vetregister

The Newsletter of the Veterinary Surgeons Board of Queensland.

Telephone: +61 7 3239 3600
Facsimile: +61 7 3225 1488
Email: vsbqld@dpi.qld.gov.au
Web site: www.vsb.qld.gov.au

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In this edition

Board Membership

Nominated Members

Dr Ian Douglas	DPI&F (Chairperson)
Dr Neil McMeniman	UQ Vet School (Deputy Chair)
Dr Maurine Thomson	Specialist (Veterinary Surgery – Small Animal Surgery and Surgical Oncology)
Glenda Whitmore	Consumer Representative

Elected Members

Dr Vic Menrath	Specialist (Vet Medicine Cats)
Dr David Lovell	GP (Horses)

Veterinary Tribunal Finds Veterinarian Unfit to Practise

The Veterinary Tribunal of Queensland met to consider an application made to it by the Veterinary Surgeons Board of Queensland for an order that the name of Sven Arne Temmingh BVSc be removed from the Queensland Register of Veterinary Surgeons.

The particulars of the application were that in the opinion of the Veterinary Surgeons Board of Queensland, two convictions recorded against Sven Arne Temmingh in the Supreme Court of New South Wales on 29 July 2003 for wilfully supplying injectable steroids and wilfully making a false entry in a record, and a plea of guilty by Sven Arne Temmingh in the District Court of New South Wales to a single charge of intentionally importing a Tier 1 good without approval contrary to the provisions of section 233 BAA(4) of the Customs Act 1901 (Cth), rendered Mr Temmingh unfit to practise veterinary science in Queensland.

Mr Temmingh did not contest the application before the Tribunal.

The Veterinary Tribunal was satisfied that the convictions as demonstrated in New South Wales rendered Mr Temmingh unfit to practise veterinary science in Queensland in terms of Section 22C of the Queensland Veterinary Surgeons Act 1936 and ordered that the name of Sven Arne Temmingh be removed from the Queensland Register of Veterinary Surgeons.

Further, the Tribunal made a recommendation that the Veterinary Surgeons Board of Queensland should not contemplate a re-registration of Mr Temmingh in Queensland for a period of not less than five years.

Veterinary Tribunal finds veterinarian guilty of professional misconduct

(Article Page 2)

Tribunal Finding of Professional Misconduct

A Queensland registered veterinarian, Dr Allen O'Grady BVSc has been found guilty of professional misconduct by the Veterinary Tribunal of Queensland, fined $2,000 and ordered to pay to the Veterinary Surgeons Board of Queensland professional costs and witness expenses totalling $15,780.

Professional misconduct proceedings were initiated by the Veterinary Surgeons Board against Dr O'Grady when a preliminary investigation of a complaint lodged with it by a client of Dr O'Grady's established that there was sufficient evidence available to establish a *prima facie* case against him of professional negligence or incompetence.

Dr O'Grady chose to have the Board refer charges against him to the Veterinary Tribunal for hearing of the matter.

Evidence was given before the Tribunal over two days of hearings and written legal submissions were made by the counsel representing Dr O'Grady and counsel representing the Veterinary Surgeons Board. In its decision handed down on 24 June 2005, the Veterinary Tribunal found Dr O'Grady guilty of misconduct in a professional respect arising from his failure to provide the correct treatment for the condition known as DKA, particularly by failing to offer referral of an animal to an emergency care facility and his failure to inform the owners of his prognosis to the animal once it entered his care.

The patient was a 16 year old cat presented to Dr O'Grady's New Farm veterinary practice with symptoms of regular vomiting, inappetence and dehydration. Serum chemistry of blood samples revealed profoundly elevated blood glucose, severe metabolic acidosis, hypokalaemia, elevated liver enzymes and azotaemia. Senior Lecturer in Small Animal Medicine at the Sydney University Veterinary Centre, Dr Vanessa Barrs described the haematology and biochemistry from the cat as 'textbook' examples of a cat with DKA.

After a period of hospitalisation at New Farm under the care of his employed veterinarians, Dr O'Grady took over management of the case at his Albion practice. His evidence to the Tribunal was that in assuming treatment and responsibility, he made a diagnosis of DKA but that he did not consider the case was a medical emergency. His further evidence was that he did not refer to any textbooks to research the treatment options and did not consider referring the cat to another practice. The time was 7.30 pm.

The cat had received treatment with intraperitoneal fluids until that time, with long-acting insulin support. Neither of these approaches is considered appropriate for this condition.

The '5 Minute Veterinary Consult' Tilley and Smith says of Diabetes with Ketoacidosis; 'Treatment of a 'sick' diabetes ketoacidotic dog or cat requires inpatient intensive care. This is a life-threatening emergency. Goals are to correct the depletion of water and electrolytes, reverse ketonemia and acidosis, and increase the rate of glucose utilization by insulin dependant tissues.' 'Age related factors N/A.'

