

# vetregister

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

CPD Approved unit accumulation – 1 point unstructured

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## Reporting of Continuing Professional Development (CPD) undertaken by Queensland registered veterinarians

The Queensland Board has determined that the annual renewal of registration by Queensland registered veterinarians will from 1 January 2012 onwards incorporate a requirement to document the number of CPD units accrued for the past calendar year. The intention is that CPD units reported by each registrant over 3 consecutive years will be recorded against the registrant's name on the Register of Veterinary Surgeons

The anticipated recognition of national registration in the Queensland legislation gives cause for national uniformity on CPD policy. Global trends are moving towards more stringent CPD requirements. The Board's compliance and reporting capabilities will be enhanced by the capture of the data.

It should be stressed that a veterinarian's continuing registration in Queensland will not be contingent on the annual accrual of a minimum number of CPD points. Such an initiative could only be adopted by enactment of amending legislation and after prior consultation with all registered veterinarians.

professional development in the registrant's stream of practice.

CPD recording guidelines have been in place nationally since 2003. Since 2005 South Australia veterinarians have had a mandatory obligation to report CPD in order to renew registration. Veterinarians in that state are required to achieve minimum CPD points over a 3 year period. The New Zealand Veterinary Council will be the next member of the Australasian Veterinary Boards Council Inc (AVBC) to include participation in CPD activities as a prerequisite for annual recertification of registration. For the issue of a NZ practicing certificate from 2014 onwards, NZ veterinarians will be required to declare and if necessary demonstrate their level of involvement over the previous 3 years in activities aimed at maintaining and enhancing professional competence and performance.

Recently introduced legislation in NSW mandates that veterinarians furnish to the registration board an annual return in order to maintain registration. The annual return incorporates the detailing of CPD undertaken in the past 12 months. If a veterinarian fails to achieve the minimum CPD points requirement over a 3 year period, the failure without reasonable excuse is in terms of the legislation deemed to be unsatisfactory professional conduct. The NSW Board conducts random audits of CPD recording and validation.

Victoria has invoked a long standing policy to incorporate a CPD component in the annual registration renewal process.

### Process

The registration renewal form will incorporate a field to enter the detail of CPD units completed in the calendar year ending. 'Detail' means both the structured and unstructured points accumulated in the year.

The Queensland Board website incorporates a continuing education tab with the information needed on point accumulation and reporting. [www.vsb.qld.gov.au/cve.html](http://www.vsb.qld.gov.au/cve.html). Detailed information on points allocation will accompany registration renewal notices to be issued in mid- November.

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### Background

Veterinary registration boards have a statutory responsibility to protect the public interest by ensuring that veterinarians are competent and fit to practice on an ongoing basis.

The Queensland Veterinary Surgeons Regulation since 2002 has incorporated a provision that registrants must keep a record of continuing education (continuing professional development) undertaken by the registrant for the previous 3 year period. The Board has since adopted the policy that a veterinarian in defending allegations by clients of professional negligence/incompetence may be asked to produce the 3 year record of ongoing continuing

## Statutory obligation of Board to adjudicate complaints lodged in writing

A principal purpose of legislation regulating professions is to protect the public interest by aiming to ensure that registrants are competent and fit to practice in the relative profession. Legislation provides regulatory boards with a number of mechanisms to achieve this purpose, including the power to investigate consumer complaints, and disciplinary powers.

Legislation regulating the veterinary profession has the parallel purpose to protect the interests of animal welfare in the delivery of veterinary services. The veterinary profession is unique in that it has a responsibility for the health and well being of a living thing that is totally reliant on its keepers and carers to determine its standard of living and welfare.

Contrary to the point of view held by some in the veterinary profession, legislation regulating veterinary practice is not enacted for the purpose of protecting the interests of veterinarians in a commercial or indemnity sense, save for matters relating to qualifications to practice and right to practice.

### The legislation

Division 2 of the Queensland Veterinary Surgeons Act 1936 is devoted to matters about the conduct of veterinary surgeons

Section 22 of Division 2 provides:

- the head of power for the Board of its own motion or upon receipt of a complaint from an aggrieved person to conduct enquiries into the conduct of a veterinary surgeon;
- that a complaint from an aggrieved person shall be furnished in writing;
- that where there is sufficient evidence to establish a prima facie case of professional misconduct by a veterinary surgeon, the Board may institute misconduct proceedings or refer the matter to QCAT<sup>1</sup>.

### Disciplinary powers

The remaining sections of Division 2 address process and penalty to which the Board is bound. No power is vested in the Board to suspend or remove the name of a veterinary surgeon from the Register, save for when a monetary penalty imposed by the Board remains unpaid on a due date. By way of discipline, the Board can itself but impose a monetary penalty, admonish or reprimand. Only QCAT has the power to suspend

or remove a name on grounds of professional misconduct or unfitness to practice, medical or otherwise.

The Board may refer charges against a veterinary surgeon to QCAT if it believes there is prima facie evidence of behaviour that if proven would warrant greater penalty than that the Board can order.

In cases where the Board believes the evidence if proven would not warrant referral to QCAT, the Board will initiate 'proceedings' which are heard by the Board in session at which the respondent veterinarian may appear to make personal representations. Respondents to proceedings may however of their own volition ask in lieu that charges be referred to QCAT for hearing. QCAT requires parties to proceedings to seek leave to have legal representation. In QCAT proceedings, the Board will always be legally represented, a penalty of suspension from the Register will always be sought and recoupment of the Board's legal and associated costs will always be sought.

