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# vetregister

The Newsletter of the Veterinary Surgeons Board of Queensland

CVE/CPD Approved unit accumulation—1 point unstructured



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## Board Membership

### Nominated Members:

Dr Robert Cassidy  
Chairperson

Professor Glen Coleman  
Deputy Chairperson

Ms Ann Barry  
Consumer Representative

### Elected Members:

Assoc Prof Philip Moses  
Specialist (Surgery-Small Animal)

Dr David Lovell  
Equine Practitioner

### Registry Staff:

Ms Valerie Mustafay, Registrar  
Ms Cassie Wright, Deputy Registrar  
Ms Lillian Dunn, Project Officer

## Changes to Board membership

The Board welcomes its newest member by Ministerial appointment,  
Dr Judy Seton BVSc DVCS PhD



Dr Edith Hampson

Dr Seton has filled the vacancy left after Dr Edith Hampson BVSc PhD FANZCVS stepped down from her role in November 2013. The Board wishes to acknowledge the valuable contribution Dr Hampson has made during her time on the Board and wishes her well in her future endeavours.



Dr Judy Seton

## Are you prepared for a possible Hendra virus incident?

Hendra virus infection in horses continues to create significant work health and safety, public health and biosecurity risks. Equine veterinarians should regularly review their Hendra virus risk management systems to ensure that human and animal health risks are minimised so far as is reasonably practicable.

Vaccination of horses is strongly encouraged and veterinarians should discuss this with their clients. The Hendra virus vaccine is the single most effective way of reducing the risk of Hendra virus infection in horses and provides a work health and safety and public health benefit.

Veterinarians should ensure early diagnostic consideration of Hendra virus when attending sick horses, and adopt the precautionary principle where uncertainty exists. Infection control practices to minimise Hendra virus risks include wearing suitable personal protective equipment (PPE) to protect against contact with the horse and its blood and body substances, and adopting personal hygiene and decontamination practices. All persons who are at risk, including assisting persons, should be properly protected.

Safe sharps handling and disposal practices are also important to minimise the risk of sharps injuries. Safety engineered sharps, such as retractable blood collection units and retractable needles and syringes, should be considered. Used sharps should be disposed of promptly into a sharps container that meets relevant Australian Standards. Recapping of needles is a high risk activity for sharps injuries and should be avoided.

Human contact with suspect Hendra virus cases should be limited to essential activities only and suspect horses should be isolated from other animals until the Hendra virus status of the horse is determined by laboratory testing.

Veterinarians should ensure that horse owners are provided with information on how to ensure personal safety and biosecurity while waiting for Hendra virus test results. A fact sheet that provides veterinary advice for horse owners on what to do while waiting for Hendra virus test results is available from the website of the Queensland Department of Agriculture, Fisheries and Forestry

([http://www.daff.qld.gov.au/data/assets/pdf\\_file/0009/71991/Information-for-horse-owners.pdf](http://www.daff.qld.gov.au/data/assets/pdf_file/0009/71991/Information-for-horse-owners.pdf)).

If the veterinarian determines that a suspect Hendra virus horse requires ongoing treatment before the Hendra virus test results are received, a risk assessment should be made to ensure the health and safety of the person administering the treatment. Anyone who has close contact with a suspect Hendra virus horse (e.g. to administer oral medications or injections) should follow appropriate infection control measures including PPE, safe sharps handling and disposal, hand hygiene and decontamination. They should also be provided with any information, instruction, training or supervision that is necessary to ensure their health and safety.

For more information on Hendra virus and work health and safety, contact the Workplace Health and Safety Infoline on 1300 369 915 or visit [www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au)

For more information on Hendra virus and animal health or biosecurity, contact the Department of Agriculture, Fisheries and Forestry on 13 25 23 or visit [www.daff.qld.gov.au](http://www.daff.qld.gov.au)

For more information on Hendra virus and human health, contact Queensland Health on 13HEALTH (13 43 25 84) or visit [www.health.qld.gov.au](http://www.health.qld.gov.au)

Article provided by Workplace Health and Safety Queensland

## The Board's obligations in managing complaints in accordance with the Veterinary Surgeons Act 1936

The Board's function is to administer the Veterinary Surgeons Act 1936 (the Act).

