

vetregister

The Newsletter of the Veterinary Surgeons Board of Queensland.

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Notice of Board Election

Notice is hereby given that the triennial election of two members of the Veterinary Surgeons Board of Queensland is to be held on 24 May 2007.

Nominations of registered veterinary surgeons for election to the Veterinary Surgeons Board for a three year term are invited.

Closing date for nominations is 4pm on Friday, 23 March 2007. Nomination form can be downloaded from the Board website (Forms) or forwarded from the Board office on request.

If at the close of nominations there are more than two candidates nominated, a ballot will be conducted. Voting material will be issued to each registrant for return of votes to the Returning Officer. Voting is not mandatory.

Board members' commitments include but are not limited to, attendance at day time meetings in Brisbane at 5 – 6 weekly intervals with prior study of agenda papers, regular telephone and email communications between meetings, special assignments including undertaking inspections of premises intended for use as veterinary premises and conducting interviews as required, and representing the Board on various committees of the profession, industry and government and at seminars, meetings, forums, etc. The Board is reliant on the elected members to have had extensive experience and knowledge in clinical practice. The elected members must be prepared to evaluate the performance of clinicians against modern day veterinary standards in an unbiased and well informed manner.

Women on Boards Announcement

It is the government's policy to support and encourage diversity and equity on government bodies and committees. In support of this policy, the Office for Women has developed a Women on Boards Strategy which aims to promote women's leadership and increase the number of women appointed to Queensland boards.

Diversity on boards means that community demographics are better represented, and can result in better board performance and outcomes. Women are therefore especially encouraged to nominate for election to the Veterinary Surgeons Board of Queensland.

For more information about Women on Boards Strategy please contact Alexandra Winter, Senior Policy Officer, Office for Women on (07) 3247 5300.

National Registration of Veterinarians Proposal

In September 2006, all Australian registered veterinarians were asked to comment on a proposal that veterinarians be permitted to practise in all Australian registration jurisdictions on the basis of having registration in one single jurisdiction. There are over 9,000 veterinarians registered in Australia. Approximately 750 responded to the survey. Only 5 of those responses were opposed to the proposal. Ninety of Queensland's 2,400 registered veterinarians responded.

The Queensland Veterinary Surgeons Board Position

The Queensland Veterinary Surgeons Board is one of two registration boards that have voiced concerns as to the effectiveness of a national registration system.

It is not true that the Queensland Board opposes national registration. It will however not support any registration system that is unrealistic in nature and complex in operation. Queensland would not wish to commit to a system that cannot work effectively and affects the integrity of the registration system.

Queensland registrants pay the second lowest registration fees in Australia behind the Northern Territory yet Queensland ranks third in the population of veterinary registrants. In 2006, the annual registration renewal fee in Queensland of \$118 compared with the highest fee of \$285 levied in Western Australia. The fee in four other jurisdictions is more than \$100 per annum over the fee levied in Queensland.

The registration process in Queensland is simple, effective and efficient and no less so than in any other jurisdiction where fees are substantially higher.

By utilising the Board's website and communicating through email and facsimile, a person wishing to register as a veterinarian in Queensland can gain same day provisional registration and commence employment immediately.

A study in 2002 revealed that 8 percent of Australian veterinarians were registered in more than one jurisdiction with 90 percent of those veterinarians registered in only one other jurisdiction. There were only 65 veterinarians in all of Australia who deemed it necessary to register in more than two other jurisdictions in total.

What this indicates to the Queensland Board is that the overall benefits of national registration to the greater veterinary population in Queensland will be minimal and any registration system that significantly increases the registration fees of Queensland veterinarians and complicates and slows the registration process could not be supported.

The Queensland Board believes the justifications that have been put forward in support of a change from single jurisdiction registration to national registration are either of minor significance or can be addressed administratively with the co-operation of the registration boards.

A national registration system functioning without the benefit of a single commonwealth statute and a single commonwealth registration and regulatory body presents many complexities and the veterinary profession would find itself in uncharted territory by going down that pathway.

Where is National Registration at now?

The decision on implementing a system of national registration of veterinarians will ultimately be made by the Primary Industries Ministerial Council. The Ministers will no doubt take advice from their registration boards and from Animal Health Committee (AHC).

AHC has established a working group to work through the legal and administrative issues and to develop a model for consideration by Ministers. A target date of December 2007 has been set to complete the development of a model that could be implemented uniformly in all jurisdictions. Queensland Department of Primary Industries and Fisheries has representation on the working group.

List of Registered Veterinary Surgeons and Veterinary Specialists

There is no longer a statutory requirement to publish the annual Roll of Veterinary Surgeons and Veterinary Specialists in the Queensland Government Gazette.

The Registers are updated after each meeting of the Veterinary Surgeons Board and up to date lists taken from the Registers can now be purchased from the Board office in lieu of out-dated Gazette lists.

Persons wishing to establish the bona fides of a veterinary surgeon can access the veterinary registers of Queensland and other Australian registration jurisdictions by utilising the search facility of the Boards' websites. The Queensland Board website has links to all other veterinary registration Boards in Australia so that searches of registers outside Queensland can be conducted.

Employers of veterinary surgeons have no grounds for defence against the employment of veterinary staff who have failed to register with the Board after graduation or arrival in the State.

Section 25N - *Veterinary Surgeons Act 1936*

'A veterinary surgeon must not allow or direct another person who is not a veterinary surgeon to practise veterinary science in relation to an animal under the veterinary surgeon's care.

Maximum penalty \$3,000.'

Case reports – Professional Misconduct

The following reports relate to professional misconduct proceedings conducted by the Veterinary Surgeons Board of Queensland and the Veterinary Tribunal of Queensland during 2006. The reports are in chronological order.

Publication of the reports is a component of the penalties applied but is also useful for veterinary education purposes. The cases illustrate the fact that veterinarians must be ever vigilant in their management of patients and clients alike.

Case 1

The Veterinary Surgeons Board received information that a Brisbane veterinary practitioner was conducting practice otherwise than in accordance with the provisions of the *Health (Drugs and Poisons) Regulation 1996*. Allegations were made in relation to the storage and use of expired veterinary scheduled drugs, unauthorised possession by lay staff of controlled drug receptacle keys and lack of security over controlled drugs. The Board passed the information on to the Environmental Health Service of Queensland Health.

The proprietor of the practices involved had previously been prosecuted by Queensland Health in 2002 for failures in relation to the storage and recording of controlled drugs. The prosecution resulted in a conviction and a fine of \$2,000. The veterinarian was subsequently found guilty of professional misconduct by the Board and penalised an amount of \$750.