### The enquiry process

The Queensland Ombudsman<sup>2</sup> in August 2009 raised with the Board procedural issues relative to the enquiry process employed by the Board to that point of time. The Ombudsman was not satisfied that the process was compliant with the expectation that in relation to each complaint referred to the Board for investigation, the veterinarian the subject of the complaint and the complainant were each kept sufficiently informed about the progress and outcome of the enquiry.

Having taken heed of the Ombudsman advice, and after having taken legal advice and advice from the Information Commissioner, a revamped complaint enquiry process was trialled from late 2009, formally adopted in June 2010 and further revised in October 2010. The complaint enquiry process now administered by the Queensland Board is considered to be the equal of any in the country in any profession in terms of being conducted meticulously and diligently, with 100% transparency, and efficient and timely processes.

The process is published on the Board website, [www.vsb.qld.gov.au/complaints.html](http://www.vsb.qld.gov.au/complaints.html). The complaint form itself incorporates guidelines that discourage lodgement of complaints that fall outside the Board's jurisdiction and encourage aggrieved persons to attempt to resolve the issue with the practice principal in the first instance. The extent of detail that is required to be presented in formal submission of a complaint discourages lodgement of frivolous or vexatious complaints.

Veterinarians are encouraged to visit the Board website to review the published guidelines. A processing chart is illustrated in the guidelines and is incorporated in this article. The chart

demonstrates that veterinarians should not be alarmed by receipt of a request to provide clinical records and thereafter to provide a clinical explanation of a case management. The Board's role is to assess the competency of a case management. This can only be achieved by a study of the clinical record supported by a clinical summary of the case by the treating veterinarian.

### The question of legal representation

The Board has no call to engage legal services until such time as its clinical assessment of the case is that there is prima facie evidence of negligent or incompetent treatment determined to be of a serious nature warranting referral to QCAT. The Board policy is not to allow legal representatives of respondents to appear at proceedings heard before the Board itself. However, if in the course of its enquiry the veterinarian named in a complaint engages legal representation, the Board is not qualified to answer matters of law and the Board may have no option but to itself engage legal representation. In such a situation and where the particular case warrants initiation of proceedings before the Board, the legislation affords the Board the right to order costs as it thinks fit in the event that an adverse finding is made. No such allowance is made for the respondent veterinarian.

The QCAT process on the other hand demands legal representation by both parties due to the complexity and formality of the process.

For a veterinarian named in a complaint, the time and potential cost associated with the engagement of a legal representative solely to forward clinical information prepared by a veterinarian to the Board on their behalf should be evaluated in terms of the transparent processes published and invoked by the Board. The involvement in a complaint enquiry by a veterinarian who maintains comprehensive and thorough records and can provide sound clinical reasoning for veterinary treatments will in the majority of cases be restricted to the provision of clinical information. The table of complaints and outcomes published elsewhere in this publication is testament to the low ratio of enquiries that progress to the stage where proceedings or charges are initiated.

### <sup>1</sup>Queensland Civil and Administrative Tribunal (QCAT)

About QCAT (source [www.qcat.qld.gov.au](http://www.qcat.qld.gov.au))  
QCAT became operational on 1 December 2009 amalgamating 18 tribunals (including the former Veterinary Tribunal of Queensland) and 23 jurisdictions into one tribunal.

QCAT works to actively resolve disputes and deliver justice in a way that is independent, efficient, expert, accessible and flexible.

QCAT makes decisions on a range of matters for the first time (original decisions) and reviews decisions previously made by government agencies and statutory

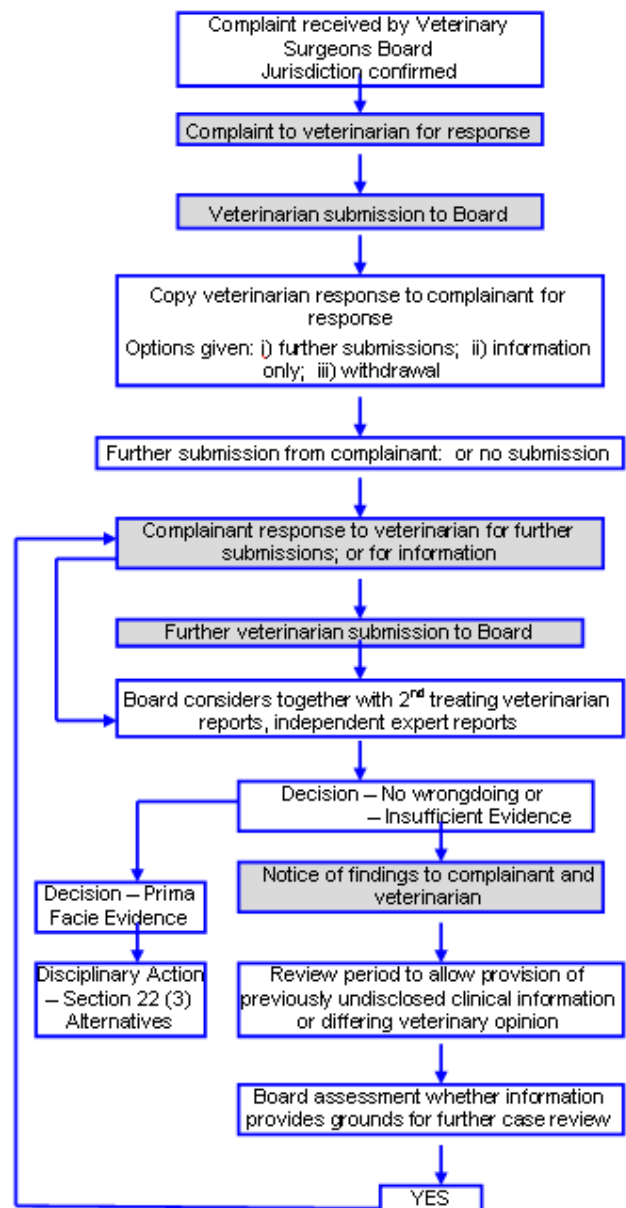
authorities (review decisions) across occupational regulation matters (1 of 13 streams of business).