The treatment regime chosen by Dr O'Grady was to not administer medication of any description and not to administer fluids I/V. Dr O'Grady left the cat unattended in the practice for the next five hours at which time he re-examined it. Blood glucose tested at a level of 20 and Dr O'Grady recorded a grave prognosis. Dr O'Grady again left the cat unattended and without medication or fluid therapy for a further ten hours.

First communication between Dr O'Grady and the owners was at 9 am when the owners rang him to ascertain their cat's condition. He apprised them of his grave prognosis for the cat made some 8½ hours earlier. At 10.30 am he again re-examined the cat, blood glucose tested at 24.4 and he administered three units of insulin. At 11 am he rang the owners recommending euthanasia which the owners declined, opting to take the cat home. On release of the cat to the owners at 12 noon, 300cc of fluids I/P was administered and three units of insulin was dispensed.

The sum of the treatment rendered by Dr O'Grady was three units of insulin given 15 hours after he assumed responsibility for the case and 300cc of fluids I/P given upon release of the cat to the owners after 16½ hours under his care. During this period, the owners were not advised that there was an option to have the cat transferred to an emergency care practice, despite the location of such a practice within ten minutes travel time from Albion.

Notwithstanding the poor prognosis assumed by Dr O'Grady, the Veterinary Tribunal formed the view that a veterinary surgeon of reasonable skill would have both consulted with the owners about that prognosis; and provided to them all options for treatment, together with his recommendations for treatment.

The owners had previously told Dr O'Grady's staff that they would do anything to save their cat. Specialist opinion is that the cat had a reasonable chance of survival if it had received the appropriate treatment. The owners were told that the cat would be 'hospitalised' at the Albion practice over the holiday period and this to them inferred that the practice would be continuously staffed and their cat constantly monitored.

Comment

In general practice each case must be evaluated on its own merits, judgements made as to the range of options available to the client to ensure the best care for the patient and most importantly the entire range of options should be discussed with the client.

Best practice demands that the client always be given the opportunity to reject options that may not suit them rather than the option not being offered due to the practitioner's confidence in the prognosis with a particular treatment plan or perception of the extent of treatment to which the client will proceed.

The Veterinary Surgeons Board has identified public expectation for overnight monitoring of patients as an area of concern in modern day practice. The importance of conveying to clients the practice limitations for out-of-hours supervision and monitoring of hospitalised patients cannot be over-emphasised. There has been another case investigated by the Veterinary Surgeons Board this year where a tick paralysis victim died overnight at a general practice when the owners were of the understanding that their dog would be constantly monitored throughout the night. Until that point the practice had no set protocol in place to ensure clients were aware of the extent of overnight observation conducted and what other options were available to them.

Practices without such client communication protocols in place should address this deficiency immediately.

The Option of Referral – a GP's Perspective

The following letter was published in the Australian Veterinary Journal, March 2005, Volume 83, No 3, (the Journal of the Australian Veterinary Association) and is relevant to the above comment. It is appreciated that the writer is a 'city' veterinarian and specialist referral is not a routine option outside south-east Queensland.

"I am an AVA member. I am reluctant to give my name for obvious reasons. I am a partner in a general small animal practice in Melbourne. I am expressing concern over the reluctance of some of my associates to refer cases to specialists despite the clinical indication to do so.

As a result of this concern, I have had multiple conversations with other colleagues as well as my solicitor over this issue. We, as veterinarians, wish for the same respect and credibility that human doctors receive which is in part demonstrated by the escalating fees we demand for the treatment of animals. Yet we behave in a manner inconsistent with that wish by refusing to offer referral for more involved medical and surgical cases and after hours care.

Can you imagine your family doctor performing cruciate ligament or fracture repairs, or for that matter managing lymphoma or osteosarcoma without at least the consultation of a specialist?

How about having a major abdominal surgery and spending that night alone in a ward wallowing in your own excrement without a soul checking on you until morning?

One colleague stated that general practice would become boring if all of the interesting stuff was referred. The primary purpose of veterinary practice is not for the entertainment of the practitioner. It is for the well being of the patient and the owner.

'Memberships' are part of the problem. While the intent is reasonable to give incentive for general practitioners to learn more about one or more topics of interest, some people have interpreted this to mean that they are 'pseudospecialists'. I have my membership in surgery but I am not a surgeon. I passed the membership examination the first time with a moderate amount of preparation and with no additional training.

Board certified specialists have had an extra three years intensive training under the supervision of other specialists. They are required to have logged a certain number of cases of each type under the direct guidance of a specialist. They are required to take an examination which covers the last several years of many relevant journal articles and textbooks in detail. Do our clients know this?

I have scrubbed in with surgical specialists in town. There is a difference. The level of skill, not to mention the array of equipment available, undoubtedly affects the outcome of the cases.

Do you need more incentive? Victorians have become some of the most litigious people in the world. Australian solicitors have their collective noses in the wind and are catching the scent of veterinarians. There have been cases presented to the Victorian Veterinary Board over veterinarians not offering referral for 24 hour care.

These cases have resulted in disciplinary actions against practitioners. If a regulatory board finds that there was an act of negligence, what will keep the courts from finding the same thing and granting rewards to the owners? I am certain that this is coming.

