



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

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## Board Update August 2016

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## President's Message

Welcome to the first newsletter from the new Veterinary Practitioners Registration Board of Victoria.

The term of the 6<sup>th</sup> Board ended on 17 March 2016 and the new Board was appointed by the Governor in Council the following day. Having been a member of the Board since 2008, I am pleased to take on the role of President.

Six members of the previous Board have left us: Dr Roslyn Nichol (2004-2016), Ms Janet Cohen (2013-2016), Dr Michael Doyle (2013-2016), Mr Alan Gaskell (2004-2016), Dr Andrew Gould (2007-2016), and Ms Jennifer Wilkins (2013-2016). It has been a privilege to serve on the Board with all of these people. In their time, each made significant and valuable contributions to the Board. I will miss their insight and camaraderie, individually and collectively. Since the appointment of the new Board Ms Louisa King has also resigned as Registrar.

I would like to pay particular tribute to the sustained contributions of Dr Roslyn Nichol and Mr Alan Gaskell. Both served on the Board for twelve years. Ros was President for the last six of those years, during a challenging time of considerable transition and evolution for the Board. Throughout her time on the Board she showed herself to be a staunch advocate for the best standards of professional behavior. Alan brought considerable financial acumen to the Board and has ensured that the Board's activities are based on solid foundations. Their knowledge of the Board's processes and objectives, and their dedicated service to the Board, the community and the veterinary profession provide an outstanding example of public service. The Board will miss their leadership and wisdom. I wish Ros, Alan and the other departing members all the best for the future.

The Board has been very busy in recent months, with the transition from a calendar year to a financial year registration cycle, the hand-over between personnel, and a dramatic increase in the number of complaints received. The veterinary profession has been in the spotlight as part of a number of high profile issues in the media. The Board's function is to administer the Veterinary Practice Act, the purpose of which is to ensure the public has confidence in an ethical veterinary profession and the protection of animal welfare. In all our activities, that remains as our focus.

As in recent issues, this newsletter includes a number of articles that have been provided by a number of external bodies. I hope you find them of interest.

Peter Mansell  
President

## Welcome to the 7<sup>th</sup> Veterinary Practitioners Registration Board of Victoria

The 7<sup>th</sup> Veterinary Practitioners Registration Board of Victoria was appointed on 18 March 2016. The members of the Board are introduced below.

Associate Professor Peter Mansell *BVSc PhD MANZCVS (Epi)*

*Veterinary Member and President*

*The University of Melbourne appointment*

Associate Professor Peter Mansell graduated from The University of Melbourne in 1986 with honours. He initially worked in mixed practice in the Goulburn Valley at the Kyabram Veterinary Clinic before completing a Doctor of Philosophy in 1991 for studies on haemophilia A in German shepherd dogs. After a period as a Postdoctoral Research Fellow at the Ontario Veterinary College, University of Guelph, Canada he was appointed as a Senior Tutor with the Rural Veterinary Unit within the Maffra Veterinary Centre. He returned to the University of Melbourne's veterinary school at Werribee on academic staff in 1994, in a teaching and research in the field of diseases of and management of cattle. He is a Member of the Australian and New Zealand College of Veterinary Scientists (Veterinary Epidemiology). Peter was appointed to the Board as the University of Melbourne's nominee in June 2008. He became the Deputy President in March 2013 and the President in March 2016.

Dr David Beggs *BVSc MVS*

*Veterinary Member and Deputy President*

Dr David Beggs graduated from The University of Melbourne in 1990 and worked initially in Smithton, Tasmania. In 1992 he moved to the Warrnambool Veterinary Clinic, where he was a partner from 1994 to 2008 and now works as a part-time associate. David holds a Master of Veterinary Studies degree in Dairy Cattle Medicine and Production. He has worked for more than twenty-five years as a rural practitioner in mixed species clinical work, and has researched and consulted in dairy herd health. He teaches part-time at The University of Melbourne Veterinary School. David has been involved in the provision of continuing education for cattle veterinarians through the Australian Cattle Veterinarians as Scientific Officer and Chair of the Education Committee. He is an Associate Editor of the Australian Veterinary Journal, past Convenor of the Australian Veterinary Association Annual Conference and is President of Mpower (a non-government, not-for-profit organisation that provides disability related services in south-west Victoria). In 2015 David received the AVA President's Award for his outstanding practical contribution to veterinary science or practice in Australia. David was appointed to the Board in March 2010, and is a member of the Finance, Administration and Information Technology Committee and convenor of the Complaints, Regulation and Process Committee.