### <sup>2</sup>Queensland Ombudsman

The Ombudsman is an independent officer of the Queensland Parliament. The Ombudsman impartially investigates complaints about the decisions of Queensland Public Sector agencies. If the Ombudsman thinks a decision would be unlawful, unfair, unreasonable or incorrect, the Ombudsman may recommend to the agency that it takes steps to rectify the effect of the wrong decisions or to improve its policies and practices.

NOTE: An aggrieved consumer of veterinary services may not make a complaint directly to the Ombudsman. The Ombudsman can in some circumstances investigate the complaint agency's decision on the complaint, or advise if there are other rights of appeal.

### Veterinarian input to complaint enquiry



## Reliance on clinical records in the conduct of complaint enquiries

(Article contributed by Board member Dr David Lovell, equine practitioner, in third consecutive term as elected member to the Board)

### Record keeping

The last few years have seen a quantum change in the requirements of the accountability process for investigations by the Veterinary Surgeons Board into complaints lodged by consumers about veterinary surgeons. Many complainants have obviously researched their subject very carefully, obtained supporting advice, often legal opinion and are very serious in their efforts to obtain satisfaction. More importantly, when findings do not go in favour of the complainant, the individuals are appealing to the Ombudsman for challenge and review. Fortunately the great majority of complaints are found to have no basis and the issue is dismissed but even then, the findings are often challenged. The Ombudsman has directed that the Board ensures that due and proper process has been followed and it must be able to substantiate the basis for its decisions. This is not to say that earlier process has not been fair, proper, and unprejudiced but society is always going to have an element of suspicion where professional competencies are judged by peer review. The integrity of the profession has always been high and veterinarians have always held a position of high esteem in the community. The old systems and era, however, are now gone forever and veterinary surgeons must adapt and keep up with modern times and developments.

The Queensland *Veterinary Surgeons Act* entitles suitably qualified persons to register as a veterinary surgeon. This entitles registrants to perform acts of veterinary science as defined by the Act. This is a privileged position. In return for this veterinarians have certain obligations. First and most importantly, their actions in performing acts of veterinary science are accountable and the Act provides a mechanism for review of veterinarians' conduct. The Act provides that any person who feels aggrieved by the conduct of a veterinary surgeon can make a formal complaint to the Board and the Board must investigate that conduct. The Act then goes on to state that "Where the Board is of the opinion that there is sufficient evidence of a prima facie case of misconduct in a professional respect" then the Board may proceed against the veterinarian with professional misconduct action. By far the majority of such misconduct revolves around whether the veterinary surgeon has been negligent or incompetent in the conduct of their profession. The conduct is assessed against those standards that would be expected from a normal competent veterinary surgeon undertaking that particular procedure. The Board's decisions are based on the doctrine of the balance of probability.

Without a shadow of a doubt, the vast majority of complaints are directly related to some apparent misunderstandings in the communications between the veterinarian and the client. The Board spends a very large portion of its time when determining cases in attempting to sift out discrepancies between the complainant's account of what has transpired and the veterinarian's version.

The Act provides that the veterinarian must keep full and complete records of the clinical case. The Board has the power to require the veterinary surgeon to produce records. These formal clinical records form the basis upon which the Board must attempt to review the case and they are crucial when it comes to accountability. The Board last year introduced a protocol of requiring the veterinarian to forward the records of the case BEFORE the veterinary surgeon has been given the particulars of the complaint. This is a major change in the way enquiries were previously conducted. It had become apparent to the Board that in a number of cases, veterinarians had amended and updated their records to address the particulars of the complaint after they had received them. The Board has had to take steps to counter amendments and additions being made in electronic records where they are less distinguishable than in written records.

Veterinary surgeons must be acutely aware that their recorded documentation of each and every case that they see or deal with is their primary defence against charges of professional misconduct. Such documentation, made at the time of each interaction, provides extremely strong evidence of what actually occurred and will go a long way towards defending the actions of the veterinarian. Obviously full clinical records and details of procedures that are undertaken must be recorded. The more detail, the stronger the case. What is becoming increasingly more important are also recordings of details of all communications and interactions between the veterinary practice and the client. Veterinarians may well regard these comments as onerous and an imposition. Be that as it may, each individual is entitled to their own views, interpretations and opinions, but risk management has become an essential strategic element in today's world and the conduct of any business. Litigation is becoming more and more a threat and it is critical that any person engaging in transactions with another ensures adequate steps are taken to protect themselves.