America, which appears to be ten or so years ahead of Australia with regards to trends in veterinary medicine, has seen exactly this occur. There have been awards for pain and suffering in amounts of tens of thousands of dollars for negligent veterinary care. There have been findings in favour of pet owners for not offering specialist referral.

Remember often this is not about the money. It is about grief. Owners are often more than happy to expend finances on legal fees even if there is no net gain.

In Melbourne, where specialists and litigious pet owners are plentiful, we have the legal obligation to offer referral for advanced veterinary care. We also have to document that referral has been offered. My solicitor has suggested an addition to my 'consent for care form' which reads something like this;

a) .....I have been offered referral to a specialist for treatment of my pet and have elected to have the treatment performed at the .....veterinary clinic instead.

b) .....I have been offered transfer to an after-hours care facility for the overnight care of my pet and have elected to keep my pet at .....veterinary clinic despite the fact that it is not staffed after hours.

The winds of change are about us. The 'I'll give it a go' mentality of the Australian general veterinary practitioner must come to an end. Specialists are becoming more visible to the general public in the media and by person to person contact at places of employment, the park and at the pet store.

Pet owners who have not been offered referral are understandably upset when they find out that other options have been available all along. Referral must become part of a successful general practice plan. Otherwise people will find a general practice they can trust to offer alternative treatments when appropriate. While it is recognised that not all pet owners can afford, or would elect referral to a specialist, that decision must be theirs, not ours.

Name withheld at author's request."

Horse Dentist Guilty

The following is an extract from a report published in the newsletter of the Veterinary Surgeons Board of New South Wales. It relates to the successful prosecution of a horse dentist in New South Wales which was made possible by virtue of a complaint lodged by the owner of the horses involved.

'In Tamworth Local Court on 15 October 2004, Ms Zoe Wharton a horse dentist from Gunnedah, pleaded guilty to two charges that she performed an act of veterinary science when she is not registered as a veterinary surgeon and two charges relating to the possession and supply of the restricted Schedule 4 drug Xylazine.

In outlining the Board's case, the Registrar told the Court that Ms Wharton had informed the owner in advance that she would provide sedation for the horses, and that she did not require the attendance of a veterinary surgeon. The prosecution case was that she provided and administered Xylazine twice to each horse, intravenously, in the course of working with power tools on the horses' teeth.

In his summing up, Magistrate MacPherson mentioned that there is an issue about the right of horse dentists to use sedatives in their work, but that these were serious breaches of the drug laws and the Veterinary Surgeons Act 1986. He recognised the animal welfare issues identified in expert witness statements made by Professor Hutchins and Mr Peter Graney, horse dentist, and in a statement made by Dr Garth McGilvray, the President of the Board, that necessitated the presence of a veterinary surgeon to examine the horse, administer appropriate sedatives and monitor the condition of the horse during the procedures.

Magistrate MacPherson was told by Ms Wharton's solicitor that she is young and of exemplary character, and that a drugs conviction may prevent her from obtaining a visa to travel to the USA, and may impede her intention to become a veterinarian.

The Court acknowledged the plea of guilty and did not record any conviction and ordered Ms Wharton to enter a good behavior bond under section 10 (1) (b) of the Criminal Procedure Act, for 18 months, and to pay costs claimed by the Board totaling $2331.65.

The successful prosecution of Ms Wharton was made possible by the co-operation of the owner of the horses in agreeing to give evidence in support of the prosecution and the co operation of the Board's expert witnesses.

The Board reminds practitioners that the practice of veterinary science by unregistered persons can only be brought to account if the facts are notified to the Board or an appropriate agency and the persons with knowledge of the facts are prepared to assist in taking the appropriate action.' (End of report)

The Queensland Veterinary Surgeons Board regularly receives complaints from veterinarians alleging the unlawful use of scheduled drugs by non-veterinarian horse dentists.

The Health authorities are powerless to prosecute these persons unless they are actually caught in possession of the drugs and the Veterinary Surgeons Board can only prosecute if there is *prima facie* evidence that an act of veterinary science was performed for a fee, remembering that the filing/rasping of horses' teeth has been exempted as an act of veterinary science in Queensland.

Alleged offences generally are reported to have taken place on private properties in remote areas and rural areas where veterinarians are short in numbers and where it is unrealistic that a environmental health officer could witness the possession of unauthorised drugs by a horse dentist or the like before the person leaves the district. Prosecutions would therefore be heavily reliant on the cooperation of the person who engaged the services of the lay provider.

It is believed the greater percentage of scheduled drugs possessed by lay veterinary providers are supplied to them by registered veterinarians. Any veterinarian supplying quantities of restricted or controlled drugs to a horse dentist in Queensland for use by the horse dentist for whatever purpose the person determines in the absence of the veterinarian would be in breach of the Drugs and Poisons Regulation, could face professional misconduct action and as the authorised person, would be ultimately held responsible for the welfare of any horse to which a drug supplied by the veterinarian was administered.

The activities of horse dentists who have unauthorised possession of scheduled drugs would be severely curtailed if they were denied access to the drugs from veterinarians.