Dr Tracey Bradley *BVSc MPH MANZCVS (Epi)*

*Veterinary Member*

*Minister's appointment*

Dr Tracey Bradley graduated from The University of Melbourne in 1989 and worked in mixed practice in Australia and the United Kingdom. In 1995 Tracey joined the then Department of Agriculture and worked in five locations across Victoria in field roles and managing the Johne's disease laboratory at the Victorian Institute of

Animal Science. During this time she was awarded Membership of the Australian and New Zealand College of Veterinary Sciences in Epidemiology and completed a Masters degree in Public Health. Tracey has taught in various units of the University of Sydney Masters of Veterinary Public Health Management by distance education. In 2007 Tracey was appointed Principal Veterinary Officer, Aquatic Animal Health in a role predominantly embracing molluscs and finfish in both marine and freshwater environments. Her work covers the areas of research, policy and national strategy. Tracey was appointed to the Board in August 2013 and is convener of the Registration Committee.

*Ms Kerren Clark BSc Grad Dip Health and Medical Law GAICD  
Community Member*

Ms Kerren Clark is principal of Numbat Consulting and a senior consultant at the Clifton Group. She is a director of the Lake Mountain and Mount Baw Baw Alpine Resort Management Boards and a Trustee of the Caulfield Racecourse Reserve. Kerren was a community member of the Victorian Board of the Medical Practitioners Board of Australia for seven years and of the Consultative Council for Human Research Ethics for five years. As a volunteer, she was a director of Dousta Galla Community Health, a member of the Swinburne University Human Research Ethics Committee and she chaired the West Centre against Sexual Assault and the Australian Health Care Reform Alliance. Kerren has a strong background in non-government boards, community committees and community groups. Kerren holds a science degree, a Graduate Diploma in Health and Medical Law and a Diploma of Company Directorship. She has worked for the Australian Physiotherapy Association, the College of Obstetricians and Gynaecologists, the Australian Services Union and a number of state and federal members of parliament. Kerren was appointed to the Board in March 2016 and is a member of the Complaints, Regulation and Process Committee.

*Dr Andrew Giddy BVSc Grad. Dip Bioethics MAICD  
Veterinary Member*

Dr Andy Giddy graduated from University of Melbourne in 1989. He commenced small animal practice in outer Melbourne and established a new practice with a partner in 1991. Having enjoyed the set up and management more than daily practice he moved into the pharmaceutical industry and spent the next ten years in human pharmaceutical drug development. Whilst in industry Andy completed a Graduate Diploma in Bioethics and various post graduate management and finance qualifications. In 2000 he returned to Australia as a management consultant with The Boston Consulting Group. In 2006 Andy returned to early stage pharmaceutical development as CEO of a research hospital in Melbourne. During this time his interest in veterinary practice re-emerged and he chaired an animal ethics and governance committee and also become involved in vocational education, including contributing to the development of an associate degree in veterinary nursing. Andy is now employed full time at La Trobe University involved in vocational education transition and various development projects. He is a current director of Scientia Clinical Research Ltd and Vethear Consulting Pty Ltd and previously held directorships at Nucleus Network Ltd, AMREP AS Pty Ltd, and the Australian Centre for Health Innovation, Northern Melbourne Institute of TAFE. Andy was appointed to the Board in March 2016 and is a member of the Finance, Administration and Information Technology Committee.

Ms Kathryn Johns *B Ec. CPA*

*Community Member*

Ms Kathryn Johns holds a Bachelor of Economics (Accounting Major) from Monash University and is a Certified Practising Accountant. Kathryn has over 20 years Senior Finance Management experience spanning diverse organisations within a range of sectors including not-for-profit, hotels, tourism, arts, media, publishing, entertainment, retail, health, insurance, and mining. She is currently Director of Finance and Corporate Services at Lentara Uniting Care and is a non-executive Director at Yarra Ranges Enterprise Centres. Kathryn was appointed to the Board in March 2016 and is convenor of the Finance, Administration and Information Technology Committee.

Mr Owen Mahoney *LL.B*

*Legal Member*

Mr Owen Mahoney was admitted to legal practice in 2001. He is an administrative and criminal lawyer with developed experience in occupational discipline and regulation acquired at the Australian Health Practitioner's Regulation Agency. Owen was a barrister at the Victorian Bar between 2007 and 2014. He has also been employed by several statutory authorities including Victoria Legal Aid, the Mental Health Review Board and the Office of Police Integrity. Owen has held an appointment as a sessional legal member of the Mental Health Tribunal (and the predecessor Mental Health Review Board) since 2008. He holds an appointment as a sessional member of the Victorian Civil and Administrative Tribunal, assigned to the Civil Claims and Residential Tenancies Lists. He is also the President of the Australian New Zealand Association of Psychiatry Psychology and Law and is a committee member of the Council of Australasian Tribunals Victoria. Owen was appointed to the Board in March 2016 and is a member of the Complaints, Regulation and Process Committee.

