



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

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## Board Update December 2016

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## President's Message

Welcome to the final Board Update for 2016.

I am very pleased to announce that the Board has recently appointed Dr Glenice Fox to the position of General Manager. This role will have responsibility for the executive functioning of the Board office, overseeing the administration and procedures of registration and regulation. Glenice's background is in law, with advanced qualifications in administrative law and dispute resolution. Prior to joining us she was with the Telecommunications Industry Ombudsman, having also previously held appointments with the Liquor Licensing Panel of Victoria, the Dairy Adjustment Authority, and Goulburn-Murray Water. She has also been a member of the mediation panel at VCAT since 2005.

I would like to thank the office staff for their efforts in keeping the office running during the search and recruitment process for the General Manager.

In September the VPRBV had its annual meeting with the Victorian Division of the AVA. Although the Board and the AVA have quite different functions, over recent years this meeting has been a valuable opportunity for us to come together to discuss a number of issues that are of relevance to both bodies. This meeting has proven to be an excellent forum for the exchange of views and background information and I hope that it continues to be so.

The Department of Economic Development, Jobs, Transport and Resources has released its draft action plan entitled *Improving the Welfare of Animals in Victoria*. The Board has made a submission to this draft, and looks forward to being able to contribute to the development of this plan into the future. Animal welfare is clearly a fundamental aspect of the role of veterinary practitioners and changes of policy and legislation have significant relevance to the Board and its functions in regulation of the veterinary profession.

The Board's office will close on Friday 23 December 2016 and reopen on Tuesday 3 January 2017. Should you have any queries during this period, please check the Board's [website](#) for information.

On behalf of the Board and office staff, I take this opportunity to wish you and your families a happy and safe festive season.

Peter Mansell  
President



## Animal Welfare Reform in Victoria

The Victorian Government is currently considering matters relating to animal welfare reform. While the initial consultation period has ended, the work is ongoing. The Board submitted a preliminary submission for consideration, and intends to submit a further detailed submission to the Government in the near future. The Board is interested to hear from practitioners regarding the state of animal welfare protections in Victoria, and of those areas needing of improvement. Please provide your feedback via email to [this address](#) and with *Animal Welfare Reform* in the subject line.

Information regarding the Victorian Government's plan for animal welfare reform can be viewed [here](#).

## Good Veterinary Practice

The Board intends to produce a series of good veterinary practice notes. These notes will set out the principles that characterise contemporary good veterinary practice and make explicit the standards of ethical and professional conduct expected of veterinary practitioners by their professional peers and the community.

The notes will complement the Board's Guidelines, but will not be a substitute for them. The Guidelines document the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Failure to comply with the Guidelines may be used as evidence of unprofessional conduct in a hearing, subject to section 47(c) of the *Veterinary Practice Act 1997*.

Good practice notes will be an additional resource for practitioners and will document more detailed advice as to the standards expected of practitioners practicing veterinary medicine in a contemporary and professional manner. While the subject matter of the practice notes will generally align with the Guidelines, the notes will reference those areas where the Board believes practitioners would benefit from additional guidance.

No notes or guidelines can ever encompass every situation or replace the professional judgment of veterinary practitioners acting in accordance with contemporary standards. Good veterinary practice means using this judgement to try to practice in a way that would meet the standards expected of you by your peers and the community.

If you have any suggestions for areas of veterinary practice, which you believe would benefit from a practice note, please provide your feedback via email to [this address](#) and with *Good Veterinary Practice* in the subject line.

## Your Opportunity to Comment

### VPRBV SUPERVISION POLICY SURVEY

The Board seeks feedback on its draft policy on supervision. The policy documents the professional obligations on both those veterinary practitioners who provide supervision or are subject to supervision, pursuant to the *Veterinary Practice Act 1997*.

The Board may under certain circumstances place conditions on a veterinary practitioner's registration requiring the practitioner's practise to be supervised by a fellow registered veterinary practitioner approved by the Board.

The purpose of this policy is to provide some guidance as to what the Board expects of registered veterinary practitioners who have a condition on their registration requiring supervision, and of those practitioners nominated to provide that supervision.

The draft policy can be viewed on the Board's website under the *Latest News* section, and feedback can be provided [here](#).

### ANTIBIOTIC USE SURVEY

Researchers at the University of Sydney invite veterinary practitioners practising un Australia to participate in an online survey on antibiotic use and resistance.

