

# vetregister

November 2011

## The Newsletter of the Veterinary Surgeons Board of Queensland.

CVE/CPD Approved unit accumulation – 1 point unstructured

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## Registration Renewal

Registration renewal notices have been forwarded to the nominated postal address for all Queensland registered veterinary surgeons and specialists. Registrations expire 31 December.

In the event that your renewal notice is not delivered within Australia by the postal service within 10 working days after receipt of this notice, please contact the Board office on (07) 3239 3600.

If you choose not to continue registration in Queensland after 31 December 2011, the renewal form must be returned signed in the applicable section.

## Reporting of Continuing Professional Development (CPD)

As highlighted in the previous edition of VetRegister, the reporting of units of CPD completed in the calendar year has now been incorporated with the registration renewal process.

The registration renewal form incorporates a highlighted field where structured and unstructured CPD points achieved during the 2011 calendar year should be recorded.

in their area of practice or employment with changes and new developments in the professional body of knowledge and enables professionals to maintain and improve their level of competence.

Units of CPD undertaken should be calculated with these aims in mind. A registrant, in the event of a compliance issue being raised with the Veterinary Surgeons Board need only demonstrate that the history of CPD points reported are relevant to the maintenance and enhancement of competence in their field of professional activity.

The Australasian Veterinary Boards Council Inc and the Australian Veterinary Association have adopted a uniform model for points scoring of CPD that is recognised nationally. The model sets a minimum requirement of 60 points of CPD per three (3) year period of which at least 15 points must be structured points.

A summary of the point (unit) value of examples of structured and unstructured CPD is published at [www.vsb.qld.gov.au/cveguidelines.html](http://www.vsb.qld.gov.au/cveguidelines.html). The unit summary should be used as a guide with registrants relating CPD activities to their area of work.

## Retired Category Registrants

In Queensland, veterinarians 55 years and over, residing in Australia and who no longer gain an income by virtue of veterinary registration can retain their registration status in a 'Retired' category. There are currently 161 'retired' veterinarians on the Register of Veterinary Surgeons. There is no obligation for those registrants recognised on the Register as 'Retired' to report CPD points as a component of registration renewal.

As a rule it is acceptable for registered veterinarians to record as CPD any structured or unstructured activity related to their veterinary professional career. Only on an occasion where the Board is required to assess a registrant's professional conduct would it be necessary to evaluate whether or not training undertaken and recorded by the veterinarian was relevant to the stream of veterinary practice in which the conduct has been called into question.

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A commitment to CPD should be consistent with the objective of protecting animal welfare, consumers, or the industry and those associated with the registrant's field of employment. CPD assists professionals in keeping up to date

## Board Membership

### Nominated Members

Dr Laurie Dowling	Chairperson
Prof Jonathan Hill	Deputy Chair
Dr Edith Hampson	Specialist (Veterinary Ophthalmology)
Glenda Whitmore	Consumer

### Elected Members

Dr Philip Moses	Specialist (Surgery – Small Animal)
Dr David Lovell	Equine Practitioner

## Progress towards National Recognition of Veterinarians (NRVR)

- NRVR requires individual legislative amendment in all 8 jurisdictions.
- Victoria pioneered NRVR, commencing 1 January 2011. New South Wales introduced NRVR effective 20 September 2011.
- The Queensland Government has introduced a Bill incorporating amendments to the Veterinary Surgeons Act to provide Queensland veterinarians to be covered by NRVR. The Bill has had a first reading and now sits with a Parliamentary Committee undergoing an examination process.
- There is no indication as to when the NRVR legislation will be passed through the Queensland Parliament.
- Veterinary registrants who permanently reside in Queensland will continue to renew their Queensland registration annually at end of calendar year and will not be impacted by NRVR unless intending to practice interstate.

### Interstate practice

- NRVR currently provides 'deemed registration' in Victoria and NSW for veterinarians who hold current unencumbered (non conditional) general or specialist registration in another Australian jurisdiction, ie a Queensland registered veterinarian may **visit** Victoria or NSW to practise without making application for registration there.
- However, if planning to make Victoria or NSW the principal place of residence, the normal registration requirement applies. Application must be made for registration.