No doubt influenced by the prior conviction recorded by the veterinarian, Environmental Health Services officers conducted an inspection of the veterinary premises in question. The inspection report identified non-compliance with the statutory requirement that the key to the controlled drug receptacle be in the possession of a veterinary surgeon at all times. A compliance notice was issued. The inspection also discovered significant stocks of expired scheduled drugs.

The storage and use of expired drugs is not regulated by the *Health (Drugs and Poisons) Regulation 1996*. The storage and use of expired drugs is in fact an offence under the *Agvet Code of Queensland (Agricultural and Veterinary Chemicals (Qld) Act 1990)* which provides in part:

(2) *If the container of a date-controlled chemical product has attached to it a label containing an expiry date, a person must not, after that date, supply, or cause or permit to be supplied, the product that is in the container unless:*

(a) *the person is authorised to do so by a permit; or*

(b) *the person does so on a date that, despite the date on the label, is earlier than the date that is required to be contained on the label as a condition of the registration of the product.*

Penalty \$12,000

(3) *Subsection (2) does not apply if the person has a reasonable excuse.'*

Due to the extent of the offence and taking into consideration the previous offence by the veterinarian, the Veterinary Surgeons Board determined that professional misconduct proceedings against the veterinarian should be conducted. The basis of the misconduct was a contravention of the *Agvet Code of Queensland* in respect to use of date expired veterinary chemical products.

The veterinarian's defence that the expired products had not been removed from the practice due to poor management and stock control was not accepted by the Board. The large volume of expired drugs held and the extended length of time since expiry of a large percentage of the drugs were indicators that the veterinarian intentionally used and authorised the use of expired drugs in the treatment of patients. The Board determined that the veterinarian had not provided a reasonable excuse for possession of the expired drugs.

The veterinarian was found guilty of professional misconduct and the matter of penalty was adjourned for a period of twelve months thereby affording the veterinarian the opportunity of a probationary period to demonstrate a discontinuance of the practice of storing and using expired drugs.

The penalties applied under the *Agvet Code* for the supply of date-expired schedule drugs are severe. Practitioners should have practice protocols in place so that drugs are disposed of immediately on expiry. Ultimate responsibility for the management of scheduled drugs rests with the principal veterinarian and not with the non-regulated employed staff.

The expiry date of veterinary chemical products reflects the stability rate applied for by the manufacturer to the registration authority. It cannot be assumed that a drug remains stable after its expiry date.

Case 2 – Medically unfit to practise

A veterinary surgeon has had his name removed from the Queensland Register of Veterinary Surgeons on the grounds that he is medically unfit to practise veterinary science.

The Veterinary Surgeons Board made application to the Veterinary Tribunal of Queensland for removal of the veterinarian's name from the Register after extensive investigations into the conduct of the veterinarian and after he underwent a medical assessment ordered by the Board.

The investigations stemmed from a report by a practice owner that serious discrepancies in the controlled drug register had been noted and that he suspected that his veterinary surgeon practice manager may have been diverting drugs for his own use or for use by others.

The controlled drug records of two practices where the staff member was employed were audited by the Drugs of Dependence Unit (DDU), Queensland Health. The audit revealed that up to 50 percent of the controlled drugs ordered and received by the practice manager over the previous 12 month period were unaccounted for. Furthermore, sampling and analysis of controlled drugs held at the practices for treatments discovered that a number of the solutions had either been significantly diluted or completely replaced with water. The drugs missing and tampered with included methadone and morphine.

Although DDU were able to gather much evidence implicating the practice manager, the evidence was circumstantial as there was no admission of guilt made nor were there any eye witness accounts of the events.

DDU made the recommendation that the Veterinary Surgeons Board be formally apprised of its findings with a view for the Board to consider ordering that the veterinarian in question undertake a health assessment by specialist medical practitioners. There was also the matter to consider that a significant number of animals may have received sub-optimal, or no analgesia in surgical treatment and in medical treatments.

The Board engaged legal counsel experienced in the conduct of medical assessments and disciplinary proceedings. The subsequent finding of a medical assessment committee of specialists was that the veterinarian was impaired by virtue of major depressive disorder and opiate dependence.

Following the medical assessment the veterinarian made full and frank admissions as to his diversion and self administration of controlled drugs from his place of employment over a period of 18 months.

The Board's subsequent application to the Veterinary Tribunal for the registrant's name to be removed from the Register of Veterinary Surgeons was granted and the veterinarian was ordered to pay the Board's costs in the agreed sum of \$25,000.

There was insufficient prima facie evidence to proceed against the veterinarian in the matter of diluted drugs and substituted products being administered to clients' animals.

The Tribunal ordered that before the Board may consider any future application for his re-registration, the veterinarian must for a period of at least 12 months participate in a drug screening program, undergo psychiatric treatment and medicine addiction treatment, and be assessed by a committee of

medical practitioners chosen by the Board to determine his fitness to practise.

In the interests of the veterinarian's rehabilitation, the Board has chosen to withhold the name of the veterinarian in this report. The veterinarian gave an assurance that he would not seek veterinary employment whilst he remains unregistered.

This highlights the absolute importance of practitioners confirming the eligibility to practise veterinary science of any person they are considering employing as a veterinarian staff member or locum. A search for the person's name on the Board's website should always be conducted before the employment or locum commences. If the person's name cannot be found, contact should be made with the Board Office to discuss the standing of the person.

Case 3

The Board received a complaint regarding the outcome of umbilical hernia repairs conducted by a veterinarian on a number of pups at six weeks of age. One pup became lethargic and died a week after the surgery and independent veterinary treatment was sought for the remaining pups when they displayed similar signs of lethargy. The pups were diagnosed with severe hookworm infestation and life threatening anaemia, unrelated to the hernia surgery. All pups responded well to treatment.

Only due to the fact that the pups became ill for an unrelated condition and a complaint was lodged with the Board was it discovered that the veterinarian who performed the surgeries had done so at the residence of his client. The veterinarian in question has Board approval to conduct a house call practice, a condition of which is that procedures conducted at other than approved veterinary premises must be limited to medical examinations and local anaesthetic/sedation procedures. The veterinarian had clearly practised otherwise than in accordance with the conditions placed on the house call practice.

This was a second offence. In 2003, the veterinarian was found guilty of professional misconduct for a breach of a condition of his house call practice approval by performing a spay operation on a client's cat at the veterinarian's residence. A penalty of \$200 was imposed.

