



Veterinary Practitioners  
Registration Board of Victoria

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# Board Update

JULY 2015

## President's Message

Dear Practitioners,

Welcome to the VPRBV mid-year newsletter.

There are three main changes to alert you to in this edition and I urge you all to read, consider, and respond where appropriate.

Firstly, a change to the *Veterinary Practice Act 1997* (VPA) allows the registration year to change from calendar year to financial year as of the next renewal date December 2015. How this will be implemented is outlined later in this newsletter and the Board is able to offer two options to assist as many people as possible to renew without financial hardship. That said it would be great to see as many of you as possible take up the discounted 18 month option as an initial one-off as this will reduce double handling in the office and save you the task of completing two lots of documentation in the 18 month transition period.

Secondly, there have been other changes to the VPA that were enacted on 1<sup>st</sup> July. Mostly they won't affect you on a day to day basis at all and are changes to tidy up inconsistencies and provide clarification. Important to note though is that there is now only a 1 month leeway period to renew your registration if you have not done so by the due date ( 31<sup>st</sup> December 2015 this year). Previously this was a 3 month period, which was not consistent with other States and Territories Veterinary Registration Boards.

Thirdly, the Board needs your help. The status of the guidelines has changed to allow them to be used in a disciplinary hearing as evidence of professional conduct. This has meant that a major rewrite of nearly all guidelines has been necessary. All revised guidelines have been placed into a Survey Monkey format for comment and feedback from YOU. You will receive an email when the survey is available and I ask that you take the opportunity to have your say.

That's it from me – read on and get your guideline responses in!

*Roslyn Nichol*  
President

## Staff News

The Board's communications officer, Ms Vanaja Thomas, has commenced maternity leave.

Ms Melanie Suda has been appointed as the Board's Communication Administration Officer during Vanaja's maternity leave absence. Melanie commenced work with the Board in May, and has settled in quickly. The Board welcomes Melanie and hopes that she enjoys her new role.

## ***'Times Are A Changing' – Registration Renewal Period***

The Board received significant feedback from veterinary practitioners requesting that the registration renewal period should be changed so that it didn't coincide with the Christmas / New Year holiday period. Amendments have been made to the *Veterinary Practice Act 1997* section 11(1) to adopt this request and changes to the annual registration period have been made.

The new annual registration period will coincide with the financial year, (1 July to 30 June) commencing from 2017. The transition to this new timeframe will commence in December 2015, when veterinary practitioners will be asked to commit to one of the following payment options:

<b>1 - Payment Option</b>	<b>2 - Payment Option</b>
18 months registration renewal (1 January 2016 – 30 June 2017)	6 months registration renewal (1 January – 30 June 2016)
	12 months registration renewal (1 July 2016 – 30 June 2017)

The Board will attempt to make this transition as seamless as possible and will endeavour to ensure that nobody is disadvantaged by this change.

Additional information will be sent to veterinary practitioners via email broadcasts, this newsletter, and mail; providing information regarding payment dates, registration renewal fees, and access to the online renewal platform: *Vet Console*.

Remaining up to date with these significant changes is important. Please ensure you have updated your contact details with the Board. Veterinary practitioners can either download a [Change of Details Form](#) or email updated details to: [communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au)

## ***Guidelines Review***

Amendments to the *Veterinary Practice Act 1997* were enacted on 1 July 2015. One of the amendments provides for a hearing panel to reference the guidelines as evidence of professional conduct.

As a result of this amendment, the Board has undertaken a comprehensive review of the guidelines, in order to ensure they adequately reflect the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals.

The Board intends to circulate the draft guidelines to veterinary practitioners for their review and comment.

The draft guidelines and information as to how to comment on them will be circulated to practitioners in the near future. The Board encourages all practitioners to provide comment and suggestions on the draft guidelines. Comment received from practitioners will be considered and where applicable incorporated into the authorised version of the guidelines.

This is a great opportunity for all practitioners to have a say in the setting of appropriate standards of veterinary practice and veterinary facilities in Victoria.

### ***Specialist Endorsement***

Congratulations to the following practitioners who recently received specialist endorsement.

Dr Fiona Park

V8329

Small Animal Medicine

Dr Edward Whitem

V1614

Veterinary Pharmacology

## VETERINARY PRACTICE ACT 1997 - AMENDMENTS

The following amendments have been made to the *Veterinary Practice Act 1997* (VPA). These amendments received royal assent on 30 September 2014, and were enacted on 1 July 2015.