## Statutory Regulation of the Veterinary Profession – The Question of Funding

The Veterinary Surgeons Board (the Board) is fully funded from statutory fees levied on registered veterinarian surgeons, and save for the cost of rent and utilities, all salaries, wages and expenses of and incidentals to the administration of the Veterinary Surgeons Act are paid by the Board out of its funds.

The Board represents the State and is part of the department (for familiarity purposes assume the department means DPI), for the Financial Accountability Act 2009. The Board has the privileges and immunities of the State.

As part of the 'department', the Board's financial results are consolidated with the department's

financial statement. The Board does not meet the definition of a 'departmental reporting entity' as defined in the Financial Management Standard 1997 and there is no legal requirement for the Board to produce separate financial statements.

Queensland Board revenue from statutory fees in the financial year 2010/2011 totalled \$385K. Expenditure for salaries, wages and associated costs, and supplies and services totalled \$453K. Excess expenditure over income is met from funds accumulated in the Board fund since enactment of the Veterinary Surgeons Act in 1936. An example of how financial resources restricts the Board operational capabilities is that an addition to staff could not be made until early 2011. An earlier appointment would have seen the accumulated funds diminished well before the end of term of the current Regulation.

The Regulation has a 10 year expiry in September 2012. Expiry of the Regulation provides an opportunity for government to consider an increase in statutory fees over CPI. The registration base has risen 45% since 2002. Rate of complaints has risen at least 100% with complexity of the complaints process seemingly 3 fold. Understaffing has been managed by competent administration and process, prioritisation and dedication to duty. One negative has been a reduction in the dissemination of information to registrants and now with additional staff, the Board has addressed this deficiency.

The two present day big ticket recurring budget items are legal costs and membership of the Australasian Veterinary Boards Council Inc (AVBC). AVBC membership fee has increased by 50% since commencement of the current Regulation in 2002 (functions of AVBC are addressed in the following article). In the contemporary era of complaint resolution and process, the Board's legal fees over the past 2 financial years have averaged \$90K. Expenditure on legal fees was first encountered in 2005 (\$22K) and has risen steadily since.

The last opportunity for a fee increase above CPI was in 2002 where a fee for annual registration of \$110 was set after CPI increases over the past 10 years. The fee for 2012 has been set at \$144. Queensland ranks second or third in Australia in terms of primary registrations 2640 (at 31 October 2011) with an additional 200 secondary registrants, yet has the second lowest fees behind NT, where there is a registration base of approx 120.

The comparative of annual primary registration renewal fees across Australasia is: NZ \$420 (NZ\$), WA \$365, ACT \$290, VIC \$285 with \$50 late fee, SA \$295, NSW \$235, TAS \$201.60, QLD \$143.95, NT \$102 (quoting mid 2011 figures).

The registration renewal 'season' results in criticism of the Board Registry, albeit from a relatively small sector of veterinarians, in relation to

the lack of provision of contemporary payment systems, ie BPay, direct debit, online.

The Board conducts its financial transactions through a government contracted external agency. The establishment of stand alone payment systems for 2800 veterinary registration renewals per annum is not cost effective.

A Board constituted independent of a government department, having the broader operational and technical capabilities of the bigger registration boards of Australia and NZ will allow it to provide comparative services to its interstate counterparts but, it must be remembered, at a comparative cost. To reach this end the government must first advance its commitment to a full review of the Veterinary Surgeons Act.

## **Australasian Veterinary Boards Council Inc (AVBC)**

**Facilitating excellence in the provision of veterinary services to Australia and New Zealand**

### **Background and history**

The AVBC started life in the eighties as an annual meeting of representatives of all Australian veterinary boards. Delegates discussed common issues with the aim of clarifying standards of acceptable veterinary practice. New Zealand joined the meetings in 1990. When the profession was devolved the responsibility for the National Veterinary Examination (NVE) for overseas graduates wishing to practice in Australia, AVBC was incorporated (in December 1999), an Executive Officer appointed and place of business established.

### **Functions**

Administration of the NVE is a component of the function of assessment of suitability for practice in Australia and New Zealand of persons with foreign qualifications.

AVBC carries out accreditation of veterinary schools and courses leading to a degree in veterinary science or medicine.

