to the Board will be sorely missed.

Dr Pascoe's long term Board colleague Dr Vic Menrath summarises his friend's distinguished career:

'Reginald Roland Roessler Pascoe (Reg) graduated BVSc from the University of Queensland in 1951 and subsequently embarked on a distinguished professional career that would span in excess of five decades and be rivalled by few.

Immediately after graduation, Reg and his new wife Joy headed west and established a mixed practice which was later to become the Oakey Veterinary Hospital. Whilst continuing to build up his practice, Reg completed a Masters degree in veterinary science at the University of Queensland in 1967 and became a Fellow of the Royal College of Veterinary Surgeons London in 1973. In 1975 Reg became a Fellow of the Australian College of Veterinary Scientists and he was registered as a specialist in Equine Surgery in 1990. Despite being the principal partner, director and busy specialist of a very large equine practice, Reg has been a prodigious publisher of scientific articles – he is, in fact the senior author of 53 of in excess of 60 published articles in refereed veterinary journals, in excess of 50 scientific articles in lay journals and the author or co-author of at least six textbooks. As a result of these achievements, he was awarded Doctor of Veterinary Science by the University of Queensland in 1984.

Reg has always been generous with his support of the veterinary profession in the giving of his time, advice and expertise. He has been a full time member of the Australian Veterinary Association

since 1948 and has held a number of executive positions including President of the AVA Private Practitioners Branch (Qld) (1960), President of the Qld Division of AVA and President of the Australian Equine Veterinary Association (1973/74). In 1982 he was awarded Fellow of the Australian Veterinary Association and a Life Membership and the AVA Gilruth Prize in 1986.

Reg has been especially supportive of the Australian College of Veterinary Scientists and was involved from its inception. In 1979 he became the founding Chairman of both the Surgery Chapter and the Chapter of Equine Diseases. Reg was a member of the Board of Examiners for the Australian College of Veterinary Scientists for a period of 14 years (1980-1994), a member of the Council and Sub-Council of the Executive (1975-1989) and was appointed President of the College in 1977. He was also one of the founding members of the Board of Examiners, Expert Panel on Veterinary Science, National Office for Overseas Skills Recognition (NOOSR) and continued to be heavily involved (Chairman and Chief Examiner 1992) with NOOSR up until the year 2000.

Reg's love for horses has not just been restricted to clinical practice – his mission has always been to further the promotion, teaching and study of all things equine. To this end, Reg lectured extensively throughout Australia and overseas including India, Spain, England and the Philippines presenting numerous scientific papers at veterinary conferences and Universities throughout the years of his professional career. He has twice been awarded Adjunct Associated Professor at the University of Queensland, a title he carries to this day. The Oakey Veterinary Teaching Hospital continues to train 5th year students (5th year Equine Rotation) and Reg has continued as Equine Lecturer to this year. He has received many teaching awards including the TG Hungerford Award for excellence in Postgraduate Teaching, the Australian Equine Veterinary Association VMS award for Excellence in Veterinary Medicine (1997, 1998, 2001) and the Queensland Division of the AVA Distinguished Service Award in 2001.

Reg became the Patron of the Queensland Branch of the Australian Farriers and Blacksmiths Association. The Australian Horse Council made him a life member in 1992 in recognition of his contribution to the horse industry. For his services to the profession, Reg was honoured as a Member of the Order of Australia (AM) in 1987 and he was awarded the Australian Council of Profession, Professional of the Year in 2001. Reg is a founding Director of the Provect Board and continues in that position. (Vic Menrath)

The Minister for Primary Industries and Fisheries the Honourable Henry Palaszczuk will offer his formal thanks to Reg at a Parliament House luncheon later in the year and current and former Veterinary Surgeons Board colleagues will be invited to join Dr Pascoe at a function to honour his long and distinguished service to the Board.

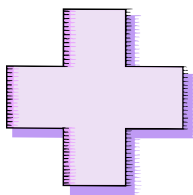
## Approval requirements for veterinary premises

Board approval must be sought if any person is seeking to:

- conduct veterinary practice from premises not previously approved as veterinary premises;
- relocate approved veterinary practice premises;
- designate as veterinary premises, premises where veterinary services have previously been delivered under the name of a veterinary surgeon;
- upgrade approved veterinary premises to a higher level of practice i.e. consulting rooms to surgery/clinic or surgery/clinic to hospital/centre.

### Change of Practice Ownership

- A condition applied to all premises is that the Board must be notified of a change of practice ownership i.e. where the approval holder will no longer be an owner. This does not apply in the case of an addition of owners when the original approval holder remains an owner.
- Continuing Board approval of premises under new ownership will be dependant on receipt by the Board of advice from the purchaser that the premises prior to sale are of a standard at least equivalent to the minimum premises standards applied by the Board at the time. This applies a responsibility to the vendor to maintain the premises to the required standard to ensure sale and provides the purchaser with the guarantee that Board approval for the premises will continue after sale.
- On receipt by the Board of the required advice from the purchaser an approval form in the purchaser's name may be issued.
- The conduct of a veterinary practice from premises by a person who is not the approval holder would represent a breach of a condition of approval which may result in cancellation or suspension of the approval.
- Conditions apply equally to freehold or leased premises.
- The Board may of its own motion conduct a review of veterinary premises that have undergone or are undergoing a change of ownership.