### Definitions

In section 3 of the VPA the following definitions have been inserted –

*Australian legal practitioner* has the same meaning as in the Legal Profession Act 2004.

Explanation: A definition of Australian legal practitioner is inserted for the purposes of amendments made later in the Act. These amendments will provide that representation in certain disciplinary hearings can only be by a lawyer who holds a current practising certificate. These amendments should assist the Board in conducting an investigation expediently and ensure fair representation for the practitioner.

### Principal place of residence includes sole place of residence

Explanation: A definition of principal place of residence is inserted in order to make it clear that a veterinary practitioner need not have more than one place of residence in order to have a principal place of residence. This expression is referred to in several provisions of the Act dealing with the circumstances in which a veterinary practitioner is required to register in Victoria.

### Application for registration

In section 4(1) of the VPA the following is substituted –

(1) Subject to subsection (1A), only the following persons may apply for registration as a veterinary practitioner under this Part –

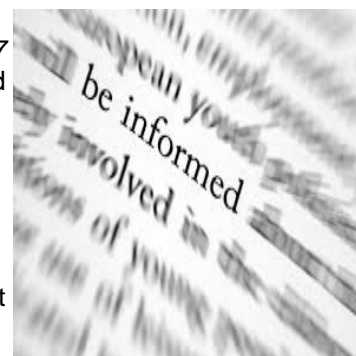
- a) in the case of an application for general registration under section 6 –
  - a natural person whose principal place of residence is in Victoria;
  - a natural person whose principal place of residence will be in Victoria while practising as a veterinary practitioner;
- b) in the case of an application for specific registration under section 7 or non-practising registration under section 7A, a natural person.

Explanation: The substitution enables the Board to grant specific and non-practising registration to a veterinary practitioner whose principal place of residence is not in Victoria and will not be in Victoria during the period of registration. An applicant for specific registration may wish to undergo study or training or to fill a teaching or research position or to participate in a practitioner exchange permitted by the Board. An applicant for non-practising registration may be a retired practitioner who wishes to maintain their registration and connection with the Board but whose principal place of residence is interstate or overseas.

### Endorsement of registration as a specialist practitioner

In section 8(6) of the VPA, for '*the Government Gazette and in any*' substitute '*a*'.

Explanation: The amendment to this section removes the requirement for the Board to notify in the Government Gazette if any branch of veterinary medicine or surgery is recognised by the Board for the purposes of endorsement of registration as a specialist practitioner. The amended provision will continue to require the Board to give notification in a publication circulating among veterinary practitioners generally.



## **VETERINARY PRACTICE ACT 1997 - AMENDMENTS .....**

### **Duration and renewal of registration**

In section 11(1) of the VPA for '*31 December of the year*' substitute '*the end of the financial year*'.  
At the foot of section 11(1) of the VPA insert –

*'Note*

*A financial year is the period of twelve months ending at midnight on 30 June: see s. 44(6)(d) of the Interpretation of Legislation Act 1984.'*

Explanation: Subclause (1) amends 11(1) of the VPA to change the registration period from a calendar year to a financial year. Subclause (2) inserts a note at the foot of section 11(1) of the VPA to explain that a financial year is the twelve months ending at midnight on 30 June. This amendment should improve the Board's administration processes and practitioners' compliance with registration renewal requirements.

### **Application for renewal of and refusal to renew registration**

In section 12 of the VPA –

- a) in subsection (2), for '*3 months*' substitute '*one month*';
- b) in subsection (3), for '*3 months*' (where twice occurring) substitute '*one month*'.

Explanation: The amendment to this section provides that if a veterinary practitioner does not apply for renewal of registration before the end of the registration period, the Board may renew the person's registration if application is made within one month after the end of the registration period. The current provision enables the Board to renew the person's registration if application is made within 3 months after the end of the registration period.

### **Requirement to notify the Board of change of address**

In section 19 of the VPA for '*the address*' substitute '*any address*'.

Explanation: The amendment to this section clarifies that a veterinary practitioner must notify the Board of any change of address listed on the register maintained by the Board. This means that a practitioner must notify the Board of any change in the practitioner's postal address or the address where the practitioner carries on veterinary practice (including email address).