Dr Rachel Peacock *BVSc MVS MVetMedSc DipPractMgt MANZCVS (ECC) DipACVECC*

*Veterinary Member*

Dr Rachel Peacock graduated from the University of Melbourne in 2002 and worked in small animal practice in Melbourne for two years before making a change to emergency and critical care practice. In 2007 she completed a Masters of Veterinary Studies in small animal medicine and surgery and became a Member of the Emergency and Critical Care Chapter of the Australian and New Zealand College of Veterinary Scientists. In the same year, Rachel became the Veterinary Director of the Animal Emergency Centre in Mount Waverley; Melbourne's largest 24 hour veterinary emergency hospital. In 2009 she completed a Diploma of Practice Management. In 2010, Rachel moved to Perth to complete a residency in veterinary emergency and critical care and become a Diplomate of the American College of Veterinary Emergency and Critical Care in 2013. She returned to the Animal Emergency Centre where she currently works as a registered specialist and is responsible for veterinary standards of care and clinical training across the national Animal Emergency Centre group. Rachel has a special interest in clinical toxicology and completed a Masters of Veterinary Medical Science in 2014 with a thesis titled "Intravenous lipid emulsion for the treatment of permethrin toxicosis in cats". Rachel has lectured on clinical toxicology topics both locally and internationally and has authored a number of journal articles in this field. She examines for the

Australian and New Zealand College of Veterinary Scientists, reviews examination papers for the American College of Veterinary Emergency and Critical Care, is a new graduate mentor for the Australian Veterinary Association and an Academic Associate of the University of Melbourne. Rachel was appointed to the Board in March 2016 and is a member of the Registration Committee.

Dr Allison Stewart *BVSc MS DACVIM DACVECC*  
*Veterinary Member*

After graduating from the University of Melbourne in 1997, Allison spent 2 years in mixed practice in Gawler, SA, before moving to the USA to undertake a residency in large animal internal medicine at the Ohio State University. She completed her Masters of Science and was awarded Diplomate status of the American College of Veterinary Internal Medicine in 2002. Allison then became a faculty member at Auburn University in Alabama and completed a fellowship in emergency and critical care and obtained Diplomate status in 2007. Allison worked as a specialist and taught veterinary students at Auburn University for 12 years, and has over 300 publications/book chapters/scientific presentations/lectures. She was awarded 30 research grants totally almost \$0.5 million, and has presented research throughout the world in the areas of equine endocrinology, fungal disease, neurology, infectious disease and pharmacology. Allison led the large animal internal medicine training program at Auburn University for 12 years and has advised 22 residents who are now boarded specialists. She has chaired the ACVIM certifying examination committee. While at Auburn University she was heavily involved in international education and was admitted to the Global Teaching Academy. Allison resigned her position as a Professor of Equine Internal Medicine and Emergency and Critical Care at Auburn University in 2014 to return to family and friends in Australia, importing her two cats. Allison now has a baby girl, and sees emergency and internal medicine cases for Gisborne Veterinary Clinic and Elite Equine Veterinary Services. She is still advising 3 graduate students and is in the final stages of completing her own PhD. She was a keynote speaker at the last PanPac conference and continues to provide advice to drug companies and write lay equine educational articles. Allison has a clinical interest in emergency and critical care, neurology, endocrinology, cardiology, ophthalmology, infectious disease, ultrasonography and endoscopy. Allison was appointed to the Board in March 2016 and is a member of the Registration Committee.

## Specialist Endorsement

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

V5999	DR	ELIZABETH	DOBSON	VETERINARY ANATOMICAL PATHOLOGY
V5775	DR	ALLISON	STEWART	EQUINE MEDICINE
				VETERINARY EMERGENCY MEDICINE AND CRITICAL CARE (LARGE ANIMAL)

## Coroner's Recommendations - Pentobarbitone

In October 2015, as a result of a finding without inquest, the Coroner's Office of Victoria issued several recommendations to the Board in relation to the storage and recording keeping for pentobarbitone.

The recommendations were as follows:

### Recommendation 1

*That the Veterinary Practitioners Registration Board of Victoria consider extending the application of its guideline for enhanced record keeping and labelling/dispensing of Schedule 8 drugs to pentobarbitone. In particular, that the Board recommends to its members that:*

- a. All pentobarbitone transactions are recorded in a record book maintained separately from the patient's medical record;*
- b. Details of each pentobarbitone transaction, inclusive of the date and quantity of supply, the name of the veterinary practitioner involved in the transaction and his/her usual signature, are recorded;*
- c. The true balance of pentobarbitone is recorded following each transaction;*
- d. Pentobarbitone records are maintained in a manner that cannot be altered, obliterated, deleted or removed without detection.*

### Recommendation 2

*That the Veterinary Practitioners Registration Board of Victoria recommends to its members that pentobarbitone is stored in a drug safe accessible only by a veterinary practitioner, or by a staff member under the direction of a veterinary practitioner, that is date and patient specific and includes a direction to account for or dispose of any unused portion of the drug.*

In its response to the coroner, the Board identified difficulties in implementing the recommendations given that the Board's guidelines are not statutory regulations and as such strict liability does not apply. The relevant guideline – Supply and Use of Drugs, Scheduled Drugs and Other Medications in Veterinary Practice is largely based upon the statutory requirements of the *Drugs, Poisons and Controlled Substances Act 1981* and *Regulations 2006*, and the *Agricultural and Veterinary Chemicals (Control of Use) Act 1992* and *Regulations 2007*.