Authenticity of Veterinary Certificates

The Queensland *Veterinary Surgeons Act* is not limiting in respect to the meaning of the term 'professional misconduct'.

An example of professional misconduct quoted in the legislation is the signing or giving in the capacity of a registered veterinary surgeon of any certificate, notice, report or like document that is incomplete or is false or misleading in a material respect.

The Veterinary Board considers that any certificate issued and signed by a veterinarian must be truthful and not misleading.

The Queensland Harness Racing Board for example is concerned with the increasing incidence of veterinarians issuing certificates giving opinions on when a horse is fit to race when the veterinarian has not personally examined the horse and is presumably acting upon the advice of the owner or trainer.

In such cases, not only has there been an attempt to deceive the racing body into it believing a veterinary examination has been conducted, there are animal welfare implications if a horse is allowed to race after a falsified veterinary clearance has been given, not to mention the implications in terms of the *Queensland Racing Act*.

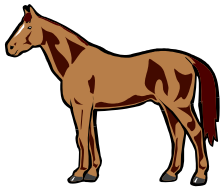
The Veterinary Surgeons Board will initiate professional misconduct proceedings in instances where *prima facie* evidence can be produced to show that a registered veterinary surgeon has issued a certificate, whether it be a pre-purchase examination certificate or a scratching certificate or the like, that is misleading and not based on the findings of an examination conducted by that veterinarian immediately before the issuing of the certificate.

Measures to avoid disputes with clients

Disputes relating to alleged over-servicing or whether a client's permission was given for performance of a non-emergency procedure can be avoided by having the client sign a permission form listing the procedures to be undertaken.

Instances where disputes regularly arise are tattooing of the ear after desexing of cats and pre-anaesthetic blood testing. A more specific example is the case of a dog that underwent a caesarean and was spayed at the same time. The client said there was no instruction given to spay the dog while the veterinarian maintained that was what the client instructed. A form signed by the client permitting the range of procedures to be undertaken, with a telephone number for the client to be contacted in case of unforseen complications, would have avoided this dispute.

Radiation Safety Issue - Horses



The Radiation Health Committee has considered issues in relation to radiation safety in the radiographic assessment of horses for yearling sales. Protocols require the radiographic assessment of all horses being sold – the Hong Kong market requires up to 42 radiographic views for each horse, and the local and USA markets require up to 34 views for each horse.

Since up to 5000 yearlings are sold annually in Australia, the Committee is concerned that if safe practices are not adhered to during veterinary radiography the accumulated dose to those performing the radiography could be significant and possibly above the radiation dose limits in radiation safety regulations and standards. This situation is exacerbated by the fact that only a small number of persons are performing the radiography for the yearling sales and the fact that all of the radiography required is to be performed within a relatively short period prior to each sale.

In addition, the Radiation Health Committee is aware that, as light-weight X-ray units (weighing between 7.5 to 12 kg) may be used for these procedures, some persons performing veterinary radiography have adopted the practice of holding the X-ray units or cradling them between their knees rather than mounting them appropriately using a holder or stand.

Similarly, it is understood that some assistants are holding the cassettes in position for radiography by hand, rather than using handling tools to ensure that they are not in the X-ray beam.

The NHMRC Code of Practice for the Safe Use of Ionizing Radiation in Veterinary Radiology (1982) addresses this practice in several clauses. Specifically, Clause 3.4.3 of the Code states that:

'During radiography no person shall hold the X-ray tube assembly or the cassette. The X-ray tube shall be rigidly supported by a holder or stand which provides adequate stability and does not allow movement blurring of the radiograph.'

As the provisions of this Code are incorporated into the regulatory framework of each State and Territory either directly or by condition of licence/registration, to hold the X-ray tube assembly would appear to be a clear contravention of the relevant requirements.

Conclusion

The Radiation Health Committee advises veterinary surgeons that the practice of holding X-ray units or film cassettes during radiography, by any person, is inappropriate and should cease immediately.

These practices must be replaced by procedures that are in accordance with the requirements of the Code of Practice.

Professional Responsibility for Supervised Procedures

The Veterinary Surgeons Board believes that a veterinarian engaged to repair an injury or remedy a condition bears a certain responsibility for not only the outcome of the surgical procedure or medical process undertaken but also for the overall welfare of the patient. The Board's opinion is that in anaesthetic cases the veterinarian's responsibility for the well-being of the animal begins with the administration of an anaesthetic and continues for the full course of the procedure.

A recent complaint investigated by the Board demonstrates the point. A veterinarian was engaged to perform surgery on a foal to correct contracted flexor tendons. A farrier engaged by the owner shod the feet while the horse was anaesthetised using two compound glue to affix the shoes to the feet.

Post-operatively, the foal suffered pain and was reluctant to stand. A subsequent examination identified acute laminitis with a degree of separation at the coronary band. The clinical evidence supported the opinion of an independent veterinarian that the damage sustained was due to thermal necrosis resulting from excessive application of inappropriate glue to affix the shoes.