### **Notice of an informal hearing**

In section 36(d) of the VPA –

- a) omit '*there is no right to legal representation at the hearing, but that*';
- b) after '*another person*' insert '*but is not entitled to be represented*'.

Explanation: The amendment to this section provides that a notice of an informal hearing must state that the person has no right to legal representation.

### **Notice of a formal hearing**

In section 43(c) of the VPA, after '*represented*' insert '*by an Australian legal practitioner*'.

Explanation: The amendment to this section provides that a notice of formal hearing must state that there is a right to be represented, but only by an Australian legal practitioner. This will require that representation be by a lawyer who holds a current practising certificate.

## **VETERINARY PRACTICE ACT 1997 - AMENDMENTS .....**

### **Requirements as to attendance at preliminary conference**

In section 43B of the VPA, after '*representative*' insert '*who is an Australian legal practitioner*'.

Explanation: The amendment to this section provides that if a person subject to a formal hearing is required to attend a preliminary conference, any representative of the person must be an Australian legal practitioner. This will require that representation be by a lawyer who holds a current practising certificate.

### **Conduct of a formal hearing**

In section 44(b) of the VPA, after '*represented*' insert '*by an Australian legal practitioner*'.

Explanation: The amendment to this section provides that at a formal hearing a person has a right to be represented but only by an Australian legal practitioner. This will require that representation be by a lawyer who holds a current practising certificate.

### **Procedure at formal and informal hearings**

In section 47(c) of the VPA, after '*thinks fit*' insert, '*including by reference to any guidelines issued under section 62(1)(e) as to appropriate standards of veterinary practice and veterinary facilities*'.

Explanation: The amendment to this section provides for the avoidance of doubt that at a formal or informal hearing, the hearing panel may inform itself by reference to any guidelines issued by the Board under section 62(1)(e) of the VPA as to appropriate standards of veterinary practice and veterinary facilities. This is intended to illustrate the scope of the current provision, which provides that a hearing panel is not bound by the rules of evidence and may inform itself in any way it thinks fit.

### **Advertising**

Section 59(1)(c) of the VPA is repealed.

Explanation: This amendment repeals section 59(1)(c) to remove the prohibition on advertising a veterinary practice or veterinary services in a manner which refers to, uses, or quotes from testimonials. Due to the increase in the use of social media by the public this requirement is outdated and too onerous to enforce.

### **Powers of board in relation to fees**

In section 86(1)(c) of the VPA omit '*and in the Government Gazette*'.

Explanation: The amendment to this section removes the requirement for the Board to publish in the Government Gazette any fee which the Board is empowered to fix. The amended provision will still require the Board to publish the fee in a newspaper circulating generally throughout Victoria.

### **New Part 11 inserted**

After Part 10 of the VPA insert –

#### **PART 11 – SAVING AND TRANSITIONAL PROVISIONS ARISING FROM AMENDING ACTS**

##### **96 Transitional provision – Primary Industries Legislation Amendment Act 2014**

1. Despite section 11(1), in the case of the registration of a veterinary practitioner which is not specific which, immediately before the commencement of section 27(1) of the Primary Industries Legislation Amendment Act 2014, was due to continue in force until 31 December 2015, the Board may renew the registration for a period of up to 18 months but ending no later than midnight on 30 June 2017.

## VETERINARY PRACTICE ACT 1997 - AMENDMENTS .....

2. Despite section 86(1)(a), in the case of a fee for renewal of registration for the period of 18 months ending at midnight on 30 June 2017, the Board may fix a fee for a period of greater than 12 months.

Explanation: This amendment inserts a new Part 11 into the VPA. This is a transitional provision to enable the Board to renew the registration of a veterinary practitioner and fix a fee for renewal of registration for the 18 month period ending on 30 June 2017 because sections 11(1) and 86(1)(a) would otherwise restrict the Board to renewing registration and fixing a fee for 12 months. This amendment is consequential to the amendment to change the registration period from a calendar year to a financial year.

### Amendment consequential upon the Legal Profession Uniform Law Application Act 2014

In section 3 of the VPA, the definition of *Australian legal practitioner* is repealed.

Explanation: This amendment repeals the definition of Australian legal practitioner in section 3 of the VPA as the definition of that expression in section 158 of the *Legal Profession Uniform Law Application Act 2014* will apply to all Victorian Acts.