Proceedings before the Board for this second offence were conducted and the veterinarian was again found guilty of professional misconduct and on this occasion penalised an amount of \$750.

The veterinarian was formally notified that any future similar offence would result in his appearance before the Veterinary Tribunal of Queensland with the recommendation that his registration as a veterinary surgeon be revoked or suspended.

The veterinarian expressed remorse for his actions and gave the Board an undertaking not to perform any further general anaesthetic procedures regardless of the wishes of his clients.

Be Aware

The *Veterinary Surgeons Act 1936* does not specifically provide that the conduct of general anaesthetic procedures on premises other than Board approved veterinary premises constitutes professional misconduct. It would be impractical to do so as it would by definition rule out the conduct of surgery on production animals, horses and other large species animals at other than approved veterinary premises.

The Board however holds the view that there would be very few situations where an animal other than large species animals could not be referred to approved veterinary premises for a general anaesthetic procedure. There are currently 470 approved veterinary premises spread throughout Queensland.

Any unsatisfactory outcome of small animal surgery conducted at other than approved veterinary premises formally reported to the Board by an owner will be viewed seriously and the veterinarian concerned would be required to vigorously defend his/her actions in conducting surgery in sub-standard conditions. The Board has indicated that any such case coming before it would in most instances warrant referral of the charges to the Veterinary Tribunal of Queensland which has the authority to suspend registration.

Case 4

A visit to the vet by a North Brisbane family for the family pets' annual check-up and vaccination has resulted in the veterinarian being found guilty by the Veterinary Surgeons Board of professional negligence and penalised a sum of \$450.

During the course of the examination of 'Harry' the cat, the rectal mercury thermometer inserted in the cat was broken. An attempt by the veterinarian to digitally remove the broken section of the thermometer was unsuccessful and the cat was sent home with the clients being assured the broken piece would pass with the next bowel motion if the cat was kept confined.

'Harry' was unsettled and seemingly uncomfortable when home. The owner opted to take him to an emergency practice for attention. Harry was anaesthetised and a 40 mm length of thermometer was retrieved. There were mild abrasions to the rectal wall with a small amount of haemorrhage. 'Harry' recovered uneventfully.

Proceedings of professional negligence were conducted against the veterinarian on the basis of his failure to take the appropriate action for the management and/or retrieval of the broken section of thermometer.

The veterinarian made personal representations in his defence and was subsequently found to be guilty of professional misconduct. The monetary penalty imposed reflected the respondent's previous poor disciplinary history with the Veterinary Surgeons Board.

The Board was of the opinion that an ordinary competent veterinarian in the practice of his/her profession would have either removed the section of thermometer under sedation or anaesthesia, or kept the cat hospitalised under observation until the section was passed naturally. Discharging the cat into the care of the owners with instructions to monitor the cat was inappropriate as it was a clinical unknown whether or not the cat would pass the object naturally and what would be the result otherwise. The option to refer the cat to an emergency care practice overnight for observation or treatment was not given any consideration by the veterinarian.

Case 5

A veterinarian was found guilty of professional misconduct for failing to obey the instruction of a client to euthanase a cat after agreeing to do so and having accepted a fee for doing so; failing to notify the client that the cat had not been euthanased; and failing to seek further instructions from the client.

A similar case was dealt with by the Board in 2001 where a veterinarian was influenced by his staff to re-home a dog rather than euthanase it as instructed and agreed to. On that occasion, no voluntary effort was made to refund the client's fee. The veterinarian was penalised an amount of \$250.

The latest case had far more extenuating circumstances. The client had become temporarily displaced from her residence and reluctantly decided to have her cat euthanased. The veterinarian however later decided to seek a home for the cat as it was perfectly healthy. The client was uncontactable and the cat was re-homed without her knowledge or permission.

On returning to the practice two weeks later to collect the cat's belongings, the client was pleased to learn the cat had not been euthanased but then insisted that the cat be returned to her as she had now found new lodgings.

The veterinarian acted with compassion by choosing not to euthanase the cat but was now in the unenviable position of having to act as an intermediary between the parties, the new owner refusing to give up the cat to the previous owner. It was at this point that the original owner lodged a formal complaint with the Veterinary Surgeons Board. The Board had no authority to intervene in the dispute over the ownership of the cat but given the precedent case had no option but to find the veterinarian guilty of professional misconduct.

Due to the extenuating circumstances involved, the Board opted to reprimand the veterinarian rather than impose a monetary penalty. A situation that caused much grief to all concerned would have been avoided if the veterinarian had euthanased the cat at the outset as he had undertaken to do. The veterinarian was committed to conduct the procedure as soon as the fee was accepted and the client became uncontactable.

EPA UPDATE ON QUEENSLAND WILDLIFE LEGISLATION:

(Information provided by Environmental Protection Agency)

VETERINARY CARE OF KOALAS AND OTHER PROTECTED ANIMALS IN QUEENSLAND

Working with veterinary practitioners

The Queensland Government recognises the valuable contribution that veterinary practitioners make to wildlife conservation through their work in the rehabilitation of sick and injured native animals. For more than 30 years, fauna conservation legislation in Queensland¹ has enabled veterinary practitioners to provide veterinary care for sick and injured native animals, including the koala. Over the past decade in particular, the Environmental Protection Agency has initiated progressive amendments to wildlife legislation to increasingly facilitate this care.

The latest legislative developments continue this trend. The *Nature Conservation (Wildlife Management) Regulation 2006* commenced on 21 August 2006 and the *Nature Conservation (Koala Conservation Plan 2006 and Management Program 2006* (the Koala Plan) commenced on 2 October 2006.

Current legislative arrangements

The following brief explanation identifies the arrangements concerning veterinary care of protected² and other animals that are specified in the *Nature Conservation (Wildlife Management) Regulation 2006* and the Koala Plan ('you' and 'your', below, refer to you as a veterinary surgeon³ working at the premises of your veterinary practice):

Your clients -

- A person who holds a wildlife authority⁴, or a person who otherwise lawfully keeps a live protected animal, may move a live animal to and from you for treatment or care of the animal, without needing to obtain a Wildlife Movement Permit.
- A person who holds a wildlife authority for a live protected animal, which is implanted with an electromagnetic implant and which dies, may move the animal to you for the performance of an autopsy without needing to obtain a Wildlife Movement Permit.