The recommendations that pentobarbitone be subject to additional storage and record keeping requirements, as required for schedule 8 drugs, would necessitate the re-classification of pentobarbitone to a schedule 8 poison, pursuant to section 52D of the *Therapeutic Goods Act 1989*, in order for it to be enforceable.

The Board notes that regardless of whether a drug is subject to schedule 4 or schedule 8 storage requirements, access by veterinary practitioners (and in certain circumstances by veterinary nurses) is still permissible under the regulations and as such would not necessarily safeguard against misuse should a veterinary practitioner or other staff member elect to act unlawfully.

Despite this fact, the Board acknowledges that the rate of suicide for veterinary practitioners and veterinary nurses is higher than that of the general population, and that the majority of these cases use pentobarbitone overdose as the method. The high use of this particular method of suicide is attributed to veterinary practitioners and veterinary nurses having both

access to this drug and knowledge as to how to use it. The Board STRONGLY recommends that veterinary practitioners consider pentobarbitone's potential for misuse, and limit accessibility where possible.

The coroner's recommendations and the Board's full response can be found [here](#).

## Guideline 20 – Obligation to Report

In its last newsletter the Board introduced a new guideline to address registered veterinary practitioners obligation to report potential public safety and/or animal welfare issues to the relevant authority.

In response to the publication of Guideline 20, RSPCA (Victoria) has the following commentary.

### From RSPCA Victoria

Mahatma Gandhi once said the greatness of a nation and its moral progress can be judged by the way its animals are treated.

Perhaps there is no one better equipped, nor better placed, to aspire to such high standards in animal welfare than those who have made it their job to treat animals.

Veterinary practitioners expect to see animals in pain and suffering – that is what we are trained to repair and heal. Our advice is sought and our directions followed.

Likewise, our voices should be heard and action taken whenever we suspect that the pain and suffering we are being asked to treat is the result of neglect or deliberate cruelty.

The RSPCA considers this obligation to be non-negotiable and welcomes the introduction of Guideline 20 – Obligation to Report by the Veterinary Practitioners Registration Board of Victoria.

While the guideline was drafted so as to encompass all those situations where a veterinary practitioner may consider there is an obligation to report (for example; dangerous dog or practitioner with an impairment) it is likely that the most common situation encountered by practitioners to whom this guideline is applicable will be cases of animal cruelty.

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice and should be read in conjunction with other relevant guidelines and definitions.

#### **Guideline 20**

***If a registered veterinary practitioner is of the reasonable belief that there exists, or potentially exists, a serious risk to the health and safety of the public and/or the health and welfare of an animal, the practitioner should report the matter to the relevant authority. This responsibility takes precedence over the obligation to maintain client confidentiality.***

It is a sad reality that many animals endure cruelty at the hands of humans every day. That is why we have laws that make it a crime to purposely cause pain and state the penalties that must be applied.



The legal obligations and responsibilities of a registered veterinary practitioner to consider the welfare of sick and injured animals is covered under subsections 9(1)(c) and (i) of the Prevention of Cruelty to Animals Act 1986 (POCTAA). These obligations are also reflected in existing Veterinary Practitioners Registration Board Guidelines: 9.2 - Legal and Ethical Considerations.

All registered veterinary practitioners should be cognisant of the POCTAA (9.2.1).

Such guidelines should add weight to the importance of veterinary practitioners taking action whenever there is any suspicion of animal cruelty or where there is serious risk to the health and welfare of an animal that comes into a practitioner's care.

If a veterinary practitioner believes that the animal they are treating has been subject to cruelty (or may be dangerous/aggressive) they should make a report to a POCTAA authorised agency, such as the RSPCA, their local government authority or police.

Accurate and thorough documentation of veterinary practitioner observations of the animal greatly assist in investigations. This documentation includes the recording of precise dates and times, along with the recording of conversations and photographic evidence.

Sub-section 9(1)(c) of the POCTAA defines the committing of an act of cruelty as when a person:

*does or omits to do an act with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal.*

Sub-section 9(1)(i), further defines the committing of an act of cruelty as when a person:

*is the owner or the person in charge of a sick or injured animal ... unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal.*

Both sub-sections apply to all members of the community, including registered veterinary practitioners.

POCTAA also outlines other offences that veterinary practitioners should note and act upon. For example, failing to provide proper and sufficient food [sec 9 (1)(f)], which may be observable through an animal presenting in an emaciated state. Or suspected abuse/beatings/torturing of an animal [sec 9(1)(a)], which may present as suspicious and/or recurring injuries as commonly seen in domestic violence cases.