## EUTHANASIA OF BATS

Dr Charles Milne, Chief Veterinary Officer Victoria

Wildlife Victoria volunteers are increasingly being called upon to pick up sick and injured bats and take them to veterinary practitioners for treatment or euthanasia. During the day, they generally utilise the Healesville Sanctuary or

Melbourne Zoo veterinary staff.

After hours they allege to have great trouble in getting other veterinary practitioners to euthanase sick / injured bats. In some reported cases the bats had extensive burns (electrical) and / or fractures and were left in boxes for 12 hours plus, awaiting euthanasia. The underlying reason appears to be that the veterinary practitioners and/or their staff are not vaccinated for rabies and are reluctant to handle the bats, or that they give wildlife a lower priority. Such a delay may make the practice liable to offences under the *Prevention of Cruelty to Animals Act 1986*.

If the issue is reluctance to physically examine and handle bats presented for euthanasia, a suitable and safe gassing method could be developed and applied by most veterinary practices. First request the (rabies vaccinated) wildlife rehabilitator to securely confine and transport the bat in a box of dimensions that will fit into a container you are prepared to gas the bat in. Secondly, place this immediately in a plastic ziplock/sealable bag, plastic storage box or wheelie bin and flood it with a gas anaesthetic, carbon dioxide, carbon monoxide, nitrogen or argon before sealing. Alternately, you could request the bat to be presented already securely confined in a box specific for the purpose of euthanasia by gassing.

Because a bat may be infected with Australian Bat Lyssavirus, **all personnel likely to physically examine or handle bats for treatment, euthanasia or necropsy must be properly briefed:**

- **They must be vaccinated against rabies.**
- **Bats must NEVER be handled with bare hands.**
- Personnel involved in euthanasing bats must be properly trained in the use of common euthanasia techniques.
- Personnel euthanasing bats must be provided with appropriate personal protective equipment (PPE), depending on the method of euthanasia utilised, which may include protective clothing, gloves, mask, and eye protection. See reference

[https://www.daf.qld.gov.au/\\_data/assets/pdf\\_file/0020/90416/australian-bat-lyssavirus-guidelines.pdf](https://www.daf.qld.gov.au/_data/assets/pdf_file/0020/90416/australian-bat-lyssavirus-guidelines.pdf)

- If using gaseous agents, care must be taken to protect personnel (proper equipment, ventilation and/or scavenging system).

## EUTHANASIA OF BATS.....



Useful references regarding humane euthanasia of animals are the AVMA "Guidelines for the Euthanasia of Animals: 2013" and the American Association of Zoo Veterinarians "Guidelines for Euthanasia of Non-Domestic Animals 2006".

From these the following is a list of agents and techniques that may be used to euthanase bats:

### Euthanasia Agents.

#### 1) Inhalant gas

- Inhalant anaesthetics (liquid) – e.g. halothane, enflurane, isoflurane, sevoflurane, methoxyflurane or desflurane.
- Carbon dioxide (CO<sub>2</sub>, at 70% or higher concentrations) – compressed gas cylinders are the only acceptable source. Exhaust fumes from an idling petrol internal combustion engine are not acceptable due to catalytic converters causing inadequate levels of carbon monoxide gas and inadequate cooling of the gas. Insectivorous bats may be resistant, so this method should be paired with other methods that ensure death, such as an injectable barbiturate. If CO<sub>2</sub> is used to induce anaesthesia in a bat, it should be followed by an injectable euthanasia agent to assure death.
- Carbon monoxide (CO) – more dangerous to personnel, requires quality equipment.
- Nitrogen or argon

#### 2) Injectable Agents

- Barbiturates – intravenous or intraperitoneal.
- Dissociative agent combinations, such as ketamine/diazepam or ketamine/xylazine – intravenous or intraperitoneal.