¹ Such as the now-repealed *Fauna Conservation Act 1974*

² All species of mammals, birds, reptiles and amphibia (as well as some butterflies and freshwater fish) that are indigenous to Australia are protected animals under the *Nature Conservation Act 1992*. The koala is a protected animal - in the South East Queensland bioregion, the koala is classified as 'vulnerable', while in the remainder of the State it is classified as 'least concern'

³ A person registered as a veterinary surgeon under the *Veterinary Surgeons Act 1936*

⁴ A licence, permit or other authority granted under the *Nature Conservation Act 1992*

You –

- You do not require a wildlife authority for taking, keeping or using (which includes moving) a live protected animal if the animal is taken, kept or used in order to provide treatment or care by you in your professional capacity.
- Similarly, you do not require a wildlife authority for keeping or using (which includes moving) a prohibited or international⁵ animal if the animal is kept or used in order to provide treatment or care by you in your professional capacity.
- If you reasonably believe a protected, prohibited or international animal is sick or injured to the extent that the animal is unable or unlikely to recover, you may euthanase the animal.

Dealing with sick, injured or orphaned wildlife

Wildlife carers authorised under this legislation are **required** to comply with a Code of Practice⁶ when dealing with sick, injured or orphaned wildlife. Veterinary surgeons who deal with wildlife carers should consult the Code of Practice for information about matters such as disposal and release of wildlife. In addition, the Koala Plan has specific requirements about release of koalas to the wild and should be consulted.

Further information

- Contact the EPA – contact details may be found at http://www.epa.qld.gov.au/about_the_epa/contact_us/
- Queensland legislation – <http://www.legislation.qld.gov.au/OQPChome.htm>
- International and Prohibited Wildlife – refer to schedules in the *Nature Conservation (Wildlife) Regulation 1994* - <http://www.legislation.qld.gov.au/OQPChome.htm>
- Koala Plan – visit www.epa.qld.gov.au/koalaconservation/
- General wildlife information - http://www.epa.qld.gov.au/nature_conservation/wildlife/
- Code of Practice – Care and rehabilitation of orphaned, sick or injured protected animals by wildlife care volunteers - http://www.epa.qld.gov.au/publications/p00066aa.pdf/Care_of_orphaned_sick_or_injured_protected_animals_by_wildlife_care_volunteers.pdf

⁵ International wildlife is wildlife whose conservation status is of sufficient global concern for it to be listed under CITES, the Convention on International Trade in Endangered Species of Wild Fauna and Flora (e.g. green python). Prohibited wildlife is wildlife that is likely to be a threatening process to native wildlife and Queensland's natural biodiversity (e.g. hamster).

⁶ "Code of Practice – Care and rehabilitation of orphaned, sick or injured protected animals by wildlife care volunteers" – refer to link in "Further information".

PAIN CONTROL – A veterinary obligation

'We must all die. But that I can save him from days of torture, that is what I feel as my great and ever new privilege. Pain is a more terrible lord of mankind than death itself.'

Albert Schweitzer, 1931

It seems not so long ago (1960's) that a significant sector of the veterinary profession was still of the fond belief that animals somehow did not have the same capacity to feel pain as humans. This feeling was reinforced by the fact that species such as domestic cats are capable of incredible stoicism in the face of extreme trauma and pain. This perception, combined with the fact that there was no great depth of knowledge of the physiology of pain and the drugs that were then available to treat pain resulted in a general reluctance to provide adequate pain control to patients. Other commonly used excuses not to use post-operative pain control included the fact that animals that were not in pain were more likely to move around and perhaps destroy some of the fine work that the surgeon had performed, and that the administration of pain control drugs was an unbearable added expense or just very inconvenient (filling out S8 registers, needing a drug safe). During the awakening period when the veterinary profession started to realize that animals did in fact feel pain there was a period of time when veterinarians would commonly offer the luxury of pain control to client's animals undergoing major surgery at an added expense! Fortunately this shameful practice and time has moved on and the "good old days are long gone". We now know that pain itself has many detrimental physiological effects (apart from the obvious) on the healing and recovery process and it is in the best interest of both the veterinarian and the animal he/she is treating to apply timely and effective pain control, and that the cost of effective pain control is minimal.

There is no doubt that the community generally regards the veterinary profession as a profession which is caring and compassionate – in fact it is this very characteristic which sets it apart from most other professions. Our primary function as perceived by the public is, (and has always been), to alleviate pain and suffering in animals and this perception has been reinforced over the years by television programs such as 'All Creatures Great & Small' (James Herriot) and 'Dr Harry' etc.

Veterinarians are awarded the privilege of performing surgical procedures on their patients and potentially can inflict horrific pain on animals by virtue of their qualifications. With this legal license to inflict pain however, also comes the moral, ethical and perhaps legal obligation to alleviate this pain to the best of our ability.

The modern discerning pet owning public would take a very dim view indeed if this obligation was not fulfilled on each and every occasion pain control was necessary. Although not tested to date, my feeling is that a veterinary surgeon could be liable under the *Animal Care and Protection Act* and/or the *Veterinary Surgeons Act* if he or she did not apply suitable pain control in the course of performing a painful procedure. We need to regularly remind ourselves that it is our moral, ethical and legal duty as veterinarians to understand the pathophysiology of pain, be constantly vigilant of the likely existence of pain in our patients and to understand the practical use, combinations and potential side effects of the myriad of pain control drugs available today.

Dr Vic Menrath BVSc FACVSc
Specialist in Veterinary Medicine

Regulated surgical procedures

Certain surgical procedures can be done only by a veterinarian, and only then if it is in the interest of the animal's welfare. These are:

- cropping a dog's ear
- de-clawing of a cat
- docking the tail of cattle or a horse
- docking the tail of a dog (see www.dpi.qld.gov.au/animalwelfare/13852.html for details)

The interest of the animal's welfare is considered to be about the prevention of pain and suffering (for example due to a tumour or following an accident). A threat by the owner to have an animal destroyed if the procedure is not undertaken is not considered to be a valid reason for carrying out the procedure.

Debarking is also a regulated surgical procedure. Before debarking a dog the veterinarian must:

- be assured that it is in the interests of the animal's welfare; or
- be given a relevant nuisance abatement notice⁷ or an "appropriate" notice⁸ by the owner, and the vet reasonably considers that the operation is the only way to comply with the notice without destroying the dog.

A person must not **supply** an animal that has undergone a regulated surgical procedure unless it is accompanied by a veterinarian's certification stating that the procedure was done in accordance with the Act. (This does not apply to tail docked cattle or dogs).

⁷ A nuisance abatement notice under the *Environmental Protection Act 1994* or equivalent.