## Constraints on advertising of 'Emergency' 24/7 services

The use of the words 'emergency' or '24 hour vet' in practice advertising and in directories does, in the Board's view, publicly convey that if the practice is contacted with a genuine animal emergency, a veterinarian will be immediately available to treat the animal twenty-four hours per day, seven days per week (24/7).

The Board has concerns that practices advertising an 'emergency 24 hour' service may not always be able to fulfil that commitment particularly in overburdened and understaffed rural practices.

Where a practice has obligated itself through advertising to have a veterinarian immediately available to treat any emergency case presented at any time of any day, arrangements must be in place for back-up veterinary staff to be quickly available on occasions where multiple emergencies requiring concurrent treatment occur.

The Board has instructed the Registrar to monitor directory listings and print advertising to identify any practices offering an emergency or 24 hour service where it cannot be confirmed from the Register of Veterinary Surgeons that sufficient veterinary staff are employed to provide a 24/7 service.

All such practices will be contacted not only to remind the practice principal of the extent of after hours emergency service that is implied by the advertising, but also to ensure that the practitioner(s) is not overburdening him or herself to the detriment of his/her own health and the standard of veterinary care uniformly delivered. (Refer to Managing Work Overload in Rural Practice Page 8.)

To tighten the control over any misleading use of the word 'emergency' the Board has now placed a condition on all veterinary premises approvals that the word 'Emergency' must not be used **in the registered business name** unless the practice and premises meet the required minimum standards for a veterinary hospital or centre.

Emergency after-hours practices (currently limited to Brisbane, Gold Coast and Sunshine Coast) sharing approved premises with day practices and restricted solely to taking emergency referrals from general practices in the immediate area will, however, continue to be permitted to refer to the word 'Emergency' in a business name as it is to the public benefit.

Board approved veterinary hospitals should note that they are permitted to divert emergency cases only to other approved veterinary hospitals in the immediate area, which precludes the referral of emergency cases to emergency referral practices conducted from other than hospital premises.

## Implying specialist qualifications/services

Despite articles in the last two editions of 'Vet Register', the Board continues to regularly address instances where veterinary surgeons are either referred to as 'specialists' in practice advertising or are advertised as offering 'specialist' services or as 'specialising' in a certain branch of veterinary science.

Offending references have recently been located or reported on practice web pages, client consent forms and articles written in breed and interest group journals.

More often than not the offending words have been compiled by persons not involved with the veterinary profession who are unaware of the restriction on the use of the title and the penalties that may apply to the veterinarian for unlawful use of the title.

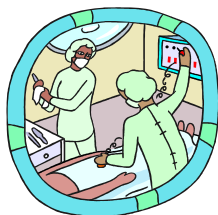
It is an offence under the Veterinary Surgeons Act for a person who is not a registered veterinary specialist to use a title or words that refers to the person as a 'veterinary specialist', or a derivative of the words eg 'specialise'. The offence carries a maximum penalty of \$3,000.00.

Veterinary surgeons should exercise care when developing websites, advertising, stationery and directory listings to ensure the words 'veterinary specialist' are used only in conjunction with those in the practice who are so registered. When conversing with the press, practitioners should beware not to promote themselves as 'specialising' in a particular species, organ system or branch of veterinary science. The accuracy of proposed telephone directory listings is particularly important, as the listing cannot be withdrawn once published.

Specialist practices must also ensure that in advertising, directories and signage the names of the specialist veterinarians engaged by the practice are listed separately to the names of the non-specialist practitioners.

Registrants are advised to audit prior to appearance any website publication, print advertisement or article prepared on their behalf by a person not associated with the profession.

Repeat offenders should expect that the Board will initiate professional misconduct proceedings against them after the first warning.



## Continuing education update

Following the adoption by all Australian and the New Zealand veterinary boards of guidelines for the recording by registrants of all Continuing Veterinary Education (CVE) or Continuing Professional Development (CPD) undertaken, the Australian Veterinary Association (AVA) National launched a similar scheme for its members at its national conference in May 2004.

Both schemes complement each other with points allocation based on time spent undertaking a common range of structured and unstructured activities. There is a minimum points requirement to be met over a three-year period.

**Recording** of continuing education is compulsory in Queensland, there being a statutory requirement for all registrants to keep a formal record in an approved form for three years from the date the CVE was undertaken.

**CVE is not however a prerequisite for annual renewal of registration as a veterinary surgeon nor is it a prerequisite for maintaining AVA membership.**

The minimum point accumulation requirement set by the AVA is higher than that required under the veterinary boards scheme and as the recording format is the same the Board requirements are met by any registrant conforming with the AVA scheme. It is not necessary to keep individual records for the Board's purposes if conforming AVA records are kept.