### Euthanasia Techniques.

- 1) **Chambers.** Ensure that there are sufficient holes in the bat transport container to allow for anaesthetic gas to get in. Seal and fill the chamber with an inhalation agent such as one listed above. Turn off gas and leave the bat inside the chamber to allow sufficient time for the anaesthetic gas to cause euthanasia. Alternatively, the bat may be left in the chamber for sufficient time to achieve anaesthesia, whereby it can be removed from the chamber and container and injected intra-peritoneally with either a barbiturate euthanasia solution or 70% ethanol.
- 2) **Plastic bags.** A cotton ball soaked with one of the above listed liquid inhalation anaesthetic gases can be placed inside a sealable heavy-duty plastic bag, along with the bat container. Manage the process as for chambers.
- 3) **Intraperitoneal Injection.** Administration of an injectable euthanasia solution into the peritoneum of a bat should be performed in a manner similar to the technique used in mice and other small mammals. Once the bat is anesthetized, use gloved hands to restrain the bat with the abdomen facing up. Draw an imaginary line between the bat's knees, and insert the needle at a 30 degree angle along that line on the bat's right side, close to midline. Advance your needle about ½ centimetre into the abdomen. Draw back on the needle. If fluid enters the syringe, pull back needle, reposition and draw back again. If no fluid is aspirated in the syringe, inject the euthanasia solution.
- 4) **Zoos Victoria advice for those considering handling of live bats or to necropsy dead bats**
  - Only vaccinated persons skilled in capture of bats (e.g. trained bat volunteers or zoo staff) should attempt to handle live bats. Healesville Sanctuary has such experience and has a Standard Operating Procedure: **Bat Handling – Capture, restraint, examination and transporting in-situ**. This outlines techniques and specialised safety equipment that you should acquire.
  - If the veterinary practice is prepared to assist wildlife volunteers to euthanase bats without handling, a standard induction box could be devised that will accommodate the type of box the volunteer is most likely to submit the bat in.

## **EUTHANASIA OF BATS.....**



- Bat Euthanasia Chamber (Healesville Sanctuary) has developed a gas euthanasia chamber. The anaesthetic tubing is a standard size across the vet industry and would fit to the attachment point. The box is solid, has a Perspex door so the bat can be visualised, and has a perch in the box for the bat. There are smooth sides to avoid entanglement and reduce risk of injury. The box is also small so that the bats can be easily wrapped in a towel if required. This could be adapted to be a volunteer bat transport container so that no release of the bat is required or possible (Height 38cm, width 35cm, depth 32cm).

### Acknowledgements:

- 1) Dr Rupert Baker, Zoos Victoria (Healesville Sanctuary)
  - 2) Dr Mark Hawes, Veterinary Pathologist (AgriBio Centre)
- i) American Veterinary Medical Association - Guidelines for the Euthanasia of Animals <https://www.avma.org/KB/Policies/Documents/euthanasia.pdf>
  - ii) American Association of Zoo Veterinarians - Guidelines for the Euthanasia of Nondomestic Animals <http://www.aazv.org/?441>
  - iii) Humane euthanasia of bats for public health rabies testing – Michigan Rabies Working Group, 15/7/2014
  - iv) [http://michigan.gov/documents/emergingdiseases/Humane\\_Euthanasia\\_of\\_Bats-Final\\_244979\\_7.pdf](http://michigan.gov/documents/emergingdiseases/Humane_Euthanasia_of_Bats-Final_244979_7.pdf)
  - v) Healesville Sanctuary ph 03 5957 2800 (Injured wildlife enquiries 03 5957 2829 1000-1500 hrs); After-hours emergency assistance – Wildlife Victoria: 13 000 94535.

## **TREATING RACEHORSES AND PROVIDING EXPERT ADVICE ON RECOMMENDED WITHDRAWAL PERIODS (RWP) FOR MEDICATIONS**

Dr Brian Stewart, Head of Equine Welfare & Veterinary Department, Racing Victoria Limited

Managing the medication of racehorses in training to achieve both optimal medical care and compliance with the rules of racing can be a challenging task.

The consequences of misunderstanding the prohibited status of a substance under the rules, failing to maintain complete medical records, failing to confirm the identity of a horse and misjudging the required withdrawal period prior to racing may be profound for the owner of the horse, the trainer and the veterinarian.

The task of providing this expert advice is complicated by many factors including biological variability, the pharmaceutical preparation of medications, the limited pharmacokinetic data available for some medications, the sensitivity of modern analytical techniques and the mysteries of screening limits for therapeutic substances.

Over the past decade, racing administrators and veterinary associations have undertaken a number of initiatives to assist veterinarians and trainers in managing medications. These initiatives include the publication of data obtained from scientific therapeutic medication administration trials and international laboratory screening limits for common equine medications.