The farrier was not the farrier routinely used by the veterinarian. The extensions and glue were supplied by the owner and were not of the type recommended by the veterinarian in these cases.

A similar situation could result if a veterinarian anaesthetises a horse to enable a horse dentist to file teeth in the presence of the veterinarian. Over zealous grinding can result in the teeth being totally flattened, and if a power tool is used, thermal necrosis can result from the heat generated. As was the case with the foal mentioned above, the effects will not become immediately obvious but when they do, the client will invariably not lay the blame with the lay provider and will expect the damage to be repaired by the veterinarian. The veterinarian may also be threatened with legal liability for the damage caused although the Board can offer no information as to whether there has ever been a test case in the civil courts. Professional indemnity insurers may opt in such cases not to pursue a defence of a damages claim.

To summarise, a veterinarian should have the utmost confidence in the competency of a lay person to perform a procedure before agreeing to anaesthetise an animal in order for the procedure to be undertaken.

The Board's view is that if a veterinarian is not completely confident of the competency of a lay person to perform a procedure or in the method or product to be used, the option to refuse to proceed with the anaesthesia should be seriously considered.

Complaint Case

A general practice veterinarian made the decision to perform an enema on a dog on a Saturday morning assuming the dog would be sufficiently recovered from the anaesthetic to be released by the time of closing of the practice early afternoon.

The dog had a longer recovery time than anticipated, the owners were waiting and anxious to get home to meet travel commitments, and the veterinarian had personal commitments to attend to. At the owner's insistence, the veterinarian discharged the dog when it was conscious and responsive but still unable to stand and walk unassisted. The veterinarian made an assumption that the dog was in the final stages of an uneventful recovery. The dog however never recovered and died later that day at the owner's home.

The veterinarian was not required to face professional misconduct proceedings due to the fact that the owners insisted on taking the dog home against professional advice. There was no clinical evidence available that the dog's premature release contributed to its death. If the dog had remained hospitalised but unmonitored during the afternoon and night the outcome would likely have been the same.

If, when scheduling the procedure the veterinarian had made a professional commitment to monitor or had arranged for another veterinarian to monitor the dog through its full recovery period, an irregular recovery pattern may have been observed and responsive treatment could have been given or sought from an emergency practice.

The lesson to be learnt from this case is that non-emergency and elective general anaesthetic procedures should only be undertaken when staffing arrangements are in place for observation of the patient during the full post-operative recovery period. Patients should never be released post-operatively unless they are able to stand and walk unassisted. Also, a waiver form should always be sought from the client if a patient is released at an owner's insistence against professional advice.

Ketamine Rescheduling

Information was distributed to all registered veterinarians earlier this year advising of the rescheduling of ketamine from Schedule 4 (Restricted Drug) to Schedule 8 (Controlled Drug) as from 1 May 2005.

The decision was based on growing evidence that showed an increasing rate of ketamine diversion from legitimate medical and veterinary sources, illicit use and abuse of ketamine and evidence of physical and psychological symptoms of ketamine dependence among recreational users.

The rescheduling had ramifications for veterinarians in terms of storage of the drug and record keeping.

Storage of Controlled (S8) Drugs

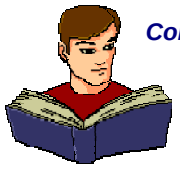
Ketamine, like all controlled drugs, must now be stored in a receptacle that complies with appendix 6 of the Drugs and Poisons Regulation, or in another place (a "secure place") an inspector who inspects the place is reasonably satisfied is at least as secure as a receptacle that complies with appendix 6.

Persons authorised to be in possession of controlled drugs must always keep the receptacle or secure place locked, other than when a controlled drug is being put into or taken out of the receptacle or place and must personally possess the key or combination to the receptacle or place. (**Note:** This precludes the possession of the key or combination to the receptacle by any practice employee who is not a registered veterinarian.)

Appendix 6 is rather detailed but basically it requires controlled drugs to be stored in a steel safe with a pick-proof lock or a tamper-proof combination lock, welded steel hinges and bolted to the wall or floor (2 or 4 12.7 mm bolts) from inside the safe. A receptacle equally as secure would have to be one of steel construction that incorporates a secure locking device and cannot be easily removed from the premises. A firearms safe, for example, may qualify as equally as secure if it meets the physical standards and the veterinarian keeps personal possession of the key or combination.

A veterinary surgeon may possess a controlled drug at a place other than the place where the veterinarian practises his/her profession, but must keep the drug in a secure place under his/her personal control. This section allows veterinarians working in the field or in ambulatory practice to have personal possession of S8 drugs on a daily basis while away from the practice. They should be held in a locked compartment of a locked vehicle or in an emergency bag in a locked room when not being used.

Record Keeping



Controlled (S8) Drug Register

A veterinarian who obtains, possesses, dispenses or uses a controlled drug must keep a record book.