One of the Board's obligations under the Act is to investigate complaints that bring into question a veterinary surgeon's professional performance or conduct.

The Board routinely investigates complaints by following the process published on the Board website <http://www.vsb.qld.gov.au/forms/VSB-Complaints-Guidelines.pdf>

Some aspects of the complaint processed are discussed in more detail below. Please note that this is general information intended to give an overview of the current process.

### What happens when the Registry receives a complaint?

The complaint is assessed for jurisdiction. This means that if the person is complaining about the veterinary management of their pet, their complaint is processed in accordance with the above guidelines.

If the complaint is not about the veterinary management of their pet, ie if they are complaining about the fees charged, they are notified that the complaint is not within jurisdiction and as such the Board can only send their complaint to the veterinary practice so the practice management are aware of the concerns raised.

### What types of complaints can the Board investigate?

*Maintaining patient history records in accordance with the standards required is crucial not only for the patient's welfare but also for demonstrating steps taken in managing cases and recording client communication.*

The Board can investigate complaints about the veterinary treatment provided to an animal. It cannot investigate complaints in relation to fees and charges and cannot make orders for restitution of fees or award compensation.

The Board can also investigate non-veterinarians (or vets who aren't registered) who are holding themselves out as veterinarians or persons who perform acts of veterinary science for a fee. These types of cases however are prosecuted through the Magistrates Courts and are therefore not dealt with directly by the Board (ie prosecuted through the Board's legal representative).

### What happens when a complaint is assessed as being within the Board's jurisdiction to adjudicate?

The complaint is routinely processed in accordance with the published guidelines. The Deputy Registrar manages the information gathering part of the investigation process.

The veterinarian the subject of the complaint or the practice management will be required to provide a copy of the patient history records including anaesthetic records, cage cards and radiographs where applicable.

Records are also sought from other treating veterinarians involved in the case.

Once these records are received by the Registry, the veterinarian will be provided with a copy of the complaint and asked to provide a submission in response.

This response will then be forwarded to the complainant for their perusal and they will be asked to either lodge a further submission in response, withdraw their complaint or allow the matter to proceed to assessment by the Board.

If the complainant provides a further submission that contains new information, their submission will be forwarded to the veterinarian to provide opportunity for further comment.

This is the basic process followed. Each complaint is assessed on its own merits and sometimes witness statements and other documentation is gathered in preparation for the Board's assessment.

The complaint is then scheduled for assessment at the next available Board meeting.

### How does the Board assess a complaint?

The Board considers all the information and makes a determination about whether there is prima facie evidence of professional misconduct due to negligence or incompetence in the veterinary management of the case.

If there is no evidence or insufficient evidence of professional misconduct the case is dismissed and all parties are advised accordingly.

If there is evidence of professional misconduct the Board is required to conduct a hearing in relation to the matter. The Board becomes a tribunal for this purpose.

A notice is issued to the veterinarian advising the particulars that lead to the Board's decision that there is prima facie evidence with which to establish a case of misconduct and outlining the options available to the veterinarian.

The complainant is also advised of the Board's decision however is not provided with the details of the particulars.

The veterinarian can choose to:

- make written representations concerning the alleged misconduct or rely on the information already provided to the Board; or
- appear before the Board to defend the alleged misconduct; or
- request the Board refer the case to the Queensland Civil and Administrative Tribunal (QCAT) to hear and decide the alleged misconduct.

### Specialist and expert opinions

The Board sometimes obtains



specialist or expert opinions to assist in making a determination about a complaint. This usually occurs when the Board does not have expertise in a particular area of clinical practice.