It is worth noting that in all cases, veterinary practitioners should take appropriate measures to minimise or alleviate the pain, suffering or distress of any animals presented for treatment as far as is reasonably possible, irrespective of the prospect of receiving payment for the treatment rendered.

There is a minimum ethical obligation to provide emergency treatment, including euthanasia, whether or not the animal is owned or whether or not the owner is a client of the veterinary practice. (Guideline 9.2.3)

A registered veterinary practitioner should endeavour to ensure an animal does not suffer unnecessary pain or distress because of a client's unwillingness to provide adequate or appropriate veterinary care.

If the owner or custodian of an animal refuses to allow the animal under their care to be given appropriate treatment, either on a short- or long-term basis, the registered veterinary

practitioner should convey such information to an Inspector appointed under the Section 18 of the POCTAA as soon as possible.

## Case Study – Dr W

Having noticed that a cow agisted on the property was ill, the property owner informed the cow's owner, a neighbour, of the situation and as the neighbour was profoundly deaf, contacted Dr W on their behalf. Dr W advised that he/she would only attend the property if specified conditions were met: that the owner was available to provide consent; that payment was required at the time of service; and that the sick cow was isolated from a bull in the same paddock. The property owner undertook to meet these conditions and it was agreed that there would be further contact the following day. During this conversation there was discussion of the possible diagnosis and treatment of the illness affecting the cow.

The property owner contacted Dr W the following morning and left a message. Dr W failed to return the phone call and the property owner phoned again some hours later, at which stage Dr W advised that he/she would not be attending the property and suggesting that contact another veterinary practitioner be contacted. The cow died before another veterinary practitioner could attend. The property owner alleged that the reason Dr W offered for not attending the property was that he/she was only attending his/her own clients and the distance was too far. Dr W stated that the reason for not attending was due to the safety and payment policies not being met.

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

1. Dr W refused to provide veterinary services, without an adequate reason.

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

Counselling is one of the determinations that may be made following a finding of unprofessional conduct. It is a formal process during which the veterinary practitioner is informed of how their conduct failed to meet the minimum required standard and how that standard might be met in future. The Panel may counsel in any way it sees fit. The counselling may be oral, written, given immediately or within 28 days of the determination. It becomes a matter of permanent record on the veterinary practitioner's file and may be referred to in any future Hearing or action taken by the Board.

The Panel made this finding based upon the following reasons.

The Panel determined that Dr W failed to attend the property to treat the ill cow, without adequate reason. Upon the first communication with the property owner, Dr W imposed specific conditions: that the owner was available to provide consent; that payment was required at the time of service; and that the sick cow was isolated from a bull in the same paddock. The Panel considered that the conditions imposed by Dr W in regard to owner authority, payment and occupational health and safety provisions were all reasonable.

In a statement to the Board, Dr W stated: "*At no stage during the conversation...did I suggest that I was going to attend the property without...meeting our safety and payment policies*". The Panel was of the opinion that this statement indicates that it had been communicated to the property owner that Dr W would attend the property if the conditions were met, and

Dr W conceded that this inference was implied. The Panel questioned Dr W's subsequent refusal to attend the property despite the conditions being met. Dr W informed the Panel that in speaking with the property owner he/she was unable to ascertain with certainty that the bull had been isolated from the cow, and informed the property owner that he/she was busy and would not be attending. Dr W referred the property owner to another veterinary clinic.

The Panel was concerned with several aspects of this case. During the first communication with the property owner, Dr W was informed that the cow had been down for three days. The Panel considered that this information was adequate for Dr W to conclude that the cow's condition was serious and warranting of timely veterinary care. Dr W was unavailable when the property owner phoned the following day and left a message for Dr W to attend the property. Dr W informed the Panel that he/she heard the message from the property owner approximately thirty minutes after it was recorded, but did not return the call. The property owner phoned Dr W again three hours later. When asked by the Panel why he/she did not return the property owner's call upon hearing the message, Dr W stated that he/she decided to finish the tasks he/she was performing before phoning back. Dr W further informed the Panel that the tasks he/she was undertaking at the time were not urgent. The Panel considered that given Dr W was aware of the cow's condition, including the fact that she had been down for over three days, he/she should have returned the property owner's call in a timely manner and as a matter of priority. Dr W conceded that he/she erred in not returning the property owner's call as a matter of priority.

The Panel was also concerned that Dr W did not refer the property owner to another veterinary clinic at initial contact or earlier in the day if his/her intention was not to attend. It was the opinion of the Panel that if Dr W was indeed too busy to attend he/she should have phoned the property owner soon after receiving the message, advised of this fact and referred to another veterinary clinic. Had the property owner been informed earlier of Dr W's decision not to attend, they may have been able to access veterinary care for the cow from elsewhere, and before the cow died.

As the cow was not treated and no diagnosis was made, the Panel was unable to determine if her death may have been preventable had treatment been instigated.