In addition the AVBC has as its functions:

- Uniform criteria for recognition of qualifications for registration
- Provision of advice on matters concerning the occupational regulation of veterinarians, including general and specialist registration;
- Encouragement of the harmonization of standards, regulations and quality assurance of veterinary services provided to the community across all jurisdictions.

### **Current priorities**

- Harmonising international accreditation standards for veterinary schools
- Providing a national forum for the key issues in veterinary education that impact the wider profession and are relevant to the standards for accreditation of veterinary schools
- Ongoing review and enhancement of the NVE
- Robust system for assessment of specialist qualifications through a standing committee
- Ensuring the AVBC is a well governed, sustainable and effective organisation, with strong support from all member bodies and key stakeholders.

### **Funding**

- Standing Committees:

- Veterinary Schools Accreditation Advisory Committee (VSAAC) - (75% funded by universities)
- National Veterinary Examination Board of Examiners (NVE BoE) - (funded by NVE candidates)
- Advisory Committee on the Registration of Veterinary Specialists (ACRVS) - (funded by specialist applicants)

Over and above the user pays contributions, expenses and costs associated with the conduct of business by AVBC are funded by membership fees levied on members. Each member is a whole registration board. The fee set by annual resolution is levied on a rate per primary registrant. The rate for 2011 was \$22.74 per registrant.

## **Ear Cleaning and Ototoxicity in Cats – a feline practitioner’s perspective**

**A contribution from Dr Vic Menrath BVSc  
FACVSc  
Specialist in Feline Medicine**

Otitis externa (OE) is a relatively common condition in cats. The vast majority of these cases are bilateral and caused, initially anyway, by ear mite infection. The resultant damage, including self trauma, results in subsequent secondary bacterial or fungal infection. Less common causes of bilateral OE include atopy, demodex, idiopathic ceruminous otitis and autoimmune disease. Underlying immune deficiency disease (FIV, FeLV) must also be suspected in cases that are chronic and apparently intractable. Unilateral infections are less common and are likely to have underlying foreign bodies, tumours, inflammatory polyps or be caused by a claw wound to the canal.

Horner's Syndrome with its attendant signs of middle ear problems (ataxia, head tilt, deafness, etc) is a relatively frequent and serious sequel to the act of external ear canal treatment in the cat

This seemingly harmless act of external ear canal cleaning by veterinarians or lay people is often fraught with danger when performed on the cat and serves as an ongoing reminder to the veterinary profession that cats are, in fact, not dogs. Where dogs can have repeated vigorous ear cleanings using a wide variety of ear products with apparent impunity, cats are always susceptible to severe ototoxic reactions and careful selection of ear medications is paramount as is client education and adequate precaution against side effects of ear canal cleaning. It can be said that, unless some very basic precautions are taken, it is merely a matter of time before a practitioner is faced with serious problems as a result of cleaning cats' ears.

## The eardrum of the cat

The only barrier between the effect of an irritant product and the sensitive middle ear is an intact, healthy tympanic membrane. Unfortunately, unlike dogs, it is really difficult to adequately examine the eardrum of the normal, awake cat using a hand-held otoscope. If the cat is fractious and/or the canal is inflamed, painful or clogged with debris, adequate examination of the canal and drum is impossible in the awake cat. Also, even a good view of the eardrum in the cat with no obvious defects does not preclude severe reactions to proprietary ear cleaning products – due to microfissures? – who knows. Video otoscopy performed under general anaesthesia is a far superior method of examining the canal and tympanic membrane and as an aid to canal cleansing.

## Ear cleaning products

In my experience the products that are by far the most likely to result in middle ear problems are those designed to simply cleanse the ear canal (eg ceruminolytics) or treat ear mite infestation by ear drops.

As a general rule (and as a practice protocol) the only material that should be used as an ear canal cleaner is **sterile normal saline** accompanied by gentle massage or gentle lavage (video otoscopy).

I recommend a number of basic principles based solely on personal experience:

ALWAYS assume the eardrums of the cat you are treating are pervious and that whatever you are putting in the ear canal(s) will end up in the middle ear.

ALWAYS use ear canal products that you know will never cause middle ear problems even when the drum is perforated.