The veterinarian must-

(a) use a separate record book or a separate part of the record book for each class of controlled drug; and

(b) enter in the book, full details of each transaction involving a controlled drug administered, dispensed, obtained, supplied or used by the veterinarian; and

(c) make the entry as soon as practicable after the controlled drug is administered, dispensed, obtained, supplied or used by the veterinarian, but no later than the day after it is administered, dispensed, obtained, supplied or used.

The veterinarian must ensure the entry includes the following-

(a) the date of the transaction;

(b) the name and address of the person-

  (i) from whom the controlled drug is obtained; or

  (ii) for whom the controlled drug is dispensed, obtained or supplied or on whom it is administered or used;

(c) the quantity or volume of the controlled drug administered, dispensed, obtained, supplied or used in the transaction;

(d) the balance of the controlled drug in the veterinarian's possession after the transaction;

(e) the veterinarian's initials.

It is recommended a hard covered record book of suitable size to fit in the storage receptacle be used. The necessity to remove the book to access or replenish the drugs should ensure the necessary notations are made on the record on each occasion.

For veterinarians in the field, a supplementary record book can be carried with the drugs so that usage can be recorded and details transferred to the main register when returning the balance to the safe or restocking.

The provision does not include a reference to keeping records in an electronic form or any other way. Hence, despite the existence of software packages incorporating 'tamper proof' controlled drug recording systems, for the time being at least, only written entries in a 'hardcopy' book will satisfy the requirement of the Drugs and Poisons Regulation.

Life of Controlled Drug Records

A record about controlled drugs must be kept in good condition, as far as practicable; and must be kept for a period of at least **two years** after the last entry is made in it (Drugs and Poisons Regulation).

Beware the dangers of Euthanasia Solutions

The Veterinary Surgeons Board wishes to draw the attention of practitioners to some, at times, casual practices in respect to euthanasia solutions. Such products are necessarily lethal and therefore should be regarded as potentially dangerous.

There has been a history of misuse of these products with disastrous consequences. The Board recommends that these products are kept securely under lock and key with limited access in the practice. The product should be removed from its secure position only during use and returned immediately after it is not required.

Similarly, when used in the field, the product should be securely locked away in vehicles and access by clients and by the public made impossible. Staff members should also have access only if it is necessary.

As products used for euthanasia can have the same effect as a firearm, the storage of these products should parallel that of a firearm. It would be irresponsible to leave a firearm lying around in the surgery or on the back seat of the car. Equally, these products require a great deal of care in handling and storage.

Accountability for Controlled Drug Purchases

Queensland Health scrutinise any irregular purchase patterns of S8 drugs by veterinarians that are flagged in their on-line purchase monitoring system. This includes purchases from both wholesalers and pharmacies.

Identification of a pattern of excessive purchase of controlled drugs by a practice or individual practitioner results in an unannounced inspection by health officers of the drug storage facility and an on the spot audit of the controlled drug record book.

Prosecutions can result from infringements detected, or the information can be passed on to the Veterinary Surgeons Board for consideration of professional misconduct action.

Employing a New Veterinarian?

Always check to make sure a new employee (or a locum) has registered as a veterinary surgeon in Queensland before the person commences practising.

No registration = no professional indemnity insurance = an offence under the Veterinary Surgeons Act by both the employed (or locum) veterinarian and the veterinarian who allowed the person to practise.

Provisional registration of veterinarians with eligible qualifications will not be granted until the total documentation required is received. So while a prospective employee may say that a registration application has been submitted to the Board, that is not to say that the person is immediately entitled to practise. Provisional registration will date only from the day that all documentation and payment is finalised.

New registrations are not added to the Register of Veterinary Surgeons until formally approved by the Board. This means that the names of provisionally registered veterinarians will not appear on the database accessed via the Board website.

Employers should always conduct a web search to confirm registration of a prospective employee (or locum) and if the person's name is not found, the person should produce either a provisional registration certificate from the Queensland Veterinary Surgeons Board issued within the previous six weeks or a letter issued by the Board within the same time period giving executive approval for restoration of the person's name to the Register after a period of absence. Failing that, the employer should ring the Board to ascertain the current status of the person's application.

The database searched on the website is updated immediately following the formal Board approval of new registrations and restored registrations, or Board confirmation of removal of names from the Register. Non-appearance of a name on the database indicates without doubt that the person's registration has not yet been formalised or has lapsed.

Search the Register: www.vsb.qld.gov.au

Or ring the Board: (07) 3239 3600

Supply of Animal Blood Products

Blood products are defined as veterinary chemical products under the *Agricultural and Veterinary Chemical Code Act 1995* (Agvet Code). Under the Agvet Code, a person must not supply or cause or permit to be supplied a chemical product that is not a **registered** chemical product.

The supply of animal blood is therefore in breach of the Agvet Code unless the animal blood product has been registered.

For further information on registration contact the Australian Pesticides and Veterinary Medicines Authority (APVMA) (previously known as the National Registration Authority). Contact No: 02 6272 5916

The Manual of Requirements and Guidelines (MORAG) for veterinary applications can be assessed on **www.apvma.gov.au**

Attention: Your Registration Renewal Notice will be posted to you in early December. Unless you advise otherwise in the interim period, the renewal notice will be forwarded to the same address as was this newsletter.