The survey contains questions about antibiotic prescribing decisions, antibiotic resistance, and where practitioners source their information.

The finding from this study may be used in assisting national policy-makers to revise and enhance national policy and education interventions about antibiotic use and antibiotic resistance in Australia.

The survey takes about 15-20 minutes to complete and responses are anonymous and confidential. At the end of the survey, you will have the chance to enter a prize draw to win an iPad.

The survey and further information can be accessed [here](#).

### PARVOVIRUS SURVEY

Veterinary practitioners around Australia are being asked to help with a bold new research project looking to bring a 'disruptive technology' approach to the issue of canine parvovirus (CPV) in Australia.

CPV is the biggest viral threat to the health and well-being of dogs in Australia, although the disease can be geographically-specific, meaning it can be endemic in some areas while being absent in other (even adjacent) areas.

A recent study revealed nearly five thousand cases of CPV were reported in Australia alone in the last five years<sup>1</sup> and due to under-reporting, the true number of cases may be as high as

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<sup>1</sup> Zourkas, E, Ward MP, and Kelman M, Canine parvovirus in Australia: A comparative study of reported rural and urban cases, *Vet. Microbiol*, Dec. 2015; 181: 3–4, 198–203

3000 – 5000 per year. Most of the outbreaks that occur are in regional or outer-urban areas, where the risk is more than twice that of urban areas.<sup>2</sup>

When it strikes, CPV mostly affects puppies, and generally those that are unvaccinated – however it can also affect adults, and dogs that have been fully vaccinated but failed to respond to vaccination. The disease causes very severe life-threatening gastroenteritis, vomiting, haemorrhagic diarrhea, dehydration and immune suppression, and the virus lasts in the environment for up to 12 months. Another recent Australian study shows that 18 per cent of CPV cases will die directly from the disease and a further 24 per will be euthanased. This means that an alarming 42 per cent of cases of CPV are fatal.<sup>3</sup>

Researchers from the University of Sydney are now setting out to discover how many cases of CPV really do occur in Australia and then to establish a means by which to intervene and stop the disease from infecting and killing puppies in areas where they are significantly at risk. The initiative is being conducted initially through a Masters by Research project.

The hypothesis underlying this project is that CPV outbreaks are as much due to social reasons as they are due to biological factors. Given that we have good quality vaccines, researchers suggest that the reason why we still see so many cases in some areas is a failure to vaccinate the right dogs, in the right areas, at the right time.

The first step in the process of trying to change Australia’s CPV situation is a survey of all veterinary practitioners to take a snapshot of actual case data. This will enable researchers to identify specifically where the disease is striking and which areas are in the greatest need of targeted prevention programs. The survey has full ethics approval from the University of Sydney Ethics Committee.

The CPV survey will be launched in early 2017, and will include two parts. The first part is for all veterinary practitioners to answer and the second part of the survey will only be answered by veterinary practitioners who identify themselves as having had experience with CPV disease outbreak conditions.

The Board will publish a link to the survey on its website once the survey is live. Anyone wishing to contact the research team about the project can email Dr Mark Kelman at the following [email address](#).

## Specialist Endorsement

Congratulations to the following veterinary practitioners who have recently received specialist endorsement.

V4492	DR	JESSICA	NEVILE	VETERINARY OPHTHALMOLOGY
V5687	DR	LEON	WARNE	VETERINARY ANAESTHESIA
V4629	DR	YENNY	INDRAWIRAWAN	VETERINARY EMERGENCY MEDICINE & CRITICAL CARE

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<sup>2</sup> Ibid

<sup>3</sup> Ling M, Norris JM, Kelman M, and Ward MP, Risk factors for death from canine parvoviral-related disease in Australia, *Vet. Microbiol*, Aug. 2012; 158: 3–4, 280–290

## Case Study – Dr B

Dr A was employed as a veterinary practitioner in a veterinary clinic. During the period of employment, the clinic was acquired by a body corporate. Following the acquisition of the clinic by this corporation, employees were directed to refer all emergency or after-hours cases to a specific veterinary emergency facility, except in circumstances where the welfare of the animal was in immediate danger. Previous to the acquisition of the clinic by the corporation, the clinic used the services of other local emergency clinics on a case by case basis.

Dr A alleged that the directive issued by the corporation to only refer patients to a specific veterinary emergency facility was based solely upon the financial interest of the company, and failed to consider either the professional judgement of the treating veterinary practitioner and/or the best interest of the patient and/or client. Dr A further claimed that the directive constituted an offence under section 58A of the *Veterinary Practice Act 1997*, in that it is a direction or incitement to a veterinary practitioner to do a thing in the course of veterinary practice that could constitute unprofessional conduct.