ALWAYS warn the owner that there may be unforeseen reactions despite your best intentions and precautions.

ALWAYS use systemic products where possible in addition to or rather than topical medication (eg selamectin for ear mite treatment, injectable/oral antibiotics).

ALWAYS use cortisone (topical or oral or injectable) as part of the treatment regime unless there is a specific contraindication to do so (eg diabetes mellitus).

ALWAYS use sterile normal saline as the exclusive canal cleaner whether the person doing the cleaning is a veterinarian, or veterinary nurse under veterinary direction.

Use ophthalmic antibiotic drops (eg Soframycin, Tobramycin) in preference to equivalent ear preparations if a perforated drum is suspected.



## Vic Menrath

Vic Menrath was first elected to the Veterinary Surgeons Board in 1986 and retired in 2010. Vic is one of the longest serving members of the Board in its history having been elected by his peers for 8 consecutive terms. When I joined the Board in 2009, I was impressed by Vic's wise counsel and care for the profession, the veterinarians and foremost the animals. Vic would often remind the Board that the animal has no voice and that the Board has the responsibility not only to give a fair impartial hearing of the case of clients and vets but also to be there for the animal. The Board and indeed the profession hold Vic in very high esteem and are greatly indebted for his services to the profession.

Dr Laurie Dowling  
Chairperson, Veterinary Surgeons Board

## Responsibility to Ensure Currency of Registration

On the occasion of annual expiry of veterinary registration, it is timely to remind employing and employed veterinarians of their responsibilities to ensure that not a single act of veterinary science is undertaken by persons who do not have currency of registration.

The following report is published to demonstrate the repercussions of not ensuring currency of registration:

'The name of a veterinary surgeon was removed from the Queensland Register of Veterinary Surgeons due to non-receipt of registration renewal fee by the due date of 31 January 2011. The veterinary surgeon had listed a post office box in USA as a contact address from where all Board correspondence had been returned unclaimed.

The person was discovered mid year to have been practising as an employee of a North Queensland practice during and before the removal of the name from the Register.

By practising whilst unregistered, the person rendered self and the employing veterinarian guilty of offences against the Veterinary Surgeons Act that carry both monetary and right to practice penalties.

The employment of a non registered person as a veterinary surgeon had professional indemnity cover implications and represented grounds for a civil law suit in the event of an adverse outcome for a patient treated by the unregistered person.

Both the unregistered person and the employing veterinarian were obliged to present formal submissions to the Board so that it could assess whether the offence provisions of the Act should be invoked. Both persons cited extenuating circumstances and were on this occasion given a formal first offence warning'.

There is at least one previous occasion on record where the Board opted to initiate professional misconduct proceedings against the employing veterinarian with penalty imposed.

After publication of this notice and regular previous notices, it would be difficult for the Board to accept any explanation that would go to defend the performance of veterinary practice by an unregistered veterinarian.

## QUESTIONS AND RESPONSES

### ON INFORMATION PUBLISHED IN SEPTEMBER ISSUE OF VETREGISTER

**Enquiry:** Reference September VetRegister page 8. Can you confirm if vet nurses are allowed to do cat castrations under veterinary supervision and if they are, is it only certificate IV veterinary nurses? If not, please let me know as I was wanting to get them to start doing cat castrations as they have been asking me or is it an act of 'veterinary science'?

**Response.** The Board registered real concerns that any practitioner would hold the view that a veterinary nurse could perform acts of veterinary science.

Castration of any domestic animal is an act of veterinary science and as such, may only be undertaken by a registered veterinary surgeon. A person, not a registered veterinary surgeon, found to have castrated a domestic animal may be prosecuted under the Veterinary Surgeons Act in a court of law. Circumstances may also warrant prosecution under the Animal Care and Protection Act. A veterinary surgeon found to have allowed a non veterinary surgeon to castrate a domestic

animal is guilty of an offence against the Veterinary Surgeons Act and is also guilty of professional misconduct.