Continuing Veterinary Education (CVE)

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 units recorded while practising in Queensland are transportable to any other Australasian jurisdiction where a veterinarian practises.

For the present time the undertaking of CVE is not a prerequisite for annual renewal of registration as a veterinarian. Mandatory continuing education to facilitate continuing registration in the professions is however gaining momentum in discussions in government and professional forums and will likely be seen as a matter for consideration in future reviews of veterinary legislation throughout Australia and New Zealand.

The AVA has introduced its own national recording system for continuing education which complements the Australian and New Zealand Veterinary Boards recording system by having a common range of structured and unstructured activities.

The Need for CVE
CVE is the personal obligation of all responsible veterinarians and should be seen as the continuous progression of capability and competence. Undertaking CVE helps the individual to keep up to date with the continual changes and developments in knowledge, skills and operating environments.

Individuals are expected to review their CVE needs regularly, and plan ahead so that they can make the most of development opportunities as they arise. Many veterinarians choose to attend external courses to keep themselves up to date, but participating in more informal networks and in-house training is also of great value. The opportunities offered by working on new projects, or through involvement in research should also be recognised as adding to professional development.

CVE is an important asset not only in maintaining competence but also in assisting veterinarians who are re-entering the workforce after a period of absence or are changing disciplines within the profession. It is particularly essential for maintaining speciality competence.

Keeping a CVE record can help individuals focus attention on their own learning needs, and can help to provide reassurance to the animal owning public that their practitioner of choice takes seriously the need to maintain professional competence.

General Requirements
The essence of the recording requirements is simplicity and individual responsibility.

The recording guidelines are based on time spent and require CVE to be recorded progressively in units and maintained in a dedicated easily readable format for a period of not less than three (3) years.

In any complaint enquiry where a Veterinary Surgeons Board must assess the professional competence of a veterinarian, the veterinarian concerned will be required to produce his/her record of CVE undertaken. The person will be expected to address any view held by the Board that the failure to maintain the required level of CVE was a contributing factor to the outcome of the case in question.

CVE that is relevant and of benefit to any aspect of the veterinarian's professional life may be considered as appropriate and recordable under the guidelines.

Information Access
The guidelines and sample record format can be accessed on the Board website **www.vsb.qld.gov.au**

Joint Discussions a Positive

Executive representatives of the AVA (Qld Division) meet with the Queensland Veterinary Surgeons Board on occasions to discuss issues of common relevance and interest to both organisations. Such opportunities for the professional association and the body responsible for regulating the profession to exchange ideas and communicate developments, strategies and directions can assist each party.

On a national level, the AVA is a member of the Australasian Veterinary Boards Council Inc (AVBC) and as such has the opportunity to have an input into recommendations made to the Veterinary Boards of Australia and New Zealand in relation to veterinary education, surgeon and specialist registration eligibility criteria, occupational regulation of the profession and standardisation and quality assurance of veterinary services.

For Up–to-Date Information from Queensland Department of Primary Industries and Fisheries on:

- **Queensland emergency animal diseases e-list membership detail**
- **Avian Flu fact sheet for practitioners**
- **Docking dog's tails**
- **Supply of medicated stock feeds containing restricted (S4) antibiotics**
- **Notifiable diseases**

Go to: www.vsb.qld.gov.au (home page)

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.

Emergency care requirements for Veterinary Hospitals/Centres

Veterinary premises of a standard approved by the Veterinary Surgeons Board as entitling use of the descriptor 'Hospital' or 'Centre' must have the capability to provide emergency medical and surgical treatment from a veterinarian seven days a week, twenty-four hours per day no more than thirty minutes after establishing that emergency treatment for an animal is required.

Three arrangements for provision of the emergency care are acceptable:

- Hospital is staffed by a veterinarian 24/7; or
- A veterinarian is personally contactable via the advertised hospital after-hours number which may incorporate a screening system to eliminate non-emergency calls; or
- A veterinarian is personally contactable via the hospital after-hours number which may be diverted to another dedicated emergency care practice *i.e.* another veterinary hospital, but only if the thirty minute treatment deadline can be met.

Note: A hospital cannot have its after-hours calls diverted to an emergency referral practice that is not a designated hospital.

The Board will conduct a review of any hospital premises approval where it is discovered an arrangement is in place whereby the hospital has after-hours calls diverted to premises not similarly recognised by the Board as a veterinary hospital.

Signage – Essential Information for Clients

All veterinary practices are required to display the following signage prominently at premises entry so as to be visible to clients both during practice hours and outside practice hours:

- the names and qualifications of all veterinary surgeons employed at the practice whether permanent, part-time or casual. (The only exception is for locums employed for a period of less than 30 days);
- the days and hours of attendance at the practice; and
- the telephone number and details for gaining immediate out of hours veterinary attention.

This is a basic principle of veterinary practice as it is with the business premises of any professional person. It is disheartening to see veterinary premises and hear reports of veterinary premises that do not identify to clients the names and qualifications of the veterinarians employed there and the hours of business.