The veterinary boards' model can be studied on the Queensland Board website. A sample of the recording format required for veterinary board purposes is also on the website: [www.vsb.qld.gov.au](http://www.vsb.qld.gov.au)

## Concerns over remote consultations

The Queensland Board has debated the question of whether it is professional for a veterinarian to consult by telephone, email/internet and make a diagnosis based solely on information related by the client in the communication.

In question is the professionalism of consulting by way of electronic communication where reliance is placed on another person's description of clinical signs, particularly when the person is not another veterinary surgeon. The distinction between the giving of advice on the telephone or email and making a diagnosis for a fee is that the latter constitutes an act of veterinary science.

Comment received from other Australian Boards is that it is a matter of professional judgement on the veterinarian's part as to whether he/she is meeting acceptable professional standards.

The veterinarian has to defend his/her actions in each case based on current standards. The regulatory Board when required to do so judges the particular conduct in terms of those standards.

New South Wales rightly points out the many variables that apply – species, previous relationship with the owner, known ability of the owner in handling the species, competence of the owner to accurately describe the symptoms, seriousness of the problem, urgency and risks to the animal and availability of hands on consultation and examination.

It is well documented that electronic consultation and diagnosis cannot extend to the supply of restricted drugs as in such cases the law demands that an animal must have been examined immediately before prescription or supply or in the case of production animals, recently enough for a personal knowledge of the condition to have been gained.

However, a remote consultation may result in unrestricted medicines, herbal products, holistic remedies, feed supplements or additives being supplied to the client. In the event of a complaint where the scientific viability of the product or effectiveness of its use for the condition is brought into question, the Queensland Board would regard the complaint seriously.

Another point to consider in electronic consultation is whether the veterinarian requires registration in the state/territory/country where the animal is located.

The Victorian Board has issued a guideline to its registrants stipulating that, for services delivered by remote means, the veterinarian must be registered both in the jurisdiction in which he/she is located and in the jurisdiction where the animal is located. Victoria quotes reasons of qualifying for professional indemnity insurance, access to disease notifications and protection under animal cruelty legislation.

The process in Queensland would be that if an animal located in Queensland was harmed as a result of a diagnosis and supply of a product from a veterinarian located in another jurisdiction, the owner would be asked to lodge a complaint with the Queensland Board not the Board of the other jurisdiction. If the veterinarian was not a Queensland registrant, a prosecution, if warranted, would be pursued through the Magistrates Court system which could result in a criminal conviction. If the veterinarian was registered in Queensland, the matter would be adjudged through professional misconduct proceedings before the Board.

In view of the requirements in other jurisdictions and the possibility of prosecutions in the courts of the Crown it is strongly recommended that Queensland registrants consulting in other jurisdictions by electronic means seek registration in those jurisdictions. Registration at a secondary fee level is available in most jurisdictions while primary registration is maintained in Queensland.

## The value of post-mortem examinations



treatment.

A large percentage of complaints lodged with the Board result from an animal's death during the course of veterinary treatment where the veterinarian is unable to convince the client that the death was not due to a mis-diagnosis or incorrect or inadequate

Without the benefit of a post-mortem examination report such complaints generally remain unresolved which results in the complainant remaining dissatisfied, the practice losing one or more clients and the veterinarian's professional reputation being tarnished. The worth of the Board as a regulating authority is also quite often brought into question by the complainant.

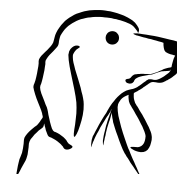
It has long been emphasised to the profession that there should always be an offer of a post-mortem examination made in the event of an unexplained death. Although this policy is detailed on the Board website and has been published regularly, the incidence of unresolved complaints relating to patient death warrants a further mention of it.

It is acknowledged that the stressful circumstances in which practitioners are placed when unexpected deaths occur in practice make it difficult to tactfully and discretely recommend that a post-mortem examination be conducted.

Consideration however should always be given to offering a post-mortem when there has been an unexplained death. In cases where the offer is initially refused and the veterinary surgeon considers a dispute could arise, it is to the veterinarian's benefit to press the point to the client that a post-mortem examination needs to be undertaken to establish the cause of death.

An offer could be made to arrange an independent examination at either the owner's expense or at the expense of the treating practice. In the least, an in-house examination at no cost to the client should be offered.

If a client challenges the practitioner's treatment processes, either through a civil action or through the *Veterinary Surgeons Act* the veterinary surgeon can then confidently submit that the client was actively encouraged to have an examination performed to determine cause of death but the advice was not heeded and even the offer of a no-cost examination was declined.



## Information for veterinarians seeking registration in the United Kingdom

Australian veterinarians wishing to register in the United Kingdom as members of the Royal College of Veterinary Surgeons (RCVS) are advised to clarify the College registration requirements with RCVS before leaving Australia.