Opinions are routinely sought from specialists and experts in Queensland however for various reasons are sometimes obtained from specialists/experts in other jurisdictions.

### Can the Board refer a complaint to QCAT rather than conducting a hearing?

Yes, after assessing a complaint the Board can decide whether to conduct a hearing or whether to refer a matter to QCAT.

Matters that are referred to QCAT are usually matters that the Board believes are more serious in nature and therefore warrant a higher level of sanction/penalty than the Board can apply or are serious enough to warrant suspension or deregistration.

### What happens if a veterinarian elects to appear before the Board?

The veterinarian attends, is introduced to the panel, formally notified of the charges (particulars) and then has opportunity to discuss their management of the case.

The Board has a strong preference for veterinarians to appear at a hearing as it allows for opportunity to explore the veterinary management of the case in greater detail.

If there is a finding of professional misconduct, the veterinarian is then afforded the opportunity to make submissions in relation to

what penalty should be applied.

### Can a veterinarian have legal representation at a McKenzie Friend at the hearing?

A veterinarian cannot be accompanied by another person in the course of the proceedings.

### Are the Board's decisions appealable?

There are no appeal provisions under the Act for decisions in relation to professional misconduct.

### Can a veterinarian be deregistered?

It is important to note that the Board cannot deregister a veterinarian. Only QCAT can make an order for a veterinarian to be suspended or deregistered.

### What sanctions/penalties can the Board apply?

Penalties range from a reprimand to a monetary penalty, minimum is 1 penalty unit (\$110) and the maximum is 10 penalty units (\$1100) for each charge.

### What information is made public?

Matters before the Board are protected by privacy laws and are not published.

Sometimes case studies are published in VetRegister however the articles do not contain identifying information.

The complainant is provided with detailed information about how the Board reached its decision however the complainant is not provided with information in relation to the sanction applied.

### What happens if a case is dismissed as a result of the hearing?

The veterinarian is advised verbally after the hearing. Both the veterinarian and the complainant are then advised of the outcome in writing. If a complaint is dismissed, the complainant has 28 days to provide independent professional veterinary opinion or previously undisclosed clinical reports that would warrant a review of the clinical findings.

### Where are hearings conducted?

Hearings are conducted in the Primary Industries Building, 80 Ann Street, Brisbane.

### What happens if the Board refers a matter to QCAT?

The Board issues a notice through its legal representative and the process is then managed through QCAT. Please refer to this link for detailed information about this process: <http://www.qcat.qld.gov.au/matter-types/occupational-regulation-matters/veterinary-surgeons>

### Avoiding complaints

The Board is of the opinion that the majority of complaints received are a result of poor or miscommunication. Consumers are often aggrieved because they feel that they were not provided with relevant information about their pet's condition or why a certain course of treatment was provided.

Many also complain that their concerns are not taken seriously.

The Board recognises that dealing with consumers can often be difficult and while you may be genuinely concerned about the animal you are treating, sometimes this may not appear to be the case to the owner.

Former Board Chair, Dr Reg Pascoe BVSc MVSc, DVSc FRCVS, FANZCVS has written the following article which may assist in how you manage client communication.

### Practitioner client relationships

For good relationships to develop with your clients, you should ensure whenever possible that your clients are well informed, by either yourself or a responsible well trained receptionist, on all aspects of their dealings with your practice.

This includes hours of attendance, emergency service, care of patients before, during and after treatment (either medical or surgical), fees, method of payment of accounts, and a general overall professional approach to every case.

One of the commonest areas of discontent and the cause of many complaints to the Board

is that of fees and their collection. If there is a range of fees available to members of the AVA based on a periodical survey of practices, it is suggested that this range be used as a guide to fees charged under normal circumstances.