Dr B was at the time of the incident the general manager of the body corporate. The initial directive to only refer patients to a specific emergency centre was issued by the corporation's operations manager. The email to employees' states:

*"It is my expectation that we will now use XXX for our emergency care needs – unless the safety of the pet requires the pet to be treated at the closest emergency centre to your clinic. In the event that it is necessary to refer a pet to another emergency care provider I will require a report from the attending vet as to why it was not feasible to refer the pet to XXX."*

This email was followed by a warning letter to Dr A from the operations manager, in which they advised that if Dr A failed to immediately comply with the reasonable policies and directions of the company, his/her employment may be terminated. The letter stated that Dr A must:

*"Ensure that you adhere to the policy of referring pets that require emergency care to XXX, except in those circumstances where the welfare of the pet is in immediate danger."*

Dr B did not become involved in the matter until later, when he/she met with Dr A to discuss a performance management meeting Dr A had with the operations manager. Given Dr B's limited involvement in this matter the Panel considered there was insufficient evidence to support the allegation that he/she directed or incited Dr A to undertake an action which could constitute unprofessional conduct.

Guideline 19.1.1 issued by the Board states that:

*Veterinary practitioners are responsible for their own actions and judgements. Allowing professional judgement, integrity, discretion, conduct, or ethical standards to be compromised by any other person in any matter regarding the application of professional knowledge or skill is not a defence against allegations of unprofessional conduct.*

The Panel noted that it is not unusual for veterinary businesses to have preferred relationships with providers of veterinary services, such as veterinary pathology providers, drug suppliers,

or specialist practitioners. However, it is the Panel's expectation that clinical decisions must be based upon the professional judgement of the treating veterinary practitioner, and made in the best interest of the animal and/or client. Any clinic policy or preferred relationship must be framed so as to allow a veterinary practitioner a degree of discretion in making a professional recommendation for the veterinary care of their patients, and must not compromise the welfare of the animal.

While this specific referral policy does allow some degree of practitioner discretion, in that patients may be referred elsewhere "*in those circumstances where the welfare of the pet is in immediate danger*", and/or "*...the safety of the pet requires the pet to be treated at the closest emergency centre to your clinic*", the Panel noted that practitioner discretion was limited to situations where the immediate welfare of the animal was at risk. The Panel considered that there may be situations where, although the immediate welfare of the animal is not at risk, the professional judgement of the treating practitioner may be that it is in the animal's and/or client's best interest to be referred elsewhere, due to such factors as proximity, facilities, staffing levels, specialist knowledge, payment protocols, etc. The Panel was of the opinion that in such circumstances the judgement of the treating practitioner was a relevant consideration in recommending options for referral.

## **Offence to direct or incite unprofessional conduct**

Section 58A of the *Veterinary Practice Act 1997* (the Act) states that:

*A person who employs a registered veterinary practitioner must not direct or incite the practitioner to do anything, in the course of veterinary practice, that would constitute unprofessional conduct.*

This section of the Act is augmented by the expectations documented in Guideline 19, which state in part:

*Directing or inciting in this context includes placing pressure on an employee veterinary practitioner to engage in unprofessional conduct during the course of veterinary practice.*

*Veterinary practitioners are responsible for their own actions and judgements. Allowing professional judgement, integrity, discretion, conduct, or ethical standards to be compromised by any other person in any matter regarding the application of professional knowledge or skill is not a defence against allegations of unprofessional conduct.*

As the corporatisation of the veterinary profession (where a corporation employs veterinary practitioners to provide veterinary services) becomes more ubiquitous in Australia so do concerns regarding conflicts of interest and how this may affect practitioners' exercise of both their professional judgement and their responsibility to act in the best interest of their patients.

In many states of the USA, the corporate practice of medicine (human) is prohibited on the basis that the primary focus of any corporation is to achieve and increase profits, which is at odds with a profession that upholds patient care as its highest concern.

There is no denying the risk to animal welfare and patient care in a situation where a veterinary practitioner is being directed to practice veterinary medicine in a way that conflicts with their professional obligations. Yet the majority of corporations that are active in the veterinary profession claim improved patient care as their objective. Given this objective what are the risks to patient care under a corporate entity?