This is particularly important if the intention is to travel to other countries for any length of time prior to the UK visit. There would normally be no complications if a veterinarian is currently registered in an Australian jurisdiction, the Australian Registration Board has provided a letter to the College as to the good standing of the registrant in that jurisdiction, and the veterinarian lodges the College registration papers in person and within three months of the issue of the letter of good standing.

However, the College in recent times has rejected applications from:

- Veterinarians who lodged an application more than three months after graduation from an Australian veterinary school and who never sought registration in an Australian jurisdiction after graduation;
- Veterinarians who have had their name removed from a Register in Australia, either for a short term or for a prolonged period and who now wish to practise in the UK;
- Veterinarians who have left Australia to work in other countries where veterinary registration was not required eg employment in North American Veterinary Schools, and their Australian registration has lapsed years before.

In all the above cases, the applicants were obliged to register or re-register in Australia before being eligible for RCVS registration notwithstanding that there was no intention for the person to practise in Australia in the near future.

The Australasian Veterinary Boards Council is suggesting to the College that alternative documentation as to a veterinarian's good standing should be considered. Unnecessary costs and delays are incurred through Australian registration being a requirement for College registration in all cases.

### For those leaving the UK for Australia

If returning from practice in the UK and intending to register or re-register in Australia, the Veterinary Board will require a letter of good standing from the RCVS. The College will not progress any request from outside the UK made by telephone. Requests must be made in person before leaving the UK or in writing, enclosing a cheque for the applicable fee.

## Workplace health and safety issues

### Use of Cytotoxic Drugs in Veterinary Practice

The use of cytotoxic drugs is increasing in veterinary practice, being used primarily for the treatment of cancers in animals such as dogs, cats, birds and horses. There are health risks to staff and others who may be exposed to the cytotoxic drugs and employers have legal obligations under the Workplace Health and Safety Act 1995 to ensure the workplace health and safety of all employees and others who may be exposed to these substances. Workers who may be affected include veterinary surgeons, veterinary nurses and operational staff such as animal attendants and cleaners, as well as pet owners and care-givers.

### Changes to requirements - Review of guidance material

Changes to the Workplace Health and Safety Regulation 1997 with respect to the classification of hazardous substances means that cytotoxic drugs have now been classified as hazardous substances and employers therefore have particular obligations under this Regulation. To assist those who work with cytotoxic drugs in all arenas, Workplace Health and Safety Queensland (WHSQ) is currently revising and updating its Guide for Handling Cytotoxic Drugs and Related Waste.

### Specific advice on veterinary practice

The Guide includes specific guidance on cytotoxic drug administration in veterinary practice. The specific topics covered include drug preparation, drug administration, patient care, patient waste (cleaning animal cages), cytotoxic spills, cytotoxic waste, outpatient care at home (equipment, administration of oral cytotoxic drugs, patient waste, laundry/disposal of bedding and interaction with the patient), information for care-givers and standard operating procedures. As part of the review, similar guidance material prepared by other states and jurisdictions will also be examined, as well as relevant research in the field of safe use of cytotoxic drugs.

### Your comments sought

Consultation is a key element of the review and comment and suggestions are sought from veterinarians and workers in veterinary practices. The current publication can be accessed as the following website:

<http://www.whs.qld.gov.au/guide/gde17.pdf>.

The deadline for these comments is 13 August 2004.

### Contact Information

This review is being co-ordinated by Workplace Health and Safety Queensland. If you have any questions, comments, suggestions for further consultation or other issues to discuss in relation to this review, please contact:

Sue Horne

Legislation Development and Review

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## Professional misconduct case studies



The details of two cases of professional misconduct that have been dealt with by the Board since the last edition are summarised below. Lessons can be learned by all practitioners as a result of these unfortunate events.

### Case 1

Due to client demand a rural practice came to an arrangement with a Shire Council to use an office at the local showgrounds on a fortnightly basis for the purpose of routine surgery on dogs and cats. The community could not support full time professional services. Nine spays and six castrations were performed over a six-month period before the arrangement came to the notice of the Board.

A complaint was lodged as a result of a spay procedure on a dog at the office that resulted in post-operative bleeding and infection, necessitating remedial surgery on three occasions at a regional practice.

Board enquiries revealed that the employed veterinarian engaged at the day clinic was a new graduate of eight months. A number of spays were performed for the one owner on the day in question and surgery was routine. After twenty minutes mild bleeding was noticed from the incision site of one dog and a pressure bandage was placed around the abdomen. Bleeding continued for a further ten minutes at which time the veterinarian injected 2 mls of a diluted solution of chlorhexidine under the skin, believing the increased pressure may stimulate a blood clot yet to form. The pressure bandage was re-applied and bleeding ceased within ten minutes. The owner claimed that she arrived to find all the dogs recovering in the dirt and tied to a fence. Four days later signs of infection in the dog that had bled became evident to the owner.

Veterinary examination revealed a circular area of necrotic skin encircling the suture wound and surgery revealed extensive necrosis of underlying tissue involving fat, muscle and sutures. Repeat surgical debridement and antibiotic treatment concluded in a satisfactory outcome after at least three weeks.