Veterinary nurses are not registered or endorsed to perform any act of veterinary science in Queensland, either supervised or unsupervised. The Certificate IV in Veterinary Nursing course does not include any training in the performance of acts of veterinary science. It is understood that veterinary nurses may be authorised in the UK to perform cat castrations under veterinary supervision, having undertaken structured training conducted by the College. It does not follow that UK registered veterinary nurses employed in veterinary practices in Australia are similarly entitled to perform cat castrations under supervision in this country. Veterinarians employing visiting UK veterinary nurses should be particularly aware of this information.

**Enquiry.** The terms 'non-qualified', 'unqualified' and 'non-endorsed' used in the article 'Small Animal Case Report', are not completely clear. Are they referring to 'veterinary', 'veterinary nursing' or some 'other' qualification (or lack of)?

**Response.** The term 'non-endorsed' was a quotation from the Tribunal report.

"Non-endorsed" means a person not approved under the provisions of the Health (Drugs and Poisons) Regulation 1996 (the Regulation) to administer scheduled medications to animals. Only registered veterinary surgeons are authorised to obtain, administer, and dispense scheduled drugs as part of an animal's veterinary treatment. The case in question referred to staff performing acts of veterinary science and administering restricted and controlled drugs when not registered as a veterinary surgeon, and not otherwise approved by Queensland Health. The meaning of 'veterinary science' in the Veterinary Surgeons Act includes medical and surgical treatment of animals and administering anaesthetics to animals.

### Enquiry

A caller challenged the Board's opinion that it would be unwise for a vet to perform surgery unsupervised having not had previous experience in the procedure.

Extract from September Issue VetRegister:

*The Board recommends that a referral option always be given in complex medical or surgical cases, and that the offer given, if declined, should be noted in the case records.*

*A vet should also never undertake unsupervised surgery without previous proven experience in the procedure. The requisite competency to conduct a procedure or manage a medical case is arguably more essential than having state of the art range of equipment.*

## Response

There will be occasions where a veterinarian will have no option other than to proceed unsupervised. An emergency presentation in a regional district or a mid surgery complication are two situations that come to mind where referral or supervision may not be options.

The Board's position reflects best practice principles. The following case demonstrates a regrettable outcome that could have been avoided had best practice principles been followed.

## Case study

A 4 month foal presented with a grade 2/3 clubbed foot, to an almost vertical angle. The foal was not yet lame or otherwise affected.

The attending veterinarian recommended surgical treatment on the basis of the foal's age, severity of condition and probable poor response to conservative management treatment. The plan was to sever the inferior check ligament, lower the heels, fit a polymer toe extension and use daily exercise to help keep the heels low post surgically.

The owner was hesitant about proceeding with surgery given the foal seemed well and was not lame but was persuaded by a grave prognosis and prediction of incapacity for riding. The veterinarian was conscious that cost was an issue for the owner. Although referral to a surgical equine facility in the region was an accessible option, referral was not offered.

The surgery was performed on the lawn of a small animal clinic, during inclement weather, on damp ground, with umbrella cover necessary on occasions. The operating veterinarian was assisted by a veterinarian associate and a vet nurse.

In the course of the procedure, the operating veterinarian cut through an arterial branch as it entered the tendon (the deep flexor). Several strategies to stem the haemorrhage were unsuccessful before it could be controlled. The operation to cut the check ligament continued to that end.

The palmar artery was ligated using O-O Maxon and after confirming bleeding had been stemmed, closing was uneventful, with bandaging applied and medications administered.

Post recovery the hoof appeared to be at normal angle, foal was bright, eating and moving well enough for transport home with strict instructions that the foal be stabled in a clean and dry environment.

By close of business the same day concerns for the foal were reported as the foot was cold. Within 4 days of the surgery, the clinical position was that circulation had failed below the surgery site and the hoof was beginning to slough because of

gangrene. There was no sign of bleeding below the fetlock, the foot was unstable and in need of support. The foal was euthanased on humane grounds.

## Complaint to Board

Owner reported in a complaint that the veterinarian had made assurances that the procedure was a simple one and should take no more than 10 minutes. The owner had asked the veterinarian about previous experience in the procedure and the veterinarian responded in the negative but felt confident about performing it.

In the complaint the owner asks why if the veterinarian had not previously performed this operation, which was not simple as initially said, was a referral to the available specialist practice not offered?