It is suggested that the method of avoiding trouble with clients in this area may be as follows:

i) Discuss fully the cost of any procedure before admission of the case, unless a serious emergency is presented. Under those conditions, stabilise the condition of the animal and then discuss further treatment and/or surgery. For every day procedures, this can be accomplished by a competent veterinary nurse. For the more complicated problems, the veterinarian is better qualified to carry out the explanation.

ii) Where fees fall within the range of the surveyed scale of fees then the amount discussed usually does not have to be justified except by a simple explanation that this is likely to be a commonly charged fee for a standard procedure - BUT be sure you are correct if you use this statement. Exceptions are often made by the individual veterinarian, depending on the economic circumstances of the client eg, pensioners.

iii) Where the charge may exceed the fee that might be commonly expected, reasons should be stated before medication or surgery is commenced and the owner should be fully aware of why the fee will be different, ie a spey for a six month bitch compared with a hysterio-ovariectomy of an eight year old pyometron brought in to be speyed.

iv) It is possible to give estimates of fees for most procedures. Common sense must prevail and daily fees for hospitalisation - amounts for set prices of surgery, x-rays, drugs etc. - can easily be reasonably arrived at and should be fully discussed. Where estimates are given and accepted, you can be sure an argument will develop if you then exceed this amount. Some latitude can be obtained by daily or weekly assessment of the case. However most complaints stem from large unexpected bills not previously discussed with the owner. At all times when a significant cost

increase occurs, it is imperative to consult with the owner in advance if possible to discuss the increased costs that are or will be likely.

v) While it is time consuming, it is essential that out-of-the-ordinary case costing should be discussed between client and veterinary surgeon, not between veterinary nurse and client unless under special circumstances, and then must be subject to the affirmation of both yourself and your client.

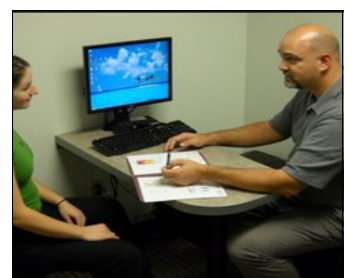
vi) Once agreement is reached on the necessity for the treatment and the fee to be paid, then discuss the method of payment -ie cash, credit card, terms or account. A deposit to cover essential costs is often a means of overcoming the client who eventually does not pay due to a sudden change of address.

Be especially careful not to perform unnecessary treatments without the owner's consent. If you do so, then be prepared not to be paid.

Be equally careful, if you ask for an animal to be presented for surgery at a given time, that you explain when surgery will be performed - both clients and animals can get very upset if kept waiting around for hours and the service is not performed.

vii) Be sure to explain where the cost of one visit ends and the next begins. Explain the necessity (if one exists) for revisits and the cost of such visits. Full explanation is essential to allow a client to assess his or her financial ability to meet the cost. Wherever possible, always suggest alternative treatments, again always ensuring that you advise the type of result that such alternative treatments will give, ie a cheap treatment that is not going to work could be construed as a negligent act on your part.

<http://www.vsb.qld.gov.au/relationships.html>





*Employers must ensure that their employees comply with relevant legislation. It is an offence to direct a person who is not a vet to perform an act of veterinary science.*

*"The Board can only recognise and condone conventional veterinary methods or treatments that are in line with best practice standards."*



*The practice of medicine begins with the administration of sedative and anaesthetic and continues for the full course of the procedure.*

## Veterinary Nurses and Veterinary Technicians

The Board recognises that veterinary nurses and veterinary technicians play a vital role in the overall veterinary treatment of animals however veterinarians must ensure that their employees comply with relevant legislation.

Only a registered veterinarian can perform acts of veterinary science. This includes administering anaesthetics to animals. Section 2A Veterinary Surgeons Act 1936.

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/V/VetSurgA36.pdf>

Veterinary nurses who are undertaking or have successfully completed a certified training course can possess and administer a restricted drug to an animal or administer Schedule 2 or 3 poison to an animal if the nurse is supervised by a veterinarian or if these medicines are dispensed by a veterinarian. Section 179B Queensland Health (Drugs and Poisons) Regulation 1996.