⁸ An appropriate notice means a notice signed by each owner of the dog asking the veterinarian to perform the operation and stating that the dog's barking is a nuisance, that attempts have been made and unsuccessful (for each attempt the nature of the attempt) and enough details of the attempt to allow the veterinarian to form a view.

The Procedure for the Destruction of Controlled Drugs (Schedule 8 Substances)

(Information provided by Queensland Health)

The following procedures should be adopted when forwarding expired/unwanted controlled drugs (S8) for destruction.

1. Use a practice letterhead, commence with words 'Please receive the following controlled drugs for destruction from' and endorse with all relevant details including:
 - business name (eg: *Smith's Veterinary Practice*), address and telephone number
 - name, strength, form and quantity of each type of controlled drug to be destroyed
 - name and usual signature of the person responsible for preparation of the list and forwarding of the drugs
 - name and usual signature of witness
 - date of forwarding.
2. Package each type and form of controlled drug individually. Mark each package with a number that corresponds to the same number for the controlled drug as listed in the covering letter.

Note: Where only one item is to be forwarded, it need not be numbered.
3. Endorse the controlled drugs book and adjust progressive balances on the line immediately below the last recorded entry for the particular class of controlled drug removed. Entries should be marked "forwarded to analyst for destruction" in the column reserved to identify the nature of the transaction.
4. Ensure all drugs are securely packed to avoid breakages (see the following specific instructions).

Important Packaging Information

- + All individually packaged and numbered items should be packed inside boxes or other containers strong enough to minimise damage during transit.
- + All such items must be packed with sufficient packing material according to their fragility. In particular, bottles or other containers of liquids should be:
 - tightly packed to avoid unwanted movement within the package and to provide an adequate cushioning effect; and
 - packed in adequate absorbent material to contain the liquid within the package in the event of a breakage.

NB: Correct packaging advice should always be obtained from Australia Post

5. Once all items have been packed, along with the signed covering letter (in duplicate and in a protective sheaf), immediately and securely seal the outer package. It is recommended that this be done in the presence of the witness who endorsed the standard letter. Wrap the outer package in plain paper, then address and forward by REGISTERED POST to:-

Supervising Scientist
Therapeutic Goods Section
Investigative Chemistry
Queensland Health Scientific Services
PO Box 594
ARCHERFIELD Qld 4108

- + Provide the sender's name, address and emergency contact telephone number on the outside of the package.
 - + For security reasons controlled drugs should not be delivered in person. Only conveyance and delivery by registered post is acceptable.
 - + Do not indicate what the actual content of package is on the outer wrapping. Describe contents as "therapeutic goods" on the registered post form or security, where a description is requested.
6. On receipt of an analyst's certificate confirming destruction, attach the document to your controlled drugs book. This certification provides accountability of controlled drug stocks that have been held at your premises and must be retained for a minimum period of two years. If you do not receive the relevant analyst's certificate within four weeks, please contact the supervisor on (07) 3274 9105.
 7. If you have any enquiries please contact your local Environmental Health Services.
 - + **Note:** Where the Government Analyst finds a discrepancy between stock recorded as being forwarded and stock actually accounted for upon receipt for destruction, the relevant Environmental Health Services will be notified of the event for investigation of the circumstances relating to such discrepancy. Therefore it is wise to retain a copy of the completed form(s) and postage receipts at least until return advice is received from the Government Analyst that the subject items have been received, list was correct and that the drugs have been destroyed.

Disposal of restricted drugs (S4)

Out of date or spoiled restricted drugs (S4) should be disposed of responsibly. Queensland Health does not have a policy dedicated to the method of disposal but acceptable methods are:

- Place in the RUM bin (Return of Unwanted Medicines) at your local pharmacy – for destruction in a high temperature purpose built furnace;
- Follow the same disposal process as documented above for controlled (S8) drugs.

Controlled Drug Registers

Bound and numbered controlled drug registers can be purchased from:

The Pharmacy Guild of Australia (Qld)
132 Leichhardt Street
Spring Hill Qld 4000
Ph: (07) 3831 3788
Fax: (07) 3831 9246

Website: www.guild.org.au

Books cost \$24.10 plus \$5.50 postage and handling.

Recording of controlled drugs

Veterinary surgeons who obtain, possess, administer, dispense, prescribe or sell controlled drugs must keep a record book. The book must be kept in the following manner:

- (a) a separate book or a separate part of the record book must be used for each class of controlled drug;
- (b) full details of each transaction involving a controlled drug obtained, administered, dispensed or sold by the veterinary surgeon must be recorded; and
- (c) entries must be made as soon as practicable, but no later than the day after a controlled drug is obtained, administered, dispensed or sold.

The veterinary surgeon must record the following information for each transaction:

- (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 whose animal the controlled drug is administered, dispensed or sold;
- (c) the quantity (or volume) of the controlled drug obtained, administered, dispensed or sold in the transaction;
- (d) the balance of the controlled drug in the veterinary surgeon's possession after the transaction; and
- (e) the veterinary surgeon's initials.



Authority for use by non-veterinarians of sedation and euthanasia drugs on welfare animals.

Practitioners are sometimes approached by persons with a request for training in the administration and use of restricted (S4) drugs so as to gain the approval of Queensland Health to administer medication to animals for the purpose of animal management and/or welfare, on the verbal instruction of a veterinary surgeon.

There is a provision under the *Health (Drugs and Poisons) Regulation 1996* for the issue of approvals to persons (non-veterinary surgeons) who have a legitimate need and who are deemed a suitable person, to administer medications to animals for those purposes.

NOTE: 'legitimate need' does not include the proposed use of approval holders in place of veterinarians for the purpose of cost-saving by an organisation.

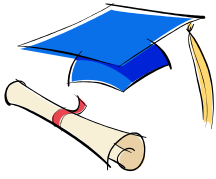
The scope of the provision does not extend further than the stated purpose. For example, it does **not** extend to individuals not employed or contracted to a recognised animal welfare organisation or statutory body, or for herd management purposes. For most organisations, the types of restricted drugs for which approval will be considered will be limited to a specific range of drugs for euthanasia and sedation.

Training of persons to whom approval may be granted in the administration and use of restricted drugs should be conducted by the veterinary surgeon who is employed by, contracted to or provides services to the organisation whose personnel have applied.

The Veterinary Surgeons Board recommends against a veterinary surgeon who has no association with a welfare organisation providing training in drug administration to a lay employee of the organisation unless a bona fide reason can be established as to why the training is not available from the veterinary surgeon engaged by the organisation and who has the authority to purchase the drugs for use on the organisation's animals.