Veterinary software programs that are available today make such recording a relatively easy task. Nothing has changed in relation to the requirement to keep detailed and accurate records of all aspects of the clinical management of the case. Most veterinarians keep very adequate records of each case but many seen by the Board could be improved in detail by the veterinary surgeon recording interpretations and actions taken based

on the results of diagnostic investigations such as pathology, radiographs, and ultrasound examinations undertaken after the initial consultation. There can never be too much detail. Most programs allow for template development that requires only relatively minor changes when applied to each case. If the Board is presented with well documented documentation of the clinical progression of each case, it becomes relatively easier to make judgements.

Many of the issues then come down to a case of who said what and when. Veterinary surgeons can go a long way toward protecting themselves if they train their staff to record details of each and every client interaction on the record.

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## Clinical records

A common observation in cases presented to the Board is of the variability in clinical records. The Board often raises concerns about the thoroughness and recording of the clinical examination of an animal, and communications with the owner over the interpretation of the results, prognosis or finances. It is essential to record vital signs – temperature/pulse/respiration, mucous membranes, weight, in order to demonstrate a full clinical examination has been performed and to provide a baseline for further examinations and assessment.

In the Board's consideration of a case management, the absence of information is interpreted as a failure to take the measurement or conduct the test or examination.

Section 25 of the Veterinary Surgeons Regulation prescribes the general format of patient history records. As an extension of the Regulation the Board has nominated the components of model clinical records as:

- Identity of veterinarian creating the record
- Date of record
- Patient and client ID
- Presenting clinical signs
- Record of examinations including history, vital signs, and weight
- Provisional diagnoses and rule outs
- Treatment plan
- Diagnostic examination results
- Chronological list of treatments
- Hospital admission form and/or general anaesthetic consent form
- Surgery/anaesthetic log
- Referral detail and reports
- Discharge instructions
- Client communication record
- Billing record

The Board also recommends consideration of adoption of the following standards demanded of ASAVA accredited practices which are recognised as best practice standards:

- A practice must maintain records in such a fashion that any veterinarian coming into the practice may, by reading the medical record of a particular patient, be able to proceed with the continuity of care and treatment of the animal.
- A vaccination history must be part of the medical record and be easily retrievable. Clients should be given a certificate of vaccination to verify which vaccines have been administered to their pets and the dates of administration. A schedule for the remainder of the vaccination program also should be provided.
- Specialist consultation reports should be summarised in the patient's medical record. The report can also be written on a separate form linked to the patient's record. Relevant details of telephone or on-site consultations with other professionals should also be recorded, showing the consultant, date, and recommendations from the consultation.
- The record of medical treatment should include identification of each medication given in the practice, together with the date, dosage, route of administration (when more than one route is acceptable), frequency, and duration of treatment.

## Q & A on ownership of clinical records

**Email Q.** We have a client (deceased patient) threatening legal action (they have not specified what kind). They have had a solicitor write and ask for the medical record to be forwarded to them and I just wanted to check the legalities of this. My instinct is that it would be courteous to do so and we certainly have nothing to hide.

**Response:** It is a requirement of the Veterinary Surgeons Act that clinical records must be retained for 3 years after last treatment. This may preclude release of records kept manually to client or 3rd parties without court order. However, with computerized records, copies can be provided without offending the Veterinary Surgeons Act. It is the decision of the practice whether to release records or not. The Board agrees that releasing the records sends a message that the practice has nothing to hide.

Radiographs are a similar story. Hard copy radiographs must be retained by the practice for 3 years but with the advent of digital storage, copies can be released without offending the Veterinary Surgeons Act.

## Case reports

In this edition of VETERINARY REGISTER, we report on two of the most recent cases where the Board determined there was sufficient prima facie evidence of professional misconduct of a serious nature to warrant referral of charges to the Tribunal where a term of suspension from the Register of Veterinary Surgeons could be pursued in the event of a guilty finding.

The cases have been paired as they each involve the utilisation of lay persons for the conduct of veterinary procedures. One case is in large animal practice. The result gained in both cases is a reflection of the resolve and resources that the Board is prepared to dedicate to the pursuit of individuals who, either knowingly or unknowingly, demonstrate a disregard for the welfare of animals in their care, for their clients and for the profession they represent.

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Disciplinary action referred to Queensland Civil and Administration Tribunal (QCAT) by Veterinary Surgeons Board of Queensland.

Hearing date: 25-27 October 2010

Party to Action: Veterinary Surgeons Board and Dr Alison Mary MacIntosh BVSc Qld (1988)

Order made:

1. That Dr MacIntosh be reprimanded.
2. That the registration of Dr MacIntosh as a veterinary surgeon be suspended for a period of three months save for those periods necessary to undergo training and courses in compliance with undertakings given to the Tribunal.

The Board received information that 4 horses had sustained damage to their teeth in the course of dental procedures conducted by Dr MacIntosh and her non-veterinarian associate.