<http://www.health.qld.gov.au/ph/documents/ehu/vet-surgeons-ntk.pdf>

There are also laws relating the possession and use of radiation equipment. Persons using radiation equipment must hold a licence. Radiation Safety Act 1999

<http://www.health.qld.gov.au/radiationhealth/healthrelated/veterinary.asp>

Please note that it is an offence under Section 25N of the Veterinary Surgeons Act 1936 to allow or direct a person who is not a veterinary surgeon to practice veterinary science.

It is a condition of the veterinary premises approval that a veterinary practice must employ a principal veterinarian.

## Practice Standards

### The Role of the Principal Veterinarian

One of the conditions that applies to veterinary premises approval, a principal veterinarian must be employed, particularly for practices owned by non-veterinarians.

For practices that are owned by a registered veterinarian, the principal is usually the owner.

While veterinarians are directly responsible for their actions and decisions under the *Veterinary Surgeons Act 1936*, the principal veterinarian is responsible for ensuring practice policies and procedures comply with legislative requirements.

The principal veterinarian is also responsible for ensuring that other practice staff comply with legislative requirements.

### Visiting Specialists

Where an animal will be treated by a visiting specialist or other visiting veterinarian, the client must be informed and provided with information about the visiting specialist's or veterinarian's bone fides.

Clients must not be led to believe that a visiting veteri-

narian is a specialist if they are not registered as a specialist.

### Treatment using Alternative Medicine

The Board does not prohibit alternative therapies however advises that if there is a treatment a veterinarian could have used and chose not to treating instead with alternative therapy, the veterinarian has not fulfilled their obligation to provide the animal with the best care available and risks prosecution if there is an adverse outcome.

The Board can only recognise and condone conventional veterinary methods or treatments that are in line with best practice standards.

### Equine Dentistry

The filing and rasping of horse's teeth in Queensland is exempted as an act of veterinary science under the legislation.

Registered veterinary surgeons may sedate a horse for the purpose of a non-veterinary surgeon filing or rasping horses' teeth. However if as a consequence of the filing and rasping damage to the horse occurs, the veterinary surgeon is liable and subject to prosecution

under the Act.

The practice of medicine begins with the administration of sedative or anaesthetic and continues for the full course of the procedure. Responsibility for the well-being of the animal falls to the veterinary surgeon administering the sedation or anaesthetic.

### Ultrasound Pregnancy Testing

Ultrasound pregnancy testing is not deemed to be an act of veterinary science under the Act however conducting ultrasound using invasive means is an act of veterinary science and as such can only be done by a registered veterinarian.

### Radiographs

Radiographs must be of diagnostic quality. For non-digital radiographs, old and inadequate equipment must be replaced; developing solutions should be maintained at the required levels and replaced according to manufacturers instructions.

The film should be identified at the time of exposure and include the name of the practitioner or practice, client and animal, the date and should clearly indicate the left and right sides of the animal. Stick on labels attached after developing are unacceptable.

## Case Histories

During the course of investigating complaints, the Board is becoming increasingly concerned at the high number of patient history records received that are inadequate.

The Board advises that under Section 25 of the *Veterinary Surgeons Regulation 2002*, veterinarians are required to record:

- (a) the animal's identifying details; and
- (b) the following information for each consultation about the animal—
  - (i) details of any condition or injury of the animal;
  - (ii) any provisional or definitive diagnosis;
  - (iii) full details, including the date, of any examination, procedure or test performed;
  - (iv) full details of any treatment given, including details of any drugs administered or dispensed;
  - (v) results of any treatment given;
  - (vi) details of any instructions given when the animal is discharged.

As an extension of the Regulation, the Board has nominated the following components of model clinical records:

- Identity of the veterinarian creating the record;
- Date of the record
- Patient and client identification
- 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

Records form an important part of the case management and it is professional misconduct under the *Veterinary Surgeons Act 1936* (the

Act) to fail to keep records as the Board prescribes.