Accreditation of veterinary degree courses



Charles Sturt University, Wagga Wagga and James Cook University, Townsville have introduced veterinary science programs in the past two years. The first cohort of students from Charles Sturt will graduate in

2009 and from James Cook in 2010. The first intake of students at JCU numbered 72 and the students are predominantly from Queensland rural and regional areas.

The courses are required to achieve accreditation from the Veterinary Schools Accreditation Advisory Committee (VSAAC) before future holders of veterinary degrees from those schools become eligible to register as veterinary surgeons in Australia and New Zealand without the additional requirement to successfully complete the National Veterinary Examination (NVE).

In December 2006, the Charles Sturt Bachelor of Veterinary Science degree attained short term accreditation status from VSAAC. If the course training proceeds as is planned, the first cohort of students will become eligible for veterinary registration on their graduation.

The JCU course is yet to gain similar reasonable assurance of accreditation. A further visitation to JCU by the accreditation review team will be made in the first semester of 2007 to further evaluate the course program.

Graduates of Queensland, Melbourne, Sydney and Murdoch veterinary schools are eligible to apply for registration anywhere in Australia and New Zealand immediately after graduation on the basis that the courses are accredited as being of an educational standard acceptable to the registration authorities, the profession and the community. An accreditation evaluation of each university is conducted at six year intervals. If an established course failed to meet the accreditation standards at the time of review and accreditation was withdrawn, course graduates from those well established schools could then only gain eligibility for registration by successful completion of the NVE.

In a similar fashion, the courses need to retain accreditation by the Royal College of Veterinary Surgeons if registration in the United Kingdom is to be gained by Australian graduates without the further requirement of a statutory examination.

Signage at Veterinary Premises

It is remarkable the number of veterinary practices that fail to publicly display at the premises entry the required identification of the veterinary staff that are engaged in veterinary practice at the premises.

Legislation demands that signage be displayed at veterinary premises giving the names of the veterinary surgeons practising there in addition to the qualifications recorded against the veterinary surgeons' names in the Register of Veterinary Surgeons.

A \$750 penalty can be applied if the signage is not displayed or is incomplete. Veterinary Surgeons Board approval for the premises to be used for veterinary practice can also be withdrawn.

Veterinary surgeons have no less a responsibility to identify themselves to their clients as do their colleagues in the medical profession.



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.



Information to be given when dispensing compounded veterinary medicines

Compounded veterinary products are substances or mixtures of substances prepared by a veterinary surgeon in the course of the practice of the profession as permitted by or under a law of the jurisdiction of the practice.

In Queensland the *Chemical Usage (Agriculture and Veterinary) Control Act 1988* permits a veterinary surgeon to dispense a compounded veterinary product for use to treat an animal under his/her care only if the person in charge of the animal is given full and appropriate instructions on the use of the product.

Failure to issue the required instructions carries a maximum penalty of \$22,500 under that legislation.

The instructions must be in writing and are additional to the labelling requirements of the *Health (Drugs and Poisons) Regulation 1996* for any compounded veterinary product that contains a scheduled drug or poison.

For the treatment of an animal other than a trade species animal, the instructions must include the following.

- a) for a registered veterinary chemical product – particulars to identify the product and, if the product has a distinguishing number, the number; and
- b) for a product other than a registered veterinary chemical product – particulars to identify the product; and
- c) the name of the product's active constituent; and
- d) the dosage; and
- e) the frequency of the dosage; and
- f) the treatment period; and
- g) how the product is to be used to treat the animal; and
- h) the species of animal to be treated; and
- i) details to identify the particular animal; and
- j) the date the product was used, prescribed, supplied or recommended for use; and
- k) the expiry date of the product; and
- l) the name and address of the veterinary surgeon who gave the instructions; and
- m) the name and address of the person to whom the product is supplied; and
- n) for a recommendation, the period the recommendation is to apply; and
- o) other information prescribed under a regulation eg *Health (Drugs and Poisons) Regulation 1996*.

For the treatment of a trade species animal, the instructions must additionally include detail of any withholding period for use of the product and the length of the period.

Regulatory responsibility for the dispensing of compounded veterinary products rests with the Queensland Department of Primary Industries and Fisheries. In instances where it can be substantiated that a compounded veterinary product was dispensed without accompanying instructions the offence should be reported direct to the DPI&F.

Guide to handling cytotoxic drugs and related waste

Workplace Health and Safety Queensland has recently produced a ***Guide to handling cytotoxic drugs and related waste***.

The purpose of the guide is to give practical advice to protect workers by preventing or minimising occupational exposure to cytotoxic drugs and related waste.

The guide provides information on controlling exposure to cytotoxic drugs in the following circumstances:

- Drug preparation
- Drug administration
- Healthcare facilities
- Community settings
- Contaminated laundry
- Spill management
- Waste management
- Veterinary practice

The guide is available electronically on the Department of Industrial Relations' website at www.dir.qld.gov.au. The guide can be viewed by following the Workplace Health and Safety link to 'health and community services'.

Radiation Health web link

Radiation Health has a website that provides open access to guidelines, application forms and other information for licensees. The site also provides an opportunity for clients to highlight issues or ask questions about the radiation safety legislation or the radiation safety standards.

The address of the Radiation Health Unit site is

www.health.qld.gov.au/radiationhealth/

Go to Licensing for health related practices/ veterinary practices.

Be Careful with Chloramphenicol

(Article from Queensland DPI&F)

Unfortunately chloramphenicol is one of few antibiotics which may cause human fatalities at therapeutic dosage levels. These toxic complications obviously limit its use in human medicine to cases of grave disease where it has unquestionable advantages over other antibiotics. Typhoid fever and systemic salmonella infections are among the diseases for which it has been required. It can, however, cause a fatal aplastic anaemia.

Sensitisation from previous exposure may be a contributory factor in the toxicity of chloramphenicol to humans, and it is therefore vitally important that human food should contain no chloramphenicol residues. It is also very important that the enteric bacteria of domestic animals should have minimal opportunity to develop transferable resistance to chloramphenicol.

The Report of the Joint Committee on the Use of Antibiotics in Animal Husbandry (commonly known as the Swann Report), placed special emphasis on chloramphenicol and expressed concern at its increasing use in veterinary medicine. Serious consideration was given at this time to the proposal that its use in animal husbandry and veterinary medicine be forbidden. "It is of interest to speculate on the possible implications of chloramphenicol use on domestic pets. Cats and dogs live in very close proximity to humans and have ample opportunity to transmit enteric bacteria in which transferable resistance may have been induced. Some authorities have argued that chloramphenicol should be avoided in these domestic situations."