The Board sought opinions from a number of veterinarians in Australia and USA highly qualified in equine dentistry. On the basis of those opinions, the Board believed there to be sufficient prima facie evidence to establish that the 4 horses had sustained damage as a consequence of the treatment and there was a case of professional misconduct against Dr MacIntosh.

Consequently, the Board instructed its legal representatives to lodge charges of professional misconduct with QCAT.

QCAT formally delivered its findings in the charges on 17 November 2010 by publication on the QCAT website. A finding of professional misconduct was made against Dr MacIntosh.

The published 'Reasons for Decision' are too complex and lengthy to reproduce in this publication.

The QCAT decision is a matter of public record and can be reviewed in full at:  
[www.sclqld.org.au/qjudgment/2010/QCAT/601](http://www.sclqld.org.au/qjudgment/2010/QCAT/601).

The decision is detailed in the description of the dental treatment administered and the consequences for the horses from those treatments. The horses developed pulp exposure and/or thermal pulp necrosis, leading 1 horse to be euthanised, another having 4 teeth extracted and another suffering discharging sinus tracts due to infection of necrotic pulps.

The case was reported in Queensland media including Sunday Mail 12 December 2010 and Toowoomba Chronicle 8 December 2010.

Dr MacIntosh tendered a formal undertaking to QCAT that she will not perform any dental treatment involving any power tools on horses and will not allow, direct or permit another person to perform any dental treatment on a horse (but may refer a horse to another registered veterinary surgeon) until compliance with an undertaking for training. The content of the training is to be approved in advance by the Board. No submission for approval of training has to date been lodged with the Board.

The Board lodged a submission for awarding of legal costs incurred in bringing the matter to hearing. QCAT on 2 September 2011 ordered payment to the Board of costs to an amount to be agreed or alternatively assessed.

The Board at the outset copied the complaints to Biosecurity Queensland with a recommendation that the conduct of the lay associate of Dr MacIntosh, a member of a non-veterinary equine dentistry group, be investigated under the provisions of the Animal Care and Protection Act.

Biosecurity Queensland subsequently notified that it was precluded from commencing an investigation in all cases but one due to statutory time lapse limitations. In the remaining case, evidence to the standard of 'beyond reasonable doubt' could not be established.

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The following information was provided by the Board at the request of the Australasian Association for Equine Dentistry Inc after publication of the QCAT findings.

*Equine dentistry is an act of veterinary science in Queensland. A person who is not a registered veterinary surgeon must not practice veterinary science (Section 25M of the Act)*

*Maximum penalty - \$4000.*

*A veterinary surgeon must not allow or direct another person who is not a veterinary surgeon to practice veterinary science in relation to an animal under the veterinary surgeon's care (Section 25N of the Act).*

*Maximum penalty - \$4000 and professional misconduct*

*A veterinary surgeon becomes responsible for the care of an animal by examining and sedating the animal.*

*The filing and rasping of horse's teeth in Queensland is exempted as an act of veterinary science. Registered veterinary surgeons may sedate a horse for the purpose of a non veterinary surgeon filing or rasping horse's teeth. If as a consequence of the filing or rasping of horse's teeth, damage to the horse occurs, the Board may proceed against the veterinary surgeon responsible for the care of the animal in a matter of misconduct in a professional respect.*

The position taken by the Board and supported by the QCAT findings in this case is that the practice of veterinary surgery and medicine begins with the administration of sedative or anaesthetic and continues for the full course of the procedure. Responsibility for the wellbeing of the animal falls to the veterinary surgeon administering the sedation or anaesthetic.

## **Use of power tools in equine dentistry**

QCAT made a recommendation that the Board take steps to inform veterinarians of the views of the experts relied upon in the Board's case against Dr MacIntosh. Such action would, it was hoped by QCAT, prevent or reduce the incidence of misuse of power tools in equine dentistry in the future.

Extracts from QCAT decision 17 November 2010:

*Clause 10. Dr Liyou is a principal of the Equine Veterinary and Dental Services Practice at South Grafton. He has produced two reports to the Tribunal and has undertaken many equine dentistry workshops for veterinarians and students since 2002.....*

*Clause 11. ....At each and every one of the courses that I have co-ordinated, we have stressed heavily to the attending vets to practise the theory of 'in equine dentistry we must first do no harm – especially when using power tools.*

*We have repeatedly stressed the need to, 'when using a PowerFloat, grind for less than 15-20 seconds, flush with water to cool the tooth (and avoid the risk of thermal necrosis of the tooth – reference was made to papers by Baker and Allen, and Wilson and Walsh), and then examine the*

*tooth and check that the pulp has not been exposed or nearly exposed. If exposure has occurred, then a pulp capping procedure needs to be done – to minimise pain to the horse through minimizing the risk of killing that tooth.*

*At each course, we have stressed that there is a misinformed group of lay dentists and some associated vets, who insist that horses who are stable fed require an incisor bite reduction to accommodate their lack of wearing away of the incisor through not grazing as nature would intend. This was apparently having a negative impact on the Temporo-Mandibular Joint of the horses and so they insisted on performing the 'incisor bite reduction' to owners – even if the incisors appeared normal.*

*Clause 12. Both Dr Liyou and Dr (Gary) Wilson were of the firm opinion, backed with other research, that the need for incisor reduction is rare, and that if performed, it should only be done once in a horse's lifetime. They estimated that no more than 1% of horses may require this treatment.*