## In defence

The veterinarian submissions to the Board in part were:

- The surgical complication of the ligated artery had compromised the circulation in the foot, but would have expected the foot would be OK.
- Hypothesis that the combination of the bandage and the post operative swelling and tendon letdown had impaired the circulation in the remaining vessels.
- Return of blood flow too little too late and itself caused some reperfusion injury.
- Strict instructions to keep bandaging dry were not followed.
- Made a minor surgical mistake which could only be remedied by taking fairly drastic measures.
- Not sure how mistake could have been avoided without having actually witnessed the surgery before.
- Had hoped to practice on a cadaver first but the opportunity did not arise.
- Only millimetres away from a good surgical outcome.
- Could not know that mistake could have been avoided by searching more distally for the ligament, but that knowledge was not available at the time.
- In retrospect, should have offered referral.
- As a rule, complex cases in small animals are referred, even if confident can do the surgery and even if thought owner cannot afford it.
- Realise now cannot assume owner will provide correct care, need to be more specific in ensuring adequate post operative care, or hospitalise the animal.

- Advised surgery due to grave prognosis without treatment; further diagnostic workup (x-rays and referral of x-rays to specialist) would have been desirable but given the presentation and history, seemed like over-servicing. In retrospect, would have been good idea to have at least offered this service.

## Conduct of Veterinary Surgeons (Division 2 Veterinary Surgeons Act 1936)

The Board initiated professional misconduct proceedings against the veterinarian on the basis of there being prima facie evidence that the veterinarian was incompetent in the practice of the profession: in the performance of an inferior check ligament desmotomy the veterinarian did compromise arterial blood supply to the limb resulting in avascular necrosis of the foot.

The respondent submitted that the injury to the arterial branch was a case of misadventure and that misadventure does not fall into the category of incompetence nor does the making of an error of judgement in the performance of surgery of this kind.

The Board did not agree with those submissions and a guilty finding was delivered.

The veterinarian had no practical experience in the procedure and opted to perform the surgery in suboptimal environmental conditions rather than refer the case to a veterinarian experienced in the surgery. The surgery was elective and conducted on the recommendation of the veterinarian, not by owner request. The severance of arterial blood supply to the limb in the performance of the procedure is an unacceptable outcome for a veterinary surgeon competent in the performance of the procedure. There was an option to refer or seek experienced supervision in the conduct of the surgery. The eagerness to perform the surgery without the benefit of practical experience resulted in a surgical error that cost the life of the patient.

The Board ordered that the respondent be penalised by way of a monetary sum (undisclosed). In determining penalty, the Board took into account the respondent's previous unblemished professional standing and the serious professional and personal impact a finding of professional incompetence brings.



## GENERAL ENQUIRIES

### Vaccination Certificate

**Enquiry from breeder: Q.** Whether a vet needs to actually sign a puppy vaccination certificate, or if the certificate is valid with all the other relevant information and on the practice's letterhead but without signature?

'Specifically the vet vaccinated seven puppies with a C3 and issued certificates on their practice's letterhead. Although the certificates contained the information about the vaccine given and the identification of each individual puppy, as well as a vaccine schedule for the puppy buyers and the name of the administering vet, they were not signed by anyone. In fact, there was no place on the certificate for a signature in any case.

Being my first litter and not realizing any different, I accepted that the certificates were correct and I wasn't aware that anything was amiss with the certificates until the lack of a signature was brought to my attention. The fact that any puppy buyer would have a problem with a certificate that I have handed on to them was of concern to me. I am confused as to whether a signature is required or not, so I have contacted the Board for clarification'.

**Response.** The industry standard is that a vaccination certificate is signed by the vet at point of vaccination. A veterinary certificate is not a genuine certificate without bearing the vet's signature. If a non vet were to gain illegal access to restricted drugs, and illegally vaccinate an animal, the person could just as easily issue a 'veterinary certificate' without a signature. So the boarding kennel may be justified in turning away a dog that is not verified as vaccinated by a vet surgeon. Breeders may vaccinate their dogs with a 'killed' vaccine (schedule S5) available over the counter, and issue a signed 'vaccination certificate'. Note that this is a legal process only if the certificate is not identified as a 'veterinary certificate'.