A colleague must be able to obtain a thorough history for a patient from the record in order to provide appropriate continuing care.

The record must provide adequate details for the Board to assess the veterinary management of a case.

In the event of a complaint, compliant records assist a veterinarian in substantiating their actions, decision-making and client communication.

Similarly gaps in information can weigh heavily against a veterinarian.

### Employers, Practice Owners & Principal Veterinarians

The Act also requires that persons in charge of veterinary premises must not direct a veterinary surgeon to practice veterinary science in a way that would constitute professional misconduct under the Act (maximum penalty \$4400).

Employers should enforce good practice management processes to ensure employee's record keeping practices meet the required standards.

**Failing to keep records as prescribed has serious consequences and is considered professional misconduct under the Act.**

*"Employers should enforce good practice management processes to ensure employee's record keeping practices meet the standards required."*



### Correction to Article

The Board wishes to apologise to Dr Helen Keates, BVSc MANZCVS PhD for the edits by the newsletter editor to her information on *Use of endotracheal intubation for general anaesthesia in cats* which was published in the [July 2013 edition of VetRegister](#).

The first dot point should read: *All anaesthetised patients benefit from supplemental oxygen delivered by appropriately fitted mask or by connection via an endotracheal tube to a breathing circuit (eg T-piece, circle absorber).* This is one of the reasons that many veterinarians elect to use inhalation agents delivered in a high concentration of oxygen to maintain anaesthesia.

The editor had omitted the word 'or' which changed the meaning of that statement.

## Microchip Implanters and Vets

In Queensland every person who implants cats and dogs with a microchip must be an authorised microchip implanter.

This is a requirement under the Animal Management (Cats and Dogs) Act 2008. The legislation is administered by Department of Agriculture, Fisheries and Forestry. [http://www.daff.qld.gov.au/\\_data/assets/pdf\\_file/0005/66956/authorised-microchip-implanter-responsibilities.pdf](http://www.daff.qld.gov.au/_data/assets/pdf_file/0005/66956/authorised-microchip-implanter-responsibilities.pdf)



## Restriction on use of specialist titles

It is an offence under the *Veterinary Surgeons Act* for a person who is not a **registered** veterinary specialist to use a title or words that refers to the person as a 'veterinary specialist', or a derivative of the words eg 'specialise', or any words that imply specialty eg 'special interest in', 'expert', 'consultant'. The offence carries a maximum penalty of \$4,400.00.

Veterinary surgeons should exercise care when developing advertising, stationery and online content to ensure the words 'veterinary specialist' are used only in conjunction with those in the practice who are so registered. When conversing with the press, practitioners

should beware not to promote themselves as 'specialising' in a particular species, organ system or branch of veterinary science.

For information about registering as a veterinary specialist, please refer to the Australian Veterinary Boards Council (AVBC) website <http://www.avbc.asn.au/veterinary-specialists>

**National Recognition of Veterinary Registration (NRVR) only applies to registrants who hold primary registration in another Australian jurisdiction.**

Other jurisdictions that have enacted NRVR include Victoria, New South Wales and Tasmania.

Please refer to the information at this link for further details

<http://www.vsb.qld.gov.au/national-recognition-veterinary-registration.html>

## USEFUL LINKS

**Exotic disease bulletins & alerts** <http://www.daff.gov.au/animal-plant-health/pests-diseases-weeds/animal/ead-bulletin>

**AVA Code of Professional Conduct** <http://www.vsb.qld.gov.au/avacode.html>

## Have you changed/updated your contact and/or emergency contact details?

**The law now requires that these changes be notified to the Board within 21 days (maximum penalty \$1100)**

You can update your details by:

Completing the Notification of Details Form

<http://www.vsb.qld.gov.au/forms/Change-of-particulars-on-register-form.pdf>

Email – [vsbqld@daff.qld.gov.au](mailto:vsbqld@daff.qld.gov.au); or

Telephone – +617 3087 8777

**AVA Workforce Survey** The Australian Veterinary Association Ltd (AVA) is continuing to collect information on a yearly basis about workforce trends, educational needs and other issues relating to the profession. To participate, simply click on this link <http://bit.ly/1sj7GdX>

## Hendra Virus Personal Protective Equipment (PPE) Rebate Scheme

The Queensland Government has allocated \$1 million over four years to help frontline veterinarians in their fight against Hendra virus through the Hendra virus Personal Protective Equipment (PPE) Rebate Scheme. The rebate promotes the use of PPE and minimise the risk of exposure to Hendra virus by offsetting the purchase price of PPE.