*Clause 13. Dr Wilson's evidence was also impressive. He shared similar views to Dr Liyou and gave a logical explanation as to why the incisor teeth should only be reduced with caution. They have softer crowns than molars and hence it is easier to cause pulp exposure and they are easier to over-heat, increasing the danger of thermal necrosis. The risk of both these harmful consequences is greatly enhanced using power tools.*

*Clause 21. The evidence led by the experts, Dr Liyou and Dr Wilson satisfies the Tribunal that the cutting of the incisors is not of any routine benefit to the Temporo-Mandibular Joint and that it has the potential of unnecessarily aging the animal's dentition. It also increases the risk of pulp exposure and/or thermal necrosis. Quite obviously there are cases where this must be done but again, they are very few and should be undertaken by an expert in the field and most certainly a registered veterinarian. The Tribunal considers that the arguments against the use of cutting wheels in equine dentistry put forward by Dr Wilson are overwhelmingly convincing.*

*Clause 22. Also we observe that with the introduction of power tools in equine dentistry, regulation 3(1)(f) may need to be revisited because it is clear from what the Tribunal has heard during the course of this hearing, and what is set out in the various expert reports, that the use of a power rasp/file in the hands of an individual not properly trained with these instruments can cause irreversible harm to animals putting their welfare at significant risk.*



## Small animal case report

An informant notified the Board of behaviour and practices in a veterinary practice that the informant believed may represent breaches of legislation. The informant was a former employee of the practice.

The allegations fell into the following categories.

- Allowing or directing staff to practise veterinary science
- Animal cruelty/welfare issues
- Hygiene practices
- The handling of drugs and poisons by staff
- Inadequate record keeping

Utilizing the powers vested in the Board by Section 33D (5) of the Veterinary Surgeons Act, a member of the Board accompanied by a legally qualified investigator entered the practice premises on short notice to search the premises, interview persons on the premises, collect and remove samples and specimens, take photographs of the premises, seize and remove records from the premises.

In the course of that action and in follow up submissions, the veterinarian owner of the practice conceded or did not dispute that, amongst other things:

- Non qualified staff were 'on occasion' allowed to castrate cats.
- Unqualified and non-endorsed staff had performed vaccinations and were trained in clinical examinations.
- A pre-employment age person was left to observe and monitor a dog in post-operative recovery.
- Unqualified and non-endorsed staff were given the combination to the controlled drug safe.
- Unqualified and non-endorsed staff were permitted or directed to use a controlled drug (S8) (Ketamine) for procedures.
- Unqualified and non-endorsed staff were directed or allowed to administer restricted (S4) drugs under supervision.
- Record keeping had been inadequate on occasions.

Taking into account the admissions and the evidence before it, the Board referred charges to the Veterinary Tribunal of Queensland (prior to the transition to QCAT) for hearing and determination.

Having engaged legal representation with extensive experience in regulatory disciplinary hearings, the Board adopted the recommendation that the respondent be afforded the opportunity to discuss whether a compromised outcome could be achieved by way of agreement on particulars of misconduct and the sanction that may apply to the misconduct. This is a contemporary approach taken in disciplinary hearings and represents the process adopted by QCAT in occupational regulatory hearings. The goal where possible is to avoid evidentiary hearings so as to minimise 'court' time, lessening the necessity to formalise witness statements to 'court' standard, eradicate witness appearance costs including expert witnesses and to lessen legal costs incurred by the parties.

A compromise agreement was reached in this case after the Board conceded not to pursue a number of minor infringements of legislation.

The resulting Order of the Veterinary Tribunal was:

1. That the veterinary surgeon was guilty of professional misconduct and guilty of professional conduct that was of a lesser standard than that which might reasonably be expected of an ordinary competent veterinary surgeon, by the public or the veterinary surgeon's professional peers.
2. The veterinary surgeon's registration be suspended for a period of two (2) months.
3. Undertakings offered by the veterinary surgeon were noted.
4. The veterinary surgeon to pay the Board's costs of and incidental to the investigation and hearings.

In respect to 3 and 4, by agreement the extent of undertakings and costs are not for publication.





## Q & A on practice protocols

### Referrals

**Email from GP: Q:** We are updating the general practice protocol about small animal referrals. Does the VSB have a policy statement or similar that defines which patients or conditions should be referred?

**A.** This is not straightforward and requires consideration of a broad variety of factors that require detailed consultation with the client. The Board has been presented with cases where the primary veterinarian clearly misinterpreted an animal's condition whilst in the veterinarian's care. The veterinarians in these cases failed to recognise clinical signs (e.g. vomiting, tachycardia, elevated body temperature, high PCV, extended CRT) as being representative of an acutely ill animal and in some cases left the animal unattended with only basic supportive care. The veterinarians in these cases failed to initiate appropriate diagnostic process such as blood testing, x-rays, ultrasound, **or referral** to determine an appropriate course of treatment.

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.

### Medications continued after referral

**Email from specialist: Q.** If a patient is referred to us and we see and treat the patient then is the referring vet able to issue a script or dispense medication for that patient on our advice? Referring vets have said that they are prevented from prescribing or dispensing a drug despite the animal being seen by them recently.