The veterinary surgeon responsible faced the Board in professional misconduct proceedings of incompetence in the practice of the profession, particularly, that the veterinarian did post-operatively infiltrate the area of a surgical wound subcutaneously with a highly virulent and cytotoxic substance.

The veterinary surgeon was found guilty and a monetary penalty was imposed. The Board took into consideration the inexperience of the new graduate, the fact that the outcome was unintentional and the candidness of the respondent.

Notice was also given that any further case where incompetence was evident would be referred as charges to the Veterinary Tribunal with a recommendation of suspension of registration. The veterinarian no longer works in Queensland.

During the course of the enquiry, instructions were given to the practice proprietor to immediately discontinue the conduct of general anaesthetic procedures at the office in question.

The lesson gained from this case is that inexperienced veterinarians should always insist on supervision and assistance from an experienced veterinarian when encountering circumstances they are unfamiliar with. Employing veterinarians should always be cognisant of the fact that as mentors they have an important role in the guidance and development of new graduates into competent and professional practitioners.

It also demonstrates why general anaesthetic procedures should only be performed at dedicated veterinary premises of a standard approved by the Veterinary Surgeons Board.

### Case 2

A dog suffered severe injuries in a fight and was taken to the owner's veterinarian of nineteen years for treatment. The dog was treated on presentation at 6pm under a short acting anaesthetic. This was a semi-rural practice of three veterinarians. The treating veterinarian was at the end of a long working day.

Due to damage and swelling, the dog in recovery was not able to breath through his nose but could breath through his mouth while lying on his side. As he was having a slower than normal recovery from a pethedine injection, the owner was called in to monitor the breathing while the veterinarian went to his adjacent home for a meal. Regular checks were made on the dog and owner until 9pm, by which time the dog was breathing easier and had blink and swallow reflexes. Fluids were continued to lessen the risk of renal damage. Monitoring of his breathing was all that was required until fully recovered from anaesthetic. A request from the owner to stay with the dog overnight at the surgery was rightly refused.

The veterinarian considered it was in the dog's best interest for it to recover in a familiar environment with owner supervision rather than being hospitalised alone overnight. It was his judgement the dog had recovered sufficiently to go home. He concluded that transport of short duration would not be detrimental. He considered removing the drip but decided to be cautious and let the dog have the rest of the bag during travel and at home. The dog was released to the owner while not able to stand unassisted, the dog could only breathe through his mouth while lying on his side and breathing had to be monitored constantly until fully recovered from anaesthetic. The dog died some thirty minutes after arriving home.

A complaint was lodged with the Board and enquiries led to the Board being satisfied that there were bona fide grounds to initiate professional misconduct proceedings against the veterinarian.

The particulars were that he did voluntarily discharge from his care a dog that had not recovered post-operatively to a level where transportation and monitoring by the owner did not represent a risk to the dog's well-being, and in circumstances where a veterinary staff member was available to continue with observation and treatment of the dog in the practice premises.

The veterinarian made both personal and written representations to the Board in his defence. It was his strongly held belief that no amount of post-operative care would have prevented the death if the dog had suffered disseminated intravascular coagulation and/or emboli.

The Board decided unanimously that the veterinarian was guilty of professional misconduct in that he did not adopt the standard that a veterinarian of ordinary skill would have taken if the veterinarian had been acting with ordinary care. The veterinarian had associates who he could have called on to monitor the dog at the practice during the night. The owner did not impose any monetary restriction on the treatment but the option of payment for overnight veterinary observation was not offered.

There was insufficient evidence for the Board to make a determination as to whether the release of the dog into the care of the owner caused or accelerated the death.

The Board was lenient in respect to the monetary penalty imposed. It was evident from the respondent's personal representations that physical exhaustion was a contributing factor as it had affected his ability to make a competent and professional decision in this case.

It was strongly recommended that he review his practice operations, particularly in the area of after-hours service delivery so that clients would be aware of practice limitations and the after-hours workload would be spread evenly over the staff complement. This experienced and competent veterinarian has worked very long hours over many years to service the needs of his clients including the client in this case. As the resident veterinarian, the continuous demand for him to manage most after-hours cases has placed him in a position where he is now in his later years finding it difficult to manage the case load.

### **Managing work overload in rural practice**

For the benefit of all rural and semi-rural practitioners who may be experiencing a similar work overload, the Board offers the following advice:

Each individual practice should have processes in place to either have staff available on a 24 hour basis, have arrangements to share after hours work with other practices or have clients educated in the limitations of the after hours service.

To have staff available on a 24 hour basis would require an even spread of hours for each veterinarian employed and no one veterinarian should be expected to carry the load on the basis of that veterinarian being the most accessible.

It should be ensured that the practice has a telephone system in place that filters non-emergency calls and directs emergency callers to the on-duty roster veterinarian only and not to any veterinarian's residence adjoining the practice. The limitations of the practice in providing full time monitoring of hospitalised patients outside advertised hours should be emphasised in the practice reception area and on stationery and in regular newsletters to practice clients.