## VetSet2Go

Dr Laura King  
Project Manager and Research Assistant  
VetSet2Go OLT Project

Employability has been defined as *"having a set of skills, knowledge, understanding and personal attributes that make a person more likely to choose and secure occupations in which they can be satisfied and successful"* (Dacre Pool & Sewell, 2007, p. 280). Employability has been a focus of government policy and subsequently research during the last two decades, but what does this really mean in the veterinary context? What capabilities contribute to veterinary employability?

VetSet2Go ([www.vetset2go.edu.au](http://www.vetset2go.edu.au)) is a collaborative project involving researchers from Australia, the United Kingdom and the United States, investigating the perspectives of the multiple stakeholders invested in the veterinary profession (recent graduates, employers and clients).

If you are employed in the veterinary industry (employee vet, practice owner, non-veterinary practice manager, nurse, academic, or part of a professional organisation), then we invite you to have your say.

The **VetSet2Go Employability survey** will be available from Monday 19<sup>th</sup> September 2016. Please go to [www.vetboard.vic.gov.au](http://www.vetboard.vic.gov.au) for the link to this survey. It will be live for 6 weeks, until Friday 28<sup>th</sup> October 2016. It won't take long to complete, and your contribution adds valuable data to this research which has the potential to impact the teaching of our veterinary students.

Dacre Pool, L., & Sewell, P. (2007). The key to employability: developing a practical model of graduate employability. *Education + Training, 49*(4), 277-289. doi:10.1108/00400910710754435

## From Greyhound Racing Victoria

Charlie Bezzina  
Senior Investigations Manager  
Greyhound Racing Victoria

Greyhound Racing Victoria is undoubtedly the leading greyhound sport in the country. To that end, significant resources have been invested into Welfare and Integrity. The Welfare Unit now comprises 8 welfare officers with a Senior Manager. Three welfare education officers have been appointed to assist participants in meeting their obligations and understanding the rules that govern the sport. The Integrity Unit has been bolstered by the creation of an Investigations Unit that is headed by a Senior Investigations Manager and two Investigation Managers. There are 4 investigators, Manager Intelligence, Analyst and a Strategic Analyst. A robust case management system has been developed which contributes to the unit being intelligence led. This investment is the main driver in our re-active and pro-active responses to breaches of our rules. Full time veterinary practitioners will soon be recruited to join Greyhound Racing Victoria to take up leading roles in our sport. Whilst the main issue that we currently face is the use of prohibited substances, substantial investments have been implemented to this end. Our swabbing regime has been increased dramatically which has paid dividends in the identification of the illicit use of prohibited substances. With an Ex-Federal court judge now heading the Racing and Disciplinary Board for Greyhounds those being caught are receiving significant disqualification periods. The strings are then tightened when these individuals want to return to the sport having to undergo National police checks and interviews by investigators. Welfare and Investigations units rely heavily on the support of veterinary practitioners for the support of welfare charges. We are very mindful of this valued support and to this end we endeavour to work collaboratively with veterinary practitioners in understanding their professional commitments to the welfare of animals. The Investigations Unit is keen to build stronger relationships with practitioners in the support of welfare of greyhounds and eradicating those participants that bring the sport into disrepute.

# Bovine Johne's disease management changes from 1 July 2016

Dr Charles Milne  
Chief Veterinary Officer  
Agriculture Victoria

From 1 July 2016, Johne's disease in cattle will be industry managed and market-driven in Victoria. Management of Johne's disease in cattle will be on a risk-based approach at the farm level, the same as for many other endemic livestock diseases. With a strong emphasis on good biosecurity practices, this approach will put the management of Johne's disease in the hands of the cattle owner.

Following are the main changes that will occur from 1 July 2016:

- Agriculture Victoria will no longer apply or record a Johne's disease herd 'status' (e.g. Infected or Suspect) for cattle herds in Victoria.
- Johne's disease herd statuses previously applied by Agriculture Victoria will no longer be recognised (excluding CattleMAP<sup>1</sup> status).
- Johne's disease will continue to be notifiable in Victoria. Although a suspicion or diagnosis of Johne's disease in cattle will need to be notified to Agriculture Victoria, no further regulation will be applied to herds for which a notification is received. This notification will enable the Department to continue to meet health certification requirements for live export.
- The voluntary Test and Control Program (TCP) for infected cattle herds concluded on 30 June 2016 and has been replaced by an industry funded subsidy for Johne's disease vaccine from 1 July 2016 to 31 December 2019.
- Industry subsidisation of participation in the Johne's Disease Calf Accreditation Program (JDCAP) will continue to 31 December 2019.
- Cattle from interstate properties infected with Johne's disease will be permitted entry into Victoria without the need to obtain a permit from Agriculture Victoria.
- Although national zones for Johne's disease in cattle will no longer exist, states/territories may impose entry requirements in relation to Johne's disease.

The change in approach follows a national review in 2015 of bovine Johne's disease management that industry and governments contributed to through an extensive consultative process. The review identified there was support for Johne's disease in cattle to be addressed under a common biosecurity approach for endemic diseases, with a focus on management at the farm-level.