**A.** The policy invoked is that a veterinary surgeon may not repeatedly dispense scheduled medication for an animal under the vets care without examining the animal on at least 6 monthly intervals. The interval between examinations can extend to 12 months for production animals, where it is sufficient to have a personal knowledge of the health status of the herd/group.

If an animal is treated at a specialist practice and is discharged under continuing medication, nothing prevents the referring GP from prescribing or dispensing a scheduled drug on the advice of the treating specialist. The rule of thumb however still applies, ie the animal must be examined either by the specialist or the GP at a minimum of 6 month

intervals whilst continuing medical treatment for that specific ailment.

### Catheterisation

**Email from GP: Q.** I am writing to the Board with a query re the Board's stance on the shaving or otherwise of dog and cat legs before catheterisation for intravenous fluids and injections. I would like to know where we stand if a client requests that we do not shave a leg before IV fluids.

Would the Board see this as a negligent act if an infection occurred in the leg?

**A.** The Board's opinion is that the merits of catheterisation vary in each and every individual case and any owner request that the area not be shaved should be assessed on its own merits.

The standard protocol in practice should be to shave the area of catheterisation and any request not to do so should be met with a full explanation to the client of the potential for adverse consequences. Best practice standard would be to seek signed client consent in all cases where the client wishes to proceed against the recommendation of the clinician.

### Can human dentist perform animal dentistry?

**Email: Animal welfare group Q.** A registered human dentist has approached us to volunteer his services to conduct dentistry on animal patients as he would like to make a contribution to our charity animal welfare organization. He would not be involved in any other element of the procedure and a veterinary surgeon would be responsible for all diagnosis and examination; administration of premedications; induction of anaesthesia and any post operative pain relief, etc. A qualified veterinary nurse would maintain and monitor anaesthesia and a veterinarian would be in the immediate area supervising the procedure.

Does this contravene the Act or any other legislative requirements?

**A.** Dentistry on animals is deemed to be an act of veterinary science that can be performed only by a registered veterinary surgeon. A human dentist is not qualified or registered to perform dentistry on animals. A human dentist could have no more involvement in an act of veterinary science than that which a veterinary nurse has, which extends only to the actual scaling and cleaning of teeth under supervision.

A veterinary surgeon who supervised a non registered veterinarian surgeon performing an act of veterinary science would him/herself be offending the Veterinary Surgeons Act.

No dentistry should be performed on animals other than by a registered veterinary surgeon.

Statistics of complaints lodged with Board					
Year	Complaint enquiries conducted	Enquiries not finalised	No justification; insufficient evidence; insufficient cause to proceed	Prima facie evidence established	
				Proceedings heard by Board	Charges referred to Vet Tribunal/QCAT
2011	24 (to Sept)	8	14 (58%)	1	1
2010	34	4	24 (80%)	5	1
2009	24	1	21 (87%)	2	0
2008	30	0	27 (90%)	2	1
2007	22	0	19 (86%)	2	1

Year	Opinion that vet engaged in misconduct in a professional respect	Findings in misconduct proceedings conducted by Board	Disciplinary action
2011	√	Negligence – failed to perform a post-operative x-ray of the dog to establish cause of jaw fracture and extent of fracture to enable an informed clinical decision on treatment options	Reprimand
	√	Negligence - failed to respond appropriately to a report of diminished mobility in a dog - left dog in a deteriorating stage of tick paralysis unattended and unmonitored for a prolonged period with no clinical support after withdrawal of oxygen support.	Penalty \$500
2010	√	Incompetence – misdiagnosis of conditions due to inadequacy of diagnostic process	Penalty \$1,000
	√	Negligence – failure to examine cow prior to dispensing restricted drugs	Probationary 12 month period
	√	Negligence – sanctioning and dispensing of restricted drug to unauthorised person for administration	Probationary 12 month period
	√	Negligence – failed to eliminate aspiration pneumonia as a diagnosis three days post-operatively	Reprimand
	√	Inaccurate histology report	Reprimand
2009	√	i) Negligence – failed to provide treatment appropriate for the medical condition	Penalty \$1,000
		ii) Failure to keep adequate records	Penalty \$1,000
	√	Negligence – failure to maintain IV fluid line and bandaging to appropriate standard	Penalty \$1,000
2008	√	Incompetence – compromised arterial blood supply in conduct of procedure attempted on horse without sufficient knowledge and training	Penalty \$500
	√	Negligence – failure to respond to after-hours call to emergency practice	Penalty \$350
2007	√	Incompetent – administered inappropriate dose of anaesthetic	Probationary 6 month period
	√	Negligence – failure to provide adequate pain relief and care	Reprimand
	√	Incompetence – inappropriate approach to treatment	

## Veterinary premises standards

The incidence of complaints lodged with the Board relating solely to the appearance, capability and hygiene of veterinary premises is very low.

Premises approved for the conduct of a veterinary practice thereat in Queensland currently number 520. However, an estimated 40% of veterinary premises possess approvals that were issued by the Board more than 15 years ago. The number of aging practices that have not refurbished, renovated or updated equipment to remain compliant with contemporary standards is an unknown.

There is a case for a greater commitment to the physical inspection of premises by those representing the Board. The result of an informal survey of the clientele of a pet service business was that there is a public perception that veterinary premises are inspected on a regular basis to assess compliance with acceptable practice standards.