To supply a demand, practitioners must consider employing additional veterinary staff and raising client fees to cover the cost.

Veterinarians who consider their practice principal(s) may be overburdening themselves to the detriment of their health or personal relationships and reputation of the practice should take it upon themselves to discuss these management strategies with them.

## **Confidentiality of Client Records**

The Veterinary Surgeons Act 1936 and Regulation does not address the matter of confidentiality of records although the meaning of professional misconduct is not limited by the legislation. There is a legislative requirement for client records to be kept in a prescribed form and for a prescribed period (three years).

For guidance in respect to the confidentiality of client records, practitioners should refer to the AVA Code of Professional Conduct, in particular principles 4.1 to 4.4. (Code is published on the Board website.)

Typical enquiries made of the Board in recent times have been:

- A new practice opens and the established practices in the area are asked by the new practice's staff to forward records of clients who they say have now become their own clients.
- A client bitten in the practice reception area by a dog owned by another client asks for the owner's name and contact details.

Practitioners would be well advised to read the professional guidelines in full but for those situations mentioned above, the relevant reference is principle 4.2 which reads in part: 'Information should not be provided to any third party, including a second opinion or referral veterinarian, without the express approval of the client.' The Board recommends that the AVA principles be adopted on all occasions where doubt arises as to the release of client records.



## Questions and answers on drugs and poisons legislation

Queensland Health directs its communications to the veterinary profession through the Veterinary Surgeons Board so that it is assured of coverage of all registrants.

The Board Registrar will address with Queensland Health any enquiries from veterinarians as to how the Health (Drugs and Poisons) Regulation 1996 (the Regulation) is applied to the profession. Complaints received by the Board specifically alleging contravention of the Regulation are referred to the relevant District Environmental Health Officer or to the Queensland Health head office for investigation if warranted.

All registrants have been provided with the Queensland Health publication 'What Veterinary Surgeons Need to Know' which addresses the relevant provisions of the drugs and poisons legislation as it applies to veterinary surgeons in Queensland.

The document can be accessed on the Board website [www.vsb.qld.gov.au](http://www.vsb.qld.gov.au) legislation/what veterinary surgeons need to know or is available by email on request.

A summary of recent enquiries made to the Board in respect to various issues, some contentious, follows.

Queensland Health has confirmed the accuracy of the information in terms of the legislation as it stands in July 2004.

**Q.** Can restricted drugs be dispensed for treatment of an animal on the basis of a veterinarian's interpretation of a blood analysis arranged and provided by another party and where the veterinarian has never seen the animal?

**A. No**

Veterinarians are authorised to dispense restricted medicines only if a number of criteria are satisfied:

- (i) the animal must be under the veterinary surgeon's care;
- (ii) the treatment recommended must be recorded; and
- (iii) the agent or owner must be advised of the correct usage of the drug and, if for a food producing animal, withholding times must be explained.

Under the care is defined as:

- a) The veterinary surgeon must have been given responsibility for the health of the animal or herd in question by the owner or the owner's agent;

- b) That responsibility must be real and not nominal;
- c) The animal or herd must have been seen immediately before prescription and supply or recently enough or often enough for the veterinary surgeon to have personal knowledge of the condition of the animal or current health status of the herd or flock to make a diagnosis and prescribe;
- d) The veterinary surgeon must maintain clinical records of that herd, flock or individual animal.

What amounts to 'recently enough' is a matter for the professional judgement of the veterinary surgeon in the individual case but the quantity of the scheduled substance dispensed should not exceed the amount needed to prevent or competently treat the condition in the individual animal or herd. Opportunity for owners to utilise the dispensed substance on other animals not under the veterinary surgeon's care or to store drugs until past their use-by date should be minimised. The quantity dispensed must be recorded and reflect correct dosage for the condition of the animal/herd being treated.

If a veterinarian's interpretation of a blood analysis was that the animal was suffering from a particular condition that was treatable with restricted medicines, the veterinarian would then have to personally examine or have a recent enough knowledge of the animal to ascertain its health status and to satisfy him/herself that the blood originated from that animal before administering or dispensing the restricted product. (Note: The drug dispensing restriction aside, the economic impact on the profession through the avoidance by owners of the need for a personal consultation to gain drug treatment for their animals would be unsustainable, particularly in small animal practice.)

**Q.** Would a current personal knowledge of the general health status of a group of performance animals (horses, greyhounds) suffice for the purpose of dispensing restricted drugs for administration to multiple animals in the group?

**A. No**

Where a veterinary surgeon maintains a regular check on the general health status of a group of **production** animals, it may not be necessary to examine the individual animal before dispensing restricted drugs depending on the condition acquired or to be prevented. The exception does not extend to companion or performance animals and no defence of actions in contravention of the Regulation could be mounted based on that pretence.

**Q.** Have there been any recent changes to the Regulation which now prevents the dispensing of restricted products in smaller quantities than that packaged by the manufacturer?