As demonstrated in the above case study, there is a potential risk where preferred relationships are based upon a financial incentive, whether that incentive be ownership of another veterinary facility/product/etc. by the same entity therefore maximizing profit to that corporation, or where use of a particular brand of antibiotic results in receipt of a bottle of wine from the manufacturer of the drug as reward for brand loyalty.

In the above case study the policy of the corporation in regard to the referral of patients to an emergency facility had the potential to restrict a veterinary practitioner from acting on their clinical judgement and/or in the best interest of the patient. While the policy allowed the practitioner some discretion, this discretion was limited to those situations where the patient's immediate welfare was at risk.

However, there may be circumstances where although the patient's immediate welfare is not at risk it remains the professional judgement of the practitioner that it is in the patient's best interest to be referred elsewhere. This may be due to the specific needs of the patient (for example; a requirement for specific equipment or expertise), or the client (for example; the proximity of the facility to public transport or its payment policies). The Board expects that in such circumstances the professional judgement of the practitioner is respected.

In other cases, corporations may impose quotas or targets on veterinary practitioners (for example; to administer a certain number of vaccinations or perform a certain number of dental prophylaxis). While aimed at improving patient health, such quotas by their very nature may potentially result in a risk to animal welfare and patient care where a veterinary practitioner feels pressured to undertake a procedure that may not be in the patient's best interest.

Taking the example of a quota on dental prophylaxis; while good dental health is an important factor in improving and maintaining the overall health of an animal, there may be circumstances where a practitioner considers it is not in the best interest of the animal to undertake dental prophylaxis due to the needs of the patient (for example; only minor dental disease or concurrent health conditions requiring priority), or the client (for example; money would be better spent on other aspects of their pet's health).

The Board expects that practitioners will only recommend veterinary procedures where they are clinically indicated and in the patient's best interest.

Pursuant to section 58A of the Act, the penalty for a person who employs a registered veterinary practitioner and directs or incites the practitioner to do anything, in the course of veterinary practice, that would constitute unprofessional conduct is 200 penalty units for a natural person (\$31,092) and 400 penalty units for a body corporate (\$62,184).



## Referral to Registered Specialist Veterinary Practitioners

A veterinary specialist is a registered veterinary practitioner who holds endorsement as a specialist practitioner, under section 8 of the *Veterinary Practice Act 1997* (the Act).

Veterinary specialists have undertaken advanced training and hold higher veterinary qualifications in a specific category of veterinary medicine than a general practitioner. The title of specialist (or any derivative) is restricted to those practitioners holding endorsement under section 8 of the Act.

Veterinary specialists are generally happy to consult with general practitioners regarding cases. However, unless the patient is under the care of the specialist practitioner, any advice provided can only be generic in nature. If you believe that a patient would benefit from specialist care, then referral to a specialist practitioner should be recommended to the animal's owner. In situations where an animal owner declines referral, it is not appropriate (or collegiate) to expect a specialist practitioner to provide detailed advice relating to the clinical management of the patient where they have not seen or examined the animal.

## Identified Need Policy

One of the primary functions of the Veterinary Practitioners Registration Board of Victoria (the Board) is to protect the public by providing for the registration of veterinary practitioners and ensuring that they are appropriately qualified.

The Australian Veterinary Boards Council Inc. (AVBC) maintains (through a rigorous accreditation process) a nationally agreed list of qualifications that entitle their bearer to general registration as a veterinary practitioner in Victoria.

The Board may in certain circumstances grant specific registration to applicants who hold qualifications in veterinary practice which do not qualify them for general registration.

Under section 7(1)(d) of the *Veterinary Practice Act 1997* (the Act) the Board may grant specific registration to an applicant who does not hold an accredited qualification where *...the Board is of the opinion that, in order to meet an identified need for a veterinary practitioner, it is necessary for a person having qualifications in the nature of the applicant's to provide veterinary services.*

The Board does not grant registration to people who do not hold eligible qualifications for general registration unless it forms the view that there is an identified need. It may take some time for the Board to assess an application made under this section, and substantive evidence of the applicant's qualifications and skills, and of the identified need, will be required.

The definition of *"an identified need"* and circumstances where it is *"necessary"* are not specifically described in legislation, but are subject to the interpretation of the Board on a case by case basis. The Board has produced a policy to provide some guidance to applicants under section 7(1)(d) of the Act as to how the Board interprets this section of the Act. The Board's policy can be accessed [here](#).