Board engagement of dedicated staff for the purpose of inspecting premises for compliance is not on the agenda. The incidence of non-compliance would in the Board's view not warrant such expenditure. Greater emphasis would rather be placed on self regulation. To this end, the Board encourages owners of ageing practices to apply for renewal of their premises approvals, at no statutory cost. The submission is in a self assessment format. An inability to declare that a standard is met warrants rectification of the deficiency.

The Board has adopted a commitment to engage in more pro-active communication with practitioners, in general discussion forums or in the practice environment itself. Members whilst engaged on Board business in the field may have the opportunity to visit practices in the locality to discuss topical issues such as record keeping and client communication whilst gaining a visual appreciation of the practice standard. Members may also be in a position to commit to a participation in information forums for practitioners in the locality of the visit.

The Board meets on a regular basis with the AVA Queensland Executive to discuss a variety of issues affecting the profession. Such occasions could be repeated in regional locations if a member was to be visiting the region in an official capacity.

### Minimum standards

- The standards for all designations of veterinary premises are incorporated in the Veterinary Premises Approval Application Pack published

on the Board's website  
[www.vsb.qld.gov.au/forms.html](http://www.vsb.qld.gov.au/forms.html).

### Conditions of approval

- Conditions are applied to all premises approvals. Standard conditions relate to the right for the Board to inspect premises, continuing compliance with premises standards, change of ownership, and designation of premises in business/practice name.

### Inspections

A Board inspection of premises is conducted:

- for applications where the premises are intended to be classified as a veterinary hospital, veterinary centre or emergency referral facility;
- for 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;
- as the result of any complaint lodged with the Board relating to the standard of practice conducted on the premises;
- randomly at Board convenience.

### Change of practice ownership

Continuing Board approval of premises under new ownership is 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 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 an assurance that Board approval for the premises will continue post sale.

### Current approvals

- All premises approval holders are issued with formal notification of Board approval for use of their designated premises as veterinary premises.
- Conditions of the approval are detailed on the notification.
- Practices where premises approval dates back more than **15 years** are encouraged to re-apply for approval of the premises in terms of the current minimum standards. The Board however may of its own motion direct that a review be conducted of any previously approved premises. Review submissions are exempt from the statutory application fee.

## Provision of care and/or euthanasia for illegally held exotic mammals and reptiles

(Article published at request of Biosecurity Queensland)

Queensland has specific laws on the keeping of exotic species by private individuals.

Introduced mammals that can be kept as pets in Queensland (subject to local government by-laws) are: dogs, cats, horses, goats (domestic), donkeys, guinea pigs, black/brown rats, house mice, domestic pigs, deer (farmed species as long as these deer are kept within a deer-proof enclosure). All other exotic mammals are illegal.

No exotic reptiles may be kept. Some native reptiles may be kept under permit.

Illegally kept exotic animals can be seized under the *Land Protection (Pest and Stock Route Management) Act 2002* and temporary care (usually 2 days) of these animals is occasionally required. Commonly seized species may include rabbits, ferrets, Chinchillas, Red Eared Slider Turtles, American Corn Snakes, Boa Constrictors and a range of other species commonly kept as pets internationally.

Biosecurity Queensland is aiming to develop a list of veterinarians throughout the state with the expertise and facilities to hold exotic species and in some cases provide euthanasia.

Veterinarians who offer this service must be able to ensure confidentiality and acceptance by all staff that the illegally held animal may be euthanised.

The list will be made available only to a small number of Biosecurity Queensland staff and will not be published. To have your details included on the list, please contact:

Dr Frank Keenan BVSc  
A/Manager, Policy and Strategy  
Invasive Plants and Animals  
Biosecurity Queensland  
Department of Employment, Economic Development and Innovation  
GPO Box 46 Brisbane Qld 4001  
Ph: 07 3405 5540 Fax: 07 3405 5551  
Email: [Frank.Keenan@deedi.qld.gov.au](mailto:Frank.Keenan@deedi.qld.gov.au)

### FUTURE EDITIONS OF VET REGISTER WILL BE DISTRIBUTED BY EMAIL

Provision of hard copies will be by request

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

The Register of Veterinary Surgeons maintained by the Board for the purpose of administering the Veterinary Surgeons Act has a secondary purpose of storing the emergency contact detail of Queensland registered veterinarians for access by Biosecurity Queensland in emergency response.

The Honourable the Minister, Mr Tim Mulherin, and the Chief Veterinary Officer, Dr Rick Symons and the Biosecurity Queensland response team have expressed their reliance on the data provided to the Board by registrants to effectively respond to the outbreak of animal diseases in Queensland.

Please consider whether you have provided your emergency contact details or whether the detail provided remains unchanged.

A 'Change of Contact Detail' form can be downloaded from the Board website if you have changed your postal address during 2011 <http://www.vsb.qld.gov.au/forms.html>

Regretfully it is not possible for the Board to provide an on-line notification service as the Register of Veterinary Surgeons database is independent of the Department of Employment, Economic Development and Innovation website.

The members of the Board are confident that all registered veterinary surgeons in Queensland will recognise the strategic advantages for emergency disease response gained by virtue of an accurate database of emergency contact information and will respond accordingly.

Thank you for your consideration in this matter.



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