**A. No**

There is no regulation that prevents the dispensing in smaller quantities. However, when any veterinary surgeon supplies or dispenses a restricted or controlled medicine, the veterinary surgeon must securely attach to the medicine's container a label containing a number of particulars. (Refer to [www.vsb.qld.gov.au/legislation/what veterinary surgeons need to know/ dispensing drugs and poisons](http://www.vsb.qld.gov.au/legislation/what_veterinary_surgeons_need_to_know/dispensing_drugs_and_poisons))

If the medicine is dispensed in the manufacturer's pack, it is not sufficient to dispense with only the manufacturer's label attached. Without exception, the veterinary surgeon must attach another label containing the particulars required by the Regulation.

If the medicine is dispensed in doses of lesser quantity than supplied by the manufacturer, without exception the veterinary surgeon must attach a label containing the particulars required by the Regulation.

**Q.** Is there a regulation that prevents wholesalers from selling restricted medicines to veterinary surgeons in quantities less than packaged by the manufacturer?

**A. Yes**

Before a wholesaler can pack or repack a restricted or controlled medicine the wholesaler must possess a manufacturer's licence. Wholesalers may apply to Queensland Health for a manufacturer's licence.

A wholesaler that does not have a manufacturer's licence would therefore decline any orders for restricted products where the manufacturer's pack would need to be broken. The same restriction does not apply to the dispenser of the product, that is the veterinary surgeon.

**Q.** Can a veterinarian write a prescription or purchase order, send it to the wholesaler, or have the client send it to the wholesaler, with instructions to give or deliver restricted medicines directly to the client?

**A. No**

The Regulation provides that a wholesaler may supply a restricted medicine only to an authorised person, that is a veterinary surgeon. The relevance of this is that veterinary surgeons cannot make arrangements to have restricted products supplied directly to primary producers, even if it involves 20 kg bags of antibiotics.

Pork producers for example believe that the implementation of this regulation in their industry presents significant problems from an animal welfare, logistic and commercial perspective. Nevertheless, the Regulation is applied to the delivery of restricted and controlled medicines to all persons authorised under the Regulation not only in the veterinary industry but in other professions and occupations and as such individual dispensations cannot be made.

Any product supplied directly by a wholesaler to a producer would of course not be labelled by the veterinary surgeon dispenser as required by the regulation leaving the end user without the instructions for the product's use.

**Q.** How does this restriction apply to the supply of medicated stock feeds direct to the producer?

**A.** A wholesaler with a manufacturer's licence is permitted to pre-mix and package stock feeds medicated with restricted products. Queensland Health concedes that it is not practical for bulk supplies of stock feeds to be delivered first to an authorised veterinary surgeon for collection or on-forwarding to a producer.

Queensland Health have advised that it is developing a policy on the supply of medicated stock feeds and legislation currently in the drafting stages in Victoria will influence that policy so that across border uniformity may be achieved. Current arrangements in respect to medicated stock feeds may proceed until such time as the policy is formulated.

The policy will not apply to cases where producers themselves mix stock feed with antibiotics. Because of labelling requirements, without exception the bulk antibiotics would have to be supplied to the veterinary surgeon for collection or on-forwarding to the producer.

## Australia's adverse experience reporting program for veterinary medicines

### History

The Australian Pesticides and Veterinary Medicines Authority (APVMA) established the Adverse Experience Reporting Program for veterinary medicines (AERP Vet) in 1995 as a post-registration quality assurance program for veterinary medicines. It provides the APVMA with feedback about the performance of veterinary medicines in the field to ensure that the registration decisions being made by the APVMA are appropriate and effective. It also helps promote and maintain public confidence in the APVMA and the National Registration Scheme.

## Management of Adverse Experience Reports

Although exhaustive assessments are conducted prior to registration, occasionally adverse experiences arise from the use of veterinary medicines in the field. The APVMA defines an adverse experience as 'an unintended or unexpected effect on animals, human beings or the environment, including injury, sensitivity reactions or lack of efficacy associated with the clinical use of a veterinary chemical product'.

The APVMA encourages veterinarians, animal owners, farmers and other users of veterinary medicines to report any adverse experience. The Adverse Experience Reporting Form for Veterinary Chemical Products is available from the APVMA or on the APVMA's Website at <http://www.apvma.gov.au/qa/aerp.shtml>. A form is also available at the front of each IVS Annual. Alternatively, the report can be submitted to the APVMA electronically by accessing <http://services.apvma.gov.au/index.jsp>. Registrants of veterinary medicines must also submit adverse experience reports to the APVMA.

Reports of adverse experiences received by the APVMA are carefully and thoroughly assessed and researched by veterinarians, scientists and other qualified professionals. Advice from external agencies including toxicological, medical and occupational health and safety authorities may also be sought. If an adverse experience is confirmed, the APVMA may take regulatory action depending on trend analysis of all reports for the product. Corrective actions range from changing the product label (eg. additional precautions or warning statements) or the product's formulation, to deregistration of the product and/or product recall.