## **Changes to the Test and Control Program (TCP)**

In consultation with the United Dairyfarmers of Victoria and the Victorian Farmers Federation Livestock Group, and advice from the Australian Cattle Veterinarians, the Victorian Cattle Compensation Advisory Committee (CCAC) agreed to cease the subsidisation of the voluntary TCP beyond 30 June 2016. Owners of herds sampled by their veterinary practitioner up until 30 June 2016 may claim the existing testing subsidy, after which any voluntary herd test must be fully funded by the herd owner.

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<sup>1</sup> CattleMAP (or Australian Johne's Disease Market Assurance Program for Cattle), is a voluntary industry program that provides assurances that participating cattle herds have been objectively assessed as having a low risk of being infected with Johne's disease.

The voluntary TCP first commenced in Victoria in 1996 and has been subsidised from industry levies paid to the Victorian Cattle Compensation Fund. Based on the findings of a 2014 review of on-farm Johne's disease management strategies for Victorian cattle herds, and in line with the revised national approach to the management of Johne's disease in cattle, the CCAC has deemed the TCP to not be a cost-effective use of further industry levies. Although the TCP has been successful in reducing the number of test positive animals and the prevalence of clinical disease in most participating herds, it was not achieving the desired objective of reducing the spread of Johne's disease between farms.

The efforts of TCP participants, private veterinary practitioners and departmental staff over the last 20 years are acknowledged. All parties have made a significant contribution towards the control of Johne's disease in Victoria.

#### **Johne's disease vaccine subsidy**

An industry funded subsidy of Johne's disease vaccine will be available from 1 July 2016 to 31 December 2019. This will provide a \$12.50 per dose subsidy (GST exclusive) for Silirum® Vaccine for eligible cattle producers.

The vaccine subsidy will apply to all dairy herds infected with Johne's disease and participating in the JDCAP. Note that the herd must hold a current JDCAP Certificate of Compliance (Provisional Certificate if first year). Owners of infected beef herds not already receiving financial assistance for Johne's disease vaccination through Cattle Council Australia's National Bovine Johne's Disease Financial and Non-Financial Assistance Package are also eligible. Beef herds are not required to participate in the JDCAP.

The vaccine subsidy will be paid as a grant payment and be claimed by producers from Agriculture Victoria by submitting a completed application form after the purchase has been made from a veterinary practitioner.

Vaccination cannot be relied on solely for achieving control of Johne's disease in infected herds; it must be combined with other on-farm management tools such as hygienic calf rearing. It is imperative that producers wishing to incorporate vaccination into their on-farm control program discuss this further with their private veterinary practitioner. Note that approval is not required from Agriculture Victoria for use of the vaccine.

#### **JDCAP subsidy**

Subsidisation of the JDCAP for dairy herds will be maintained until at least 31 December 2019. Eligible producers can continue to claim an annual subsidy of \$250 (\$356 for the initial year of JDCAP) from Agriculture Victoria (GST exclusive).

#### **Farm biosecurity**

Cattle producers are encouraged to work with their private veterinary practitioner to manage the risk of Johne's disease on their property, including if they are considering the use of vaccination.

The new approach recognises the importance of sound biosecurity practices being voluntarily implemented at the farm-level, including the seeking of properly completed animal health statements when purchasing stock.

#### **Further information**

Herd owners / managers have been advised to contact their veterinary practitioner for further information regarding the management of Johne's disease in their herd, the use of Silirum® Vaccine, and good calf rearing practices including JDCAP. Producers should be encouraged to continue to cull high-risk animals and any clinical cases.

Should your clients choose to continue to manage Johne's disease in their herd through regular herd testing; this will be entirely at their expense.

If you or your clients require further clarification regarding eligibility for the abovementioned subsidies or the process for claiming subsidies, please telephone the Project Officer – Silirum Vaccine at Agriculture Victoria on 1800 803 684.

For other general information on Johne's disease, please refer to the Agriculture Victoria website ([www.agriculture.vic.gov.au](http://www.agriculture.vic.gov.au)).

Thank you for your contribution to the management of Johne's disease in Victoria.

## **Baits containing PAPP released for wild dog and fox control – with potential consequences for domestic pets.**

Dr Melanie Latter  
Veterinary Affairs Manager  
Australian Veterinary Association

A new toxin for wild dog and fox management is being released in Australia. Veterinary practitioners may be presented with cases of off-target poisoning of domestic pets, so need to be aware of the mode of action of the toxin and its antidote in order to attempt management of these cases.

Known as DOGABAIT and FOXECUTE®, the new baits contain the chemical para-aminopropiophenone (or 'PAPP'), which induces **methaemoglobinemia** following ingestion. Products containing PAPP have been approved for use by the APVMA, and are manufactured and distributed by Animal Control Technologies Australia (ACTA).