Advertising After Hours Emergency Service

If a veterinary practice advertises an after hours emergency contact number there is a professional responsibility to ensure that the number is answered after hours and that information is given to the caller as to where emergency veterinary attention can be immediately accessed. In instances where the practice is not going to have a veterinarian available on a specific occasion or for a period of time, arrangements should be in place for the nearest alternative practitioner to accept that practice's after hours emergency calls. This commitment would not apply if there was no advertising by the practice in print or signage of an emergency after hours contact number. If a practice cannot make the necessary arrangements for all emergency calls to be serviced, the practice should refrain from advertising an emergency number.

Registering in the UK

This was mentioned in a previous newsletter but warrants repeating.

The Royal College of Veterinary Surgeons will refuse registration applications from veterinarians who fall into the following categories:

- 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.

The Royal College requires all applicants to arrange supply to it of a letter attesting to the professional good standing of the person from the registration authority where currently registered. If the person's registration in that other jurisdiction has lapsed, the College will not accept a letter of good standing from that jurisdiction.

It is recommended that Australian registrants intending to practise in the United Kingdom keep their Australian registration current until such time as membership of the Royal College has been attained.

The Royal College of Veterinary Surgeons website is:

www.rcvs.org.uk

Security Alert – Drug Thefts

A message from the Queensland Police Service:

There had been an increase of criminal activity in relation to break and enter and stealing from veterinary premises. The offences have been occurring at night

Before leaving at the end of the day:

- Check that premises are secured;
- Activate alarm and use all security hardware systems and security companies that are available;
- If you have surveillance system please use at all times;
- Make note of batch numbers of drugs that may be targeted and ensure stocktaking of those drugs is up to date.

Some other security tips

Effective security measures will reduce the opportunity for crime. Security, however, should be adapted to suit your needs.

Exterior lighting acts as deterrent, members of the community can clearly observe any unusual activities.

Solid wooden or metal doors, or preferably security doors with double cylinder deadlocks, fitted to entrances (review/check fire regulations).

Solid door and window frames not subject to shrinkage.

Exposed hinges protected to prevent hinge pin removal.

Keep trees and shrubs trimmed so that the view of your premises is not obscured and hiding places are not provided.

Glass window and doors can be 'target hardened' with the application of security film.

Use signage advising customer that alarm systems are installed.

Use signage advising all drugs are secured in a safe.

Please report and record any suspicious activity.

If you have any information which may assist police please phone Crimestoppers on 1800 333 000 or 3364 6464

Amendments to Queensland's *Stock Regulation 1988*

The Stock Regulation 1988 has been amended to:

(a) regulate the use of exotic disease test kits and test methods to prevent incorrect diagnosis and restrict release of positive results until substantiated to prevent unnecessary loss of market access resulting from premature reporting; and

(b) update the notifiable disease schedule to reflect the Animal Health Committee endorsed schedule of national notifiable diseases.

Part A - Use of exotic disease test kits and test methods and restrictions on disclosure of results

Purpose of amendment

The indiscriminate use of exotic disease test kits and test methods may result in inaccurate diagnoses, particularly false positive diagnoses. The uncontrolled disclosure of such exotic disease test results is also recognised as a major risk to trade and market access for livestock and livestock products.

Restrictions on use of exotic disease test kits and methods

As a consequence the Stock Regulation has been amended to prohibit any person from using an exotic disease test kit or method unless authorised by the chief inspector. Persons wishing to use an exotic disease test kit or method must apply in the approved form to the chief inspector. The chief inspector may grant approval under stated conditions or may refuse an application.

Requirements if approval is refused and appeal rights

If the chief inspector refuses an application the applicant must be given written notice stating the decision and the reasons for refusal and advising the applicant that they have 30 days after receipt of the notice in which to appeal the decision to a Magistrate's Court.

Notification obligations on persons using exotic disease test kits and methods

A person who is given approval to use an exotic disease test kit or method which results in a positive test or a negative test specifically applied to exclude an agent not normally found in the State, must give a written result notice to the chief inspector in the approved period stated in the notice of approval for use.

Where no approved period has been stated it must be within 24 hours of becoming aware of the result. In addition the person giving the result notice must, if asked by the chief inspector or if required as a condition of use, provide a duplicate sample for confirmation testing within a reasonable time stated by the chief inspector to an approved testing facility.

Restrictions on disclosure of test results

Persons are prohibited from disclosing a positive test result except to the chief inspector or to a person performing functions under the Stock Act or Exotic Diseases in Animals Act or to another person carrying out functions associated with the testing at the approved facility.

Part B - Notifiable diseases

Purpose of amendment

S 27 of the Stock Act obliges the notification within 24 hours of the existence or suspicion of a notifiable disease and suspicion of a disease previously not recognised by way of symptoms, unexplained or abnormally high mortality or morbidity rates or sudden and unexplained fall in production of stock.

Schedule 6 of the Stock Regulation 1988 contains the list of notifiable diseases under the Stock Act. The regulation can be accessed via the legislation website: **www.legislation.qld.gov.au**