However, veterinary practitioners did retain the use of this antibiotic as an exceptional measure reserved for special situations.

Certain chloramphenicol products for topical use were previously open-sellers, but are now included as Schedule 4 veterinary medicines.

There is no withholding period that has been recommended for chloramphenicol because its use in animals intended for food production is not allowed.

Veterinarians must not prescribe chloramphenicol as a feed or water additive for growth promotion purposes or to use or prescribe it for food producing animals in other than exceptional circumstances and then formally advise the owner about the responsibilities regarding keeping any treated animal out of the food chain.

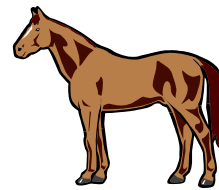
"In the US, chloramphenicol does not have FDA approval for use in food-producing animals. Residues in foods of animal origin are illegal and regulatory laboratories claim the ability to detect levels in the low parts per billion range. Veterinarians responsible for illegal residues are vulnerable to law suits for damages. Veterinarians are able to purchase chloramphenicol legally for treatment of dogs, cats and zoo animals. It is also legal to use it in horses, cattle and swine not destined for human consumption but veterinarians are reminded that if the owner changes his mind and releases residue-containing animals into the food chain he can hold the veterinarian liable for any carcass condemnation if he has not been properly forewarned."

References

Quoted sections have come from Regulatory Control of Veterinary Drugs - Department of Primary Industry Pesticides Section, Document PB 237A, Australian Government Publishing Service, Canberra, 1983

Hendra virus guidelines for veterinarians

(Information from Queensland DPI&F)



The document 'Handling possible and probable Hendra virus cases in equines - Guidelines for veterinarians including procedures for handling cases' was updated on 8 January 2007.

Significant content changes have been made to workplace health and safety precautions including legal obligations of private veterinary practitioners and practice principals, personal protective equipment and donning/doffing procedures. A short section on differential diagnoses has been included and information on case definitions has been expanded.

The document is available online in html and pdf formats at:

<http://www2.dpi.qld.gov.au/health/16503.html>

or take the link from the home page of the Veterinary Surgeons Board website:

www.vsb.qld.gov.au

Papers with general information on Hendra Virus (Equine Morbillivirus) and Equine Herpes Virus Abortion are also linked.



Veterinary Surgeons Board Guideline

Approval of Veterinary Premises

Sale of Veterinary Premises

- Veterinary Surgeons 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 veterinarian;
 - upgrade approved veterinary premises to a higher level of practice *ie* consulting rooms to surgery/clinic or surgery/clinic to hospital/centre.

Inspections

- Routinely a Board inspection will be conducted in all applications where the premises are intended to be classified as a veterinary hospital, veterinary centre or emergency referral facility.
- Routinely a Board inspection will be conducted in all applications where the premises are wholly owned by non-veterinarians including animal welfare groups and the premises are intended for the conduct of general anaesthetic procedures.
- Premises can be inspected as the result of any complaint lodged with the Board relating to the standard of practice conducted thereat.

Change of Practice Ownership

- A condition applied to all premises is that the Board must be notified of a change of practice ownership *ie* where the approval holder will no longer be an owner. This does not apply in the case of an addition of owners when the 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. 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.

Gentamycin should not be used in calves intended for beef production

(Article from Queensland DPI&F)



The Department of Primary Industries and Fisheries reports on a case involving treatment of calves with gentamycin. The veterinarian had noted a laboratory test report that identified that gentamycin was the only effective antibiotic against the cultured bacteria. The gentamycin treatment stopped deaths and was effective from an animal welfare viewpoint.

However, these calves were intended for a feedlot and eventually for the human food chain. Gentamycin's label states that it should not be used in food producing animals. This label instruction is there for a reason. An article in "FDA Veterinarian" (May/June 2003, pages 8-9), reported that calves treated with gentamycin resulted in residues 18 months later. Gentamycin binds to the kidney tissue of cattle and the actual withdrawal period is unknown and may well be measured in years.

In this particular case, a voluntary agreement was being negotiated through which these calves would be used as embryo transplant recipients and would not enter the food chain where they could cause trade problems.

Australia has a "National Residue Survey" that tests a wide range of foods for chemical residues, including antibiotics that are banned in food producing animals. The kidneys of cattle are collected from domestic and export abattoirs and tested.

In addition, a large proportion of Australia beef exports go to countries with highly sophisticated laboratories and consumers that are very sensitive to antibiotic residues, for example Japan and Singapore. Any detection of gentamycin in export beef would probably result in the rejection of all exports from that particular export abattoir, and perhaps even wider restrictions.

A similar ill-advised treatment could mean that an export abattoir could no longer supply their major market. The abattoir may need to temporarily shut down, with associated loss of jobs. This might all be traced back to the time some sick calves were treated with gentamycin.



Summary of Amendments to *Veterinary Surgeons Act 1936* Commencing 1 December 2006

The Queensland *Veterinary Surgeons Act 1936* was one of nine Queensland statutes included on the Primary Industries Legislative Amendment (PILA) Bill 2006.

A PILA Bill was used to make amendments to Acts administered by the DPI&F that were of a non-contentious nature having no regulatory impact on the community or the industry/profession to which the legislation relates.

The amendments made to the *Veterinary Surgeons Act 1936* removed and revised outdated administrative type provisions incorporated in the Act and legislated in detail the functions and procedural operations of the Veterinary Tribunal of Queensland.

Amendments and Purpose:

- Section 8(1A) amended to remove the requirement for elections of Board members to be held in February every third year. The provision now is that the election for 'elected members of the Board' be held on such day in every third year as the Board by resolution appoints. This day is to be no later than 30 June. This enables the Board to be more flexible in the timing of elections so as not to be conducted simultaneously with the registration renewal process.
- Section 15F amended by removing the power to prescribe by regulation how the business of the Veterinary Tribunal is conducted so that the Tribunal has full discretion to manage its business and proceedings in the way it decides.
- New Sections 15G to 15U provide for the procedural operations of the Veterinary Tribunal.

The additions provide that the Tribunal must comply with the rules of natural justice and act to give quick and fair decisions. It details how the Tribunal should operate with respect to evidence, witnesses, records and decisions made. The provisions have been modelled on other similar Tribunals, such as those for health professionals.