A number of industry organisations under the banner of Equine Therapeutics Research Australia (ETRA) participated in the conduct of administration trials and pharmacokinetic studies of commonly used equine therapeutic drugs that were published by the Rural Industries Research and Development Corporation (RIRDC) as *The Pharmacokinetics of Equine Medications*. RIRDC has also published a pocket guide, *Detection Times for Equine Medications*, to provide a ready reference for equine practitioners. These documents are available at [www.rirdc.gov.au](http://www.rirdc.gov.au)



## **TREATING RACEHORSES AND PROVIDING EXPERT ADVICE ON RECOMMENDED WITHDRAWAL PERIODS (RWP) FOR MEDICATIONS .....**

The detection times are based on International Screening Limits (ISL) for therapeutic substances that are based on plasma or urine levels of substances that have been assessed to be irrelevant to pharmacological effect by pharmacological experts and racing regulators.

The information provided in the guides is scientifically robust but it must be kept in mind that a sensible recommended withdrawal period (RWP) for the administration of a medication is not, and cannot be, equivalent to a published detection time (DT). It is very unwise to advise that the detection time for a medication is a safe withdrawal period.



A RWP must always include a safety margin over and above the detection time to take into account the many variables that may affect the time an individual horse may take to clear a specific formulation of a specific dose of a particular medication administered by a specific route and for a specific duration of time.

An individual horse treated by a specific medication regimen may clear a substance from its body more slowly than the 'average' horse and therefore show a different detection time from an average DT reported in the scientific literature for a number of reasons that are listed below:

- The pharmaceutical formulation of the drug, especially with respect to absorption and sustained release / depot effect of the formulation.
- The dose of the drug administered.
- The frequency and duration of administration of the drug.
- The route of administration of the drug. For example, intravenous administrations of a drug tend to be cleared more quickly and reliably than intra-muscular administrations.
- The potential for the formation of tissue reservoirs (including hair) of the drug.
- The potential for recycling of the drug through environmental contamination and oral or topical uptake.
- The health of the individual, including its liver and kidney function.
- The nutritional and hydration status of the individual while receiving the treatment.
- Local injection sites reactions that cause 'self depression' of drug absorption from the site of injection.
- Unusual local absorption phenomenon displayed after intra-articular injection of specific joints, for example after injection of stifle and tarso-metatarsal (hock) joints.
- Concurrent drug administration.
- Others.

The statistical analysis of data obtained from drug administration trials must also be taken into account when assessing the information provided by published detection time data.

It is reasonable to assume that, when the clearance times for medications are obtained for a large number of animals, the distribution of the clearance times for a group of individuals will approximate a normal distribution. However, because of the pharmacological factors discussed above there will be the possibility of the 'outliers' in the population with a prolonged clearance time.

It is likely that the DT obtained from small scale trials will tend to cluster around the mean value, simply because of the probability that the horses in the experimental group will be more likely to be average than not. It is certainly not safe to rely on the mean DT for a drug obtained from administration trials because, by definition, a large proportion of the population will display a longer detection time than the mean.

## **TREATING RACEHORSES AND PROVIDING EXPERT ADVICE ON RECOMMENDED WITHDRAWAL PERIODS (RWP) FOR MEDICATIONS .....**



It should also be noted that medication administration trials are logistically complicated and expensive to perform, especially when prolonged trials are required to determine the clearance time for long-acting, depot medications. As a result some DT data is based on administration trials conducted on small numbers of horses and the information obtained from administration trials conducted on small numbers of horses may have low statistical power and the results obtained from them may be completely representative of the general racing population.

An adequate safety margin must be added to any published DT for a drug to take account of the factors discussed above. Deciding on the margin of safety is a challenging task and the practitioner must always adopt a conservative approach.

The first step in formulating a RWP for a particular medication is to research the available DT data and to assess its quality and reliability for the particular pharmaceutical preparation of the medication that will be administered to a racehorse.

A time tested guide to formulating RWP in Victoria is the EVA publication, '*Detection of Therapeutic Substances in Racing Horses*', which was first published in 1992, and its associated updates.

The widespread use of this publication over a long period of time combined with the policy of Racing Australia to not change laboratory screening levels and / or analytical methodology without prior industry consultation and warning, mean that the practical withdrawal periods applied to common equine therapeutics over the past twenty years have been tested by time and proved to be reliable.