The following regulatory actions were taken during the 2002-2003 financial year:

- nine product label changes were made to improve the quality of information available for product users (affecting twenty-four products);
- two manufacturing process changes were made (affecting three products);
- four recalls were conducted; and
- two products were nominated for review.

The APVMA has recently published a combined Annual Report of Adverse Experiences, which includes a retrospective analysis of all adverse experience reports in our database that have been assessed and classified as 'Probable' or 'Possible' by the APVMA from 1995 to May 2003.

For further details on the program, please visit the APVMA's website [www.apvma.gov.au/qa/aerp.shtml](http://www.apvma.gov.au/qa/aerp.shtml) or contact the AERP Coordinator on (02) 6272 3651.

## Queensland Emergency Response Capabilities – How you can help

Veterinarians in private practice and retired veterinarians are a valuable technical and human resource in the event of a major exotic animal disease outbreak occurring in Queensland.

Veterinarians need to be kept up-to-date with changes in legislation relating to animal welfare, animal disease control and acts of veterinary science, zoonoses and emerging infectious diseases.

### New e-list service

DPI&F Biosecurity has established a series of e-mail discussion lists with a view to enhance the information flow between the DPI&F and private/retired practitioners (thereby increasing Queensland's Emergency Response Capabilities in the event of a major exotic disease outbreak).

### How will the e-lists be used?

The main focus for these lists is to provide a cheap and effective electronic method for providing up-dates from the Queensland Chief Veterinary Officer or the DPI&F Chief Inspector of Stock during emergency situations, or during times of high alert.

The DPI&F will also use the e-lists to disseminate updates on a range of Emergency Responses Capabilities issues, regulation changes, newsletters and fact sheet resources.

### Lists details

The e-lists membership is closed to the general public. Membership will be restricted to only Queensland registered veterinarians and select DPI&F staff. E-mail addresses are not displayed and will remain confidential to comply with the Queensland Government's privacy policy.

Five regional e-lists have been established. In addition, a whole-of-Queensland e-list has also been established. Veterinarians only need to subscribe ONCE to ONLY the regional e-mail list in which they normally reside/practice.

All regional lists will be added to the Qld-wide list. This segregation of regional and state-wide lists will allow more flexibility to communicate regionally with staff on minor local disease issues, or to contact staff state-wide.

Access to the e-lists can be gained via the Veterinary Surgeons Board website:

### To subscribe to the e-lists go to:

[West Qld Region Vets e-List](#)

[Southern Qld Region Vets e-List](#)

[South East Region Vets e-List](#)

[Central Queensland Region Vets e-List](#)

[North Queensland Region Vets e-List](#)

### Need more information or assistance

The e-lists are managed by:

Rod Thompson

DPI&F Biosecurity Communications Officer

Email: [Rod.Thompson@dpi.qld.gov.au](mailto:Rod.Thompson@dpi.qld.gov.au)

Phone: (07) 3224 2481

## Introducing the website of the Veterinary Surgeons Board of Queensland:

**[www.vsb.qld.gov.au](http://www.vsb.qld.gov.au)**

The site enables a search of the Queensland Register of Veterinary Surgeons and provides an information service to consumers and veterinarians on aspects of the conduct of veterinary science in Queensland both regulated and unregulated.

**Home Page** – Incorporating new announcements and information from DPI of relevance to veterinarians.

**Contact Us** – Full contact details.

**About the Veterinary Surgeons Board** – Role, composition and staff of Board.

**Search the Register** – Enables a search of the Queensland Register of Veterinary Surgeons under name, certificate or location; confirms registration status of veterinary surgeon employees and locums; schedule drug providers can confirm registration of client; consumers can search for veterinarian of choice.

**Relevant Legislation – what you need to know about:**

- *Veterinary Surgeons Act 1936*
- *Veterinary Surgeons Regulation 2002*
- *Animal Care and Protection Act 2001*
- *Health (Drugs and Poisons) Regulation 1996*
- *Radiation Safety Act 1999*

**Guidelines** – Information on frequently asked questions in respect to the regulation of the profession in general, guidelines for practitioners, standards of house call practices, student lecture notes and AVA code of conduct.

**Registration Information** – Information on the process of registration as a veterinary surgeon and veterinary specialist in various categories, restoration to the Register, annual renewal of registration, fees, locum agencies.

**Veterinary Premises** – Guide to gaining Board approval of veterinary premises, terms of sale of veterinary practices, signage at premises.

**Continuing Veterinary Education**

- Requirements for Recording Continuing Education Undertaken
- Guidelines
- Sample Record Form

**Fees** – Current statutory fees administered by Board.

**Forms** – Premises Application, Surgeon Application, CVE/CPD Recording Form, Payment Form

**Complaints** – Outline of Board complaint process for consumers of veterinary services. Copy of AVA Code of Conduct.

**Links** – Links to registration boards in Australia and overseas, legislation, professional associations, veterinary schools, government and directories.

**Newsletters** – Past issues of Veterinary Register newsletter and selected articles.

### **Board Contact Details are:**

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**Telephone:** (07) 3239 3600

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