- Amendments to Section 16 dealing with the keeping of the Registers of Veterinary Surgeons and Specialists. The amendments provide for public access over the Internet to information extracted from the Registers and require the Registrar to maintain internet public access to the Register information.

The superfluous provisions for production of annual gazetted rolls have been removed thereby freeing up funds to be directed elsewhere. Up to date lists of registrants can now be compiled from the databased Registers and provided on request, rather than being reliant on outdated gazetted lists.

- Amendments to Section 17 removed the requirement for veterinarians restoring their name to the Register, in cases where their name was removed for non-payment of fees, to pay the registration fees for the year of their removal. A restoration fee still applies by way of penalty.
- Amendments to Section 19(3) allow a veterinary surgeon to give notice of change of address to the Registrar in any form, rather than notice being restricted to post.
- Section 23(1) amended so that the requirement to surrender certificates of registration to the Board applies only to instances where the Veterinary Tribunal has ordered removal or suspension of a registrant from the Register and not where a veterinarian has voluntarily removed his/her name from the Register or is deceased.
- Amendment to Section 25Q expands the prohibition on using a title, name or initials by a non-veterinary surgeon or non-veterinary specialist to include the use of 'words' that may suggest the person is a veterinary surgeon or veterinary specialist, eg a lay person advertises that he/she will 'vet' an animal, a veterinary surgeon advertises that he/she 'specialises' in a branch of veterinary science.
- Repeal of Section 29 provision that the Veterinary Tribunal is a Commission of Inquiry, within the meaning of the *Commissions of Inquiry Act 1950*. The repeal of this section was endorsed by the Office of the Parliamentary Council as it was an archaic provision, with similar provisions in other Acts having been repealed or modified in 1990-1991.
Section 29 is replaced with provisions to reflect the administrative nature of the Tribunal similar to that used in the Health Practitioners (Professional Standards) Act 1999. This is put into effect in new clauses 15G to 15U.

More detailed information on the PILA Bill amendments can be sought from the Veterinary Surgeons Board office.

Tail Docking Dogs

It is an offence in Queensland to dock the tail of a dog unless:

- the docking is done by a person who is registered as a veterinary surgeon under the Queensland *Veterinary Surgeons Act 1936* AND
- the veterinary surgeon reasonably considers the docking is in the interests of the dog's welfare.

This means that any non-veterinarian who docks a tail is liable for prosecution *and* any veterinarian who docks other than in the interests of the dog's welfare is liable for prosecution.

The maximum penalty for individuals convicted of this offence is \$7,500 or \$37,500 for corporations.

Display of Qualifications and Titles

The Board insists that the primary registrable degree of registered veterinary surgeons in Queensland must always be listed first on signage, in advertising and stationery, coming before additional veterinary qualifications, in turn coming before non-veterinary qualifications. Non-veterinary qualifications are not recorded by the board on the Registers.

The use of the description 'MRCVS' is permitted only by those veterinary surgeons who gained membership of the Royal College of Veterinary Surgeons after successful completion of the statutory examination conducted by the college (the equivalent of the National Veterinary Examination of Australia). Membership of the college **gained by examination** is a registrable qualification in its own right in Australia.

The Queensland Board believes the use of the qualification 'MRCVS' outside the UK is inappropriate when membership was gained only by way of payment of the registration fee. The use of the title 'MRCVS' by Australian graduates returning to Queensland after a period of practice in the UK could infer superiority over fellow graduates whereas it merely indicates professional registration while in the UK.



Note from Australasian Veterinary Boards Council Inc. - NVE Candidates now insurable for supervised practice.

Finding mentors for overseas graduates who are sitting the National Veterinary Examination (NVE) is now easier thanks to a recent Australasian Veterinary Boards Council (AVBC) and Australian Veterinary Association (AVA) agreement.

Candidates who have passed the Preliminary examination (MCQ) are now being offered discounted Associate Membership of the AVA and the opportunity to insure with Guild Insurance.

Candidates are also being urged to apply for limited or conditional registration where this is available through the various State and Territory Registration Boards.

These arrangements will greatly assist candidates who are seeking to gain practical skills and experience in Australian conditions to help them prepare for the final stage of the NVE, the Clinical Examination.

The AVA, Guild Insurance, the Board of Examiners of the NVE and the AVBC are all to be congratulated on their combined efforts over the past to bring about this opportunity.

Board Statistics

The Veterinary Surgeons Board convened on 9 occasions during 2006. 24 formal complaints were investigated with 4 resulting in professional misconduct proceedings and 1 matter referred to the Veterinary Tribunal (See case reports). Professional misconduct proceedings are pending in 1 case and charges have been referred to the Veterinary Tribunal for hearing in another case. To summarise 30 percent of complaints received formally in writing in 2006 proceeded to disciplinary proceedings or charges.

The Board considered and approved 26 applications for veterinary premises. Inspections were conducted of premises proposed to be veterinary hospitals and those in lay ownership.

Veterinary Surgeons registered in 2006

The number of veterinary surgeons registered in Queensland increased by 119 to 2,390 at 31 December 2006. A total of 190 veterinarians registered for the first time and 39 veterinarians returned to Queensland and restored their name to the Register. 110 veterinarians removed their name from the Register.

Veterinary Specialists registered in 2006

Dr Veronika Langova

- Veterinary Medicine - oncology

Dr Matthew Reeves

- Veterinary Medicine – small animal

Dr Natalie Langer

- Veterinary Medicine – small animal

Dr Susan Gibbons

- Veterinary Surgery - small animal

Dr Deborah Monks

- Veterinary Medicine – avian

Bat Rescue



Bat Rescue Inc Brisbane is a volunteer based organisation dedicated to the rescue, release and rehabilitation of injured, sick and orphaned flying-foxes and microbats.

Bat Rescue Inc Brisbane has a dedicated bat rescue **Helpline number 3321 1229** which veterinarians can call for assistance when presented with injured, sick or orphaned bats. As any bat has the potential to carry Australian Bat Lyssavirus it is essential that if a bat is handed into a veterinary practice, the contact details for the person are obtained. This enables Bat Rescue to follow up to ensure no one has been bitten. Bat Rescue Inc Brisbane is also available to organise the retrieval of bats.

Website of the Veterinary Surgeons Board of Queensland

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:

Level 3, Primary Industries Building
80 Ann Street
Brisbane Qld 4000

Postal Address GPO Box 46, Brisbane Qld 4001
Telephone: (07) 3239 3600
Facsimile: (07) 3225 1488
Email: vsbqld@dpi.qld.gov.au
Web: www.vsb.qld.gov.au