PAPP is considered to be a humane toxin, and has the potential to replace 1080 use in many situations. It has an additional advantage in that it has an **antidote, Methylene Blue**. Limited trials show that, if an animal is administered the antidote relatively quickly by IV injection (likely within one hour of bait exposure), it can recover with no long-term effect. At this stage, this antidote can only be administered by a veterinary practitioner.

ACTA have prepared a tailored briefing note on PAPP baits specifically for veterinary practitioners, which can be accessed via the following link:

<http://www.ava.com.au/node/73627>

### **What is PAPP and how does it work?**

Para-aminopropiophenone (or 'PAPP') is the active ingredient used in new toxic baits developed for the broad-scale management of canids. Once ingested, PAPP works by converting normal haemoglobin to methaemoglobin. Clinical signs include lethargy, ataxia, unresponsiveness, unconsciousness and death. Limited studies suggest that animals receiving a sub-lethal dose can fully recover without lasting complications. PAPP baits are scheduled **Restricted S7**.

### **Is PAPP safe for domestic and working dogs?**

No. Since PAPP is lethal to wild dogs and foxes, it is also highly toxic to all domestic and working dogs, depending on the dose ingested. The mode of action is fast and symptoms of methaemoglobinemia are diagnostic. The carefully considered PAPP dose in fox baits mean

that an average-sized working dog will be less affected after eating one fox bait, but treatment should be sought immediately. Due to the higher dose in wild dog baits, if a domestic or working dog eats just one dog bait, it will die within 1-2 hours if there is no treatment with antidote. This means that the use of PAPP baits will require careful consideration of potential risk to pets, working dogs and other non-target animals.

**Is there an antidote for PAPP?**

Yes. The chemical methylene blue converts methaemoglobin back to haemoglobin and immediately reverses the effects of PAPP poisoning, with recovery usually occurring within 1 hour, based on limited studies. At present, methylene blue can only be purchased and administered by a veterinary practitioner.

**Can an animal killed with PAPP be distinguished from one killed by 1080?**

Yes. Bright orange plastic marker beads incorporated into PAPP baits can be found in the stomach of affected animals and even in the decayed carcass. Similar red marker beads are incorporated into ACTA manufactured 1080 baits. Animals with PAPP poisoning also display grey-blue gums and tongue, caused by the change in blood colour from red to brown.

**Can PAPP harm other animals?**

Members of the dog and cat families are highly susceptible to PAPP compared with other species, and this is due to the unique way that they metabolise PAPP. In Australia, cats, foxes, and wild dogs are the animals most susceptible to PAPP; however PAPP will only be available for wild dog and fox control in manufactured baits. The materials used to make these baits have shown to be less palatable to herbivores. PAPP is known to affect some native non-target animals like goannas and for this reason aerial deployment of FOXECUTE and DOGABAIT has not been approved.

**Where can I find more information regarding PAPP?**

For more online information visit the Invasive Animals CRC PestSmart webpage on PAPP at [www.pestsmart.org.au/papp](http://www.pestsmart.org.au/papp)

Methylene Blue is distributed by Phebra: Contact is Poonam Kamboj, Pharmacovigilance & Medical Information Manager, P: +61 (0)2 9420 9199 (ext 926) M: +61 (0) 438 275 827



## Removal from the Register

The registration renewal period for those practitioners who renewed their registration for a six-month period concluded on 1 August 2016. The following veterinary practitioners have been removed from the register in accordance with section 12(3) of the *Veterinary Practice Act 1997*.

V1630	DR	MICHAEL	ALDONS
V8177	DR	JEMIMA	AMERY-GALE
V5897	DR	BARBARA	BACCI
V1017	DR	CORRADO	CIMATI
V8397	DR	KATHERINE	DALY
V5544	DR	CAITLIN	DAVEY
V8077	DR	BARBARA	DEANE
V5449	DR	GLORIA	DEL FIERRO
V8572	DR	LISA	FENG
V8354	DR	THOMAS	FOSTER
V4561	DR	TAMSIN	GOWERS
V8578	DR	GURJINDER PAL	JATANA
V8430	DR	FREYA	JOLLANDS
V4887	DR	NOVA	KING
V5988	DR	HONG YAO	LIN
V5862	DR	VANESSA	LOW
V8323	DR	SEAN	MADIGAN
V4448	DR	STEPHEN	MASCHMEDT
V8313	DR	KARL	MATHIS
V2911	DR	DEBORAH	MIDDLETON
V8352	DR	LAURA	NATHWANI
V8182	DR	ALICE	NIXON
V8329	DR	FIONA	PARK
V5647	DR	NICHOLAS	RIVE
V4952	DR	MICHAEL	SANDERS
V6029	DR	HARWINDERJIT	SINGH
V8542	DR	NEIL	SMITH
V8350	DR	ELINE	VAN EK
V5687	DR	LEON	WARNE
V8440	DR	WONNY	YOON