The Board would be interested to learn if the routine vaccination protocol of a registered vet was not to sign vaccination certificates. What would be a serious offence indeed would be any case of a vet leaving restricted drugs with a breeder to vaccinate by themselves before sale and selling the pups with a 'veterinary certificate'. If a vet forgets to sign the odd certificate now and then, it would not be a hanging offence, but if it is habitual, the Board needs to be informed so that the vet can be educated in professional responsibilities.

### Choice of suture material

**Enquiry from AVA: Q.** 'AVA has received enquiries from some AVA members regarding the use of catgut sutures. Members are apprehensive that if there should be untoward sequelae after using catgut when there are alternative suture materials, they may find themselves in litigious circumstances or looked upon unfavourably by the Board. Could the Board clarify this situation from a competency perspective?'

**A.** The Board has no policy on the type of suture material that should be used in clinical practice. While in some procedures it may not be appropriate to use catgut material, there are others where it would be totally appropriate to use. Ultimately it is up to the practitioner to defend his/her methods and use of materials if

complications arise from suturing. There have been occasions where wound breakdowns have been the subject of complaints to the Board and the competency of the veterinarian has had to be assessed. While the Board may make recommendations to the veterinarian concerning the process, it has not been the case to date that the Board has found that a veterinarian was professionally negligent due to the type of suture material used, that is when talking about recognised scientifically proven suture materials.

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## Use of Qualification – MRCVS

The Board enforces the following policy on use of the qualification 'MRCVS'.

The use of the description 'MRCVS' is permitted only by those veterinarians who gained membership of the Royal College of Veterinarians by virtue of successful completion of the statutory examination conducted by the College (the equivalent of the National Veterinary Examination of Australia). Membership gained by examination is a registrable degree in the United Kingdom and Australia and is recognised as such.

Membership in other circumstances is awarded when registering with the College by payment of a fee and production of evidence indicating the person is the holder of a veterinary science degree recognised by the College. Registration confers membership of the College while the person remains financial with the College. The Queensland Board considers the use of the qualification 'MRCVS' in Australia is inappropriate when membership was gained in this manner. The fact that a person has practised in the UK at some point of time should not be held out to the public as an additional qualification inferring superiority over others.

The Board's position is supported by the Australian Veterinary Association.

## Biosecurity Queensland Link

Biosecurity Queensland – a service of the Department of Employment, Economic Development and Innovation – is the agency responsible for protecting Queensland's primary industries, environment and way of life

Visit [www.biosecurity.qld.gov.au](http://www.biosecurity.qld.gov.au) for further information

Hendra Virus Current Situation and Guidelines for Veterinarians

Visit [www.dpi.qld.gov.gov.au/4790\\_2900.htm](http://www.dpi.qld.gov.gov.au/4790_2900.htm)

## Have you provided/updated your emergency contact detail for disease alert?

Registered veterinarians receiving this edition of VetRegister by hard copy have chosen not to record their emergency contact detail on the Register of Veterinary Surgeons for rapid disease alert purposes or alternatively, the detail has not been updated.

Government has identified as a priority implementation of initiatives that go to a significant improvement in its ability to contact veterinarians in a biosecurity emergency.

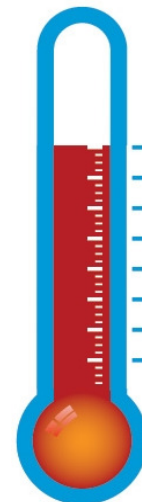
Registration renewal provides the opportunity to provide emergency contact detail, and to update detail.

You are encouraged to record your emergency contact detail on the Register of Veterinary Surgeons by:

- providing this detail on the Notification of Details Form enclosed with your registration renewal notice;
- completing the Change of Particulars Form on the Board website <http://www.vsb.qld.gov.au/forms/Change-of-particulars-on-register-form.pdf>
- email – [vsbqld@dpi.qld.gov.au](mailto:vsbqld@dpi.qld.gov.au); or
- telephone – 07 32393600

Email Addresses Recorded on Register

84%



New diseases do occur  
**You may be looking at the first case**  
**EXOTIC DISEASE WATCH HOTLINE**  
**1800 675 888**