Two separate rebates are available for eligible equine veterinarians:

- Start-up rebate**—rebate for initial purchase of prescribed PPE for an eligible veterinary surgeon (\$250). An applicant can receive only one Start-up rebate. The applicant must have purchased PPE on or after 24 March 2012 and provide proof of purchase.
- Replenishment rebate**—rebate for purchase of prescribed PPE payable after an approved test of a suspected Hendra virus infection sample has been submitted by the veterinarian (\$250 for each test completed). Only one Replenishment rebate can be paid in relation to an approved test.

To apply for the rebate, download an application form from the [Q R A A website www.qraa.gov.au](http://www.qraa.gov.au) or call **1800 623 946**

## Case Study

A two year old dog experiencing demodocosis due to mites was presented for treatment at a surgery. The veterinarian prescribed Ivermectin.

On starting the Ivermectin the dog began convulsing and foaming at the mouth and was rushed to an emergency centre where it later died. It was established that the dog reacted to the Ivermectin because it was also taking Comfortis.

The veterinarian who prescribed Ivermectin alleged that he/she was not aware that the dog had been on Comfortis however the other veterinarian at the practice who had previously treated the dog had prescribed this treatment and had been supplying the owner with Comfortis until recently when the owner started purchasing Comfortis online.

The complainant stated that the veterinarian was aware that the dog was still being given Comfortis under previous instruction from the other veterinarian at the practice and was able to produce a copy of an invoice from the practice showing that Comfortis was dispensed to the dog at a previous visit.

The patient history records indicated that the veterinarian failed to obtain an adequate

clinical history of the dog prior to using Ivermectin off-label to treat the dog and did not include details of the Ivermectin product used.

The Board proceeded against the veterinarian for failing to obtain/record an adequate clinical history of the dog prior to administering and supplying Ivermectin off-label, and for using Ivermectin off-label in the absence of the appropriate informed consent of the owner.

The Board advises that information about the potentially fatal side-effects of using Ivermectin off-label at high dose rates, in combination with Comfortis (spinosad), has been publicly available for several years.

Comfortis is a readily available Schedule 5 medication and, like many other veterinary medications, is available online. Veterinarians should be mindful that Comfortis is commonly used by owners to control fleas on their animals.

Veterinarians who wish to treat an animal with a drug off-label must first discuss it with the owner to make sure they are aware of the risks involved and to obtain consent. In addition, the veterinarian must take extra precautions to ensure that there are no adverse interactions with other drugs.

## Animal Euthanasia

This process is often highly emotionally charged for both the owner of the animal and the veterinarian and nursing staff involved.

It is important to consider therefore that owners can become very distressed if the animal reacts to the euthanasia solution, particularly if they are in the room or can hear what's happening while the procedure is taking place.

The Board has received a number of complaints over the years from owners who have had a negative experience from having their pet euthanised. In these cases the Board can only review the process that was undertaken to ensure it was done appropriately. The Board routinely advises complainants that this process is difficult and that some animals can react negatively to the drugs that are administered.

Informing the client about the process and what can happen during the procedure is crucial.

The Board recommends that veterinarians consider the use of sedation as a measure to ensure this process is less distressing for all involved.

While the insertion of cannulas can also be painful for the animal, the client is more accepting of this rather than having their beloved pet experience pain during the actual process of 'putting their animal down' with the euthanasia solution.