After referring to the DT data, the physiological and pharmacokinetic variables associated with the particular treatment regime administered to an individual horse must then be considered to perform a risk analysis on the particular treatment of the horse.

There is much merit to recommending a very conservative approach to the medication of all racehorses with respect to the selection of 'tried and true' medications and in minimizing the extent of use of medications within the stable as far as is consistent with providing excellent medical care.

In particular a practitioner should always consider whether a treatment to be administered to a racehorse is ethically and medically justifiable.

If a veterinarian is not sure about the appropriateness or the risks associated a treatment, they should contact RV for advice, however RV may not be able to provide specific advice for substances for which scientific data is scarce or absent. In such cases, it is wise to consider alternate therapeutic options. It is not acceptable to make a 'best guess' and hope for the best.

Herbal remedies are becoming increasing common and present special concerns for racing authorities and veterinarians. The fact that a substance occurs naturally in the environment does not mean that it will necessarily be considered to be a permitted substance. Many plant substances have well documented pharmacological effects and are clearly prohibited substances under the Rules of Racing.

It is reasonable to assume that if a herbal product claims to have pharmacological effects, it is possible that the product contains prohibited substances.

A further difficulty associated with the use of herbal products is that the pharmacokinetics of the active ingredients may not be well documented and that it is impossible to provide a scientifically derived detection time.

## **TREATING RACEHORSES AND PROVIDING EXPERT ADVICE ON RECOMMENDED WITHDRAWAL PERIODS (RWP) FOR MEDICATIONS ....**

Therefore veterinarians should be extremely careful to research the ingredients of herbal products and apply extreme caution when recommending herbal treatments and RWP.

It may be possible for RV to assist in performing elective urine sampling but this can only be performed for bona fide, registered therapeutic substances, and only if no other therapeutic option is available and if the substance has been administered by a veterinarian for a genuine therapeutic reason.

Information on the elective urine sampling service provided by RV is provided on the RV website.

Finally, the introduction to the EVA publication '*Detection of Therapeutic Substances in Racing Horses*' also provides useful advice for veterinarians administering therapeutic substances to racing horses which is paraphrased below with some additional explanatory comment:

- 1) The person administering the medication must accept responsibility for its use
- 2) A list of withdrawal times for drugs will not be provided. (This is because a drug detection time cannot be the same as a recommended withdrawal period because only the person administering the therapeutic substance can be aware of all the circumstances of the administration and of the risk tolerance of the trainer)
- 3) A thorough knowledge of the pharmacology of the drug is required
- 4) The person administering the drug must be aware of the large potential range for the rate of metabolism, elimination and excretion of drugs and their metabolites between individual horses
- 5) A negative report following a specimen analysis does not mean that the drug is 'undetectable'

The introduction also includes guidelines for the effective prescription of therapeutic substances to horses:

- 1) Be thoroughly aware of the Rules and Regulations of Racing
- 2) If possible reduce the number of drugs prescribed
- 3) Be aware of so called problem drugs (Examples of such medications include any long acting / depot formulation including anabolic steroids and corticosteroids and drugs that have shown a high risk for environmental contamination and recycling such as isoxuprine, flunixin meglumine and probably ibuprofen and others)
- 4) If treatment is necessary, do not recommend that the horse competes in a race if there is doubt about evidence of treatment being detected in samples collected on race day

### **USE OF THE TERM 'PHARMACY'**

The Victorian Pharmacy Authority (the Authority) is a statutory authority responsible for the administration of *the Pharmacy Regulation Act 2010*, which provides for the regulation of pharmacy businesses, pharmacy departments, and pharmacy depots in Victoria.

The authority has recently been made aware of several instances where veterinary practitioners have used the title 'pharmacy' in relation to their businesses.

Section 34(1) of the *Pharmacy Regulation Act 2010* provides:

- *A person must not intentionally or recklessly use the title 'pharmacy', 'pharmacy practice', or 'pharmacy business', except in relation to a pharmacy or pharmacy business to which a licence applies.*
- *Penalty: 60 penalty units in the case of a natural person; 300 penalty units in the case of a body corporate.*



## ***USE OF THE TERM 'PHARMACY' .....***

Eligibility for a licence is limited to registered pharmacists or companies consisting solely of registered pharmacists.

The Authority has written to several veterinary practitioners seeking their written assurance that they have removed the word 'pharmacy' from any documentation, and from their premises if applicable. It should be noted that other expressions such as 'animal medicines', 'veterinary medicines' or the like may be substituted without offending the above provision.

## ***CASE STUDY – DR M***



The complainant entered into an agreement to purchase a male Rottweiler puppy from a registered breeder. One day prior to the complainant being sent the puppy, the breeder advised that the puppy was no longer available as it had been diagnosed with a severe over-bite. The complainant requested a veterinary certificate to confirm this. A veterinary certificate signed by Dr M was subsequently provided to the complainant.

The complainant alleged that Dr M did not actually see her puppy and falsified the documents for the breeder. The complainant made this claim because the veterinary certificate for the puppy did not record any identifying details such as the puppy's age, sex, colour, or microchip number.

After a preliminary investigation, the matter was referred to an informal hearing into the professional conduct of Dr M. It was alleged that:

Dr M issued a certificate which failed to clearly and accurately identify the animal that was the subject of the certificate, so that there could be no doubt to which animal the certificate applied.

Dr M failed to provide the clinical records covering the certificate in question to the Veterinary Practitioners Registration Board of Victoria.

Dr M was found to have engaged in unprofessional conduct, and the Panel determined that Dr M be reprimanded.

On receipt of the veterinary certificate, the complainant informed the Panel that she became concerned as it did not contain any details to confirm the puppy's identity. The complainant further informed the Panel that she then contacted Dr M in an attempt to clarify the identity of the puppy on the certificate; however Dr M was unable to recall the details of the puppy examined.

A reprimand is a formal notification in the strongest terms to a registered veterinary practitioner that they have acted in an Unprofessional manner in their conduct as a veterinary practitioner. It signals that the registered veterinary practitioner has irrevocably jeopardised his or her standing in the profession, and/or has jeopardised the standing of the profession as a whole in the eyes of the public. It is a permanent mark on the registered veterinary practitioner's record and will be referred to in any future Hearing or action taken by the Board. In addition, it will be recorded on any future request for a Letter of Professional Standing to another veterinary registration authority, whether in Australia or overseas, where that authority requests such information.

The Panel made this finding based upon the following reasons.

## **CASE STUDY – DR M .....**

The complainant, who resides in New South Wales, informed the Panel that they had purchased a Rottweiler puppy from a Victorian breeder. However they were contacted by the breeder the night before the puppy was to be sent and advised that the puppy was not going to be sent due to it suffering from a severe over-bite. The complainant requested that a veterinary certificate be provided to validate and confirm the puppy's condition.

Dr M confirmed examination of a male Rottweiler puppy, which had been brought in by the breeder as part of a litter of pups. Dr M informed the Panel that the puppy who was the subject of the certificate had not been presented before and it was not clear which litter it belonged to. Dr M further stated that it was an over-sight not to document that the pup was 'male' on the certificate but s/he was busy and had other dogs to look at, at that time. Dr M advised that s/he didn't believe the pup was vaccinated or micro-chipped, however remembers that the over-bite was 'pretty substantial' and was never going to correct.

On viewing the veterinary certificate, the Panel noted that Dr M had documented examination of a 'Rottweiler pup'; however it did not find any other details which clearly and accurately identified the dog, which was the subject of the certificate. Dr M advised the Panel that normally more information would be recorded on certificates however in this case it was an oversight.

With the information before it, the Panel determined that the certificate written by Dr M was deficient, less than adequate and ambiguous as to which puppy it was referring to, and that Dr M failed to fulfil the requirements of issuing a veterinary certificate as outlined in Veterinary Guideline 5.1.4

The Panel questioned Dr M in relation to the failure to supply clinical records to the Veterinary Practitioners Registration Board of Victoria. It was noted that Dr M was requested to do so on at least three occasions, as part of the investigation process. Dr M informed the Panel that: s/he "didn't realise s/he needed to; was confused as to what to send; thought the certificate was self-explanatory; and in hind sight should have sent the Board the requested information".

The Panel acknowledged that Dr M did provide the Panel with a copy of the clinical records on the day of the hearing however the importance of compliance with the Board in any future requests was reiterated to Dr M. In these circumstances, the Panel determined that Dr M's failure to provide the Board with the information requested, constituted unprofessional conduct.

