



VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

Board Update – September 2017

President's Message

Welcome to the second Board Update for 2017.

Recent months have seen changes in Board membership with the resignations of Dr Allison Stewart and Dr Rachel Peacock. The Board thanks Dr Stewart and Dr Peacock for their positive contributions during their tenure, and we wish them both well for the future.

The Victorian government is recruiting new members to fill the Board vacancies. Recently, Governor in Council has also appointed new Approved Persons to sit on informal and formal hearing panels.

Currently, the Board is seeking expressions of interest from the veterinary practitioner community for appointment to a register of independent expert witnesses to provide opinions on matters of professional conduct. See page 3 for information on how to express interest.

Mr Ferry Lubis has joined Board Staff as Finance Manager. Ferry has extensive experience in accounting and finance and has held senior Finance roles in Australia and overseas. A new role of IT and Process Improvement Officer has been created to help upgrade office systems and increase the Board's capability and capacity to interact with stakeholders electronically. Elizabeth Hutchings has left us to take up a senior investigation role with the Department of Education, and we thank her for her valuable contribution as Registration and Projects Officer.

This year the Board completed the shift to a financial year registration cycle, with all general registrations falling due for renewal at the end of June 2017. Renewal went well, with approximately 95.5% of veterinary practitioners renewing their registration online compared with around 83% in 2015-2016.

For the first time this year, we sent SMS renewal reminders to veterinary practitioners in addition to emails and/or letters. SMS has proved an effective and communications tool, with each reminder seeing a spike in renewal.

During renewal, we noted some issues with how veterinary practitioners completed their renewal declarations, and we have communicated with these practitioners.

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As in recent issues, this newsletter includes some articles from external stakeholders. I hope you find them of interest.

Peter Mansell
President

New specialists in Victoria

Congratulations to the three veterinary practitioners the Board recently endorsed as specialists:

- Dr Claire Cannon [V4486], specialist in Veterinary Oncology
- Dr Ricky Cashmore [V4868], specialist in Small Animal Surgery
- Dr Alison Stickney [V4620], specialist in Small Animal Medicine



Focus on antimicrobial resistance

Report on antibiotic resistance in animals

Antibiotic resistance is an emerging concern across all sectors of health. Over time, strains of bacteria have become resistant to multiple classes of antibiotics.



A new report on antimicrobial resistance in animals in Australia has been released by the Australian Pesticides and Veterinary Medicines Authority (APVMA). *Antibiotic resistance in animals* reviews the status of

antibiotic resistance in animals in Australia and details the

important role the APVMA plays in limiting the inappropriate use of antibiotics for animal health in Australia.

The report provides important best practice guidance for practitioners in the use of antibiotics, especially where used in production animals as growth-promotants and prophylactics to prevent infections.

Read [Antibiotic resistance in animals](#)

Agriculture Victoria resources on antimicrobial resistance

From Agriculture Victoria

Agriculture Victoria has a new web portal on antimicrobial resistance (AMR) and antimicrobial stewardship (AMS), with information, resources and presentations for the public and for veterinarians in all fields (not just livestock vets). Visit:

<http://agriculture.vic.gov.au/amr>

Antimicrobial resistance in the dairy industry

In June 2017, Professor Scott McDougall – a registered large animal reproduction specialist in New Zealand – and his research team completed a three-year study into antimicrobial usage and resistance in the New Zealand dairy industry. Agriculture Victoria has published three presentations from Professor McDougall on farmer and veterinary attitudes to antimicrobial usage, measuring on-farm antimicrobial usage and disease, and helping dairy farmers optimise antimicrobial usage. These and other non-dairy-specific presentations can be viewed at

<http://agriculture.vic.gov.au/amr> (see *Resources and presentations*).

In his first presentation, Professor McDougall says, ‘to achieve changes in antimicrobial usage, there needs to be changes in the behaviour, knowledge, attitudes, skills, and

aspirations of farmers and veterinarians to see personal risks and benefits’. Professor McDougall suggests a need for ongoing discussions with farmers, and personalised and relevant AMR messaging.

In his second presentation, Professor McDougall emphasises that measuring antimicrobial usage is an important pre-requisite for benchmarking the current on-farm position, and monitoring any changes.



In his third presentation, Professor McDougall advises that on-farm antimicrobial usage can be modified through a holistic **plan, do, and review** process; with SMART goals

that are Specific, Measurable, Achievable, Results-focused, and Time-bound, alongside clear accountabilities.

Professor McDougall cautions that antimicrobial usage should be assessed in the context of disease on the farm, because ‘simply reducing antimicrobial use without reducing disease incidence and prevalence may result in poor welfare outcomes’.

2017 Dairy Roadshow

Agriculture Victoria was a proud sponsor of the Australian Veterinary Association (Victorian Division) 2017 Dairy Roadshow, where 103 veterinarians attended three sessions.

District veterinarians from Agriculture Victoria gave short presentations and promoted AMR educational materials, which include magnets with key messages, factsheets on busting myths about AMR, and posters on the AMS framework and principles of appropriate use of antimicrobials.

Digital copies of these materials can be viewed or downloaded at <http://agriculture.vic.gov.au/amr>.

Order materials by email via: animal.biosecurity@ecodev.vic.gov.au



Call for expert witnesses

When assessing the professional conduct of a veterinary practitioner during an investigation process, the Board may seek the opinion of an independent witness.

The Board is seeking expressions of interest from registered veterinary practitioners with current and recent practice experience and good standing in the veterinary profession to be on a standing register of independent expert witnesses.

Practitioners appointed to the register would be remunerated for any work undertaken on behalf of the Board.

What's involved?

Expert witnesses assist the Board by providing independent opinions on matters of professional conduct.

An expert witness is engaged to either:

- ❖ provide an independent report for use as evidence in proceedings or proposed proceedings, and/or
- ❖ give evidence as an independent witness in a disciplinary hearing.

The Board may rely on expert witness evidence to help form an opinion about a matter relevant to the issues to be determined in an investigation.

If an independent witness is called to give evidence in a disciplinary hearing, they will likely be subject to questioning and cross-examination.

An independent witness is not an advocate for a party, and is expected to assist the Board impartially on matters relevant to the area of their expertise.

The witness's opinions are expected to be soundly based, complete, impartial, dispassionate, and within the scope of the witness's expertise.

But I'm not an expert?

While sometimes the Board seeks specialised advice, in most cases the Board seeks the opinion of a peer to the practitioner subject to investigation. This means you would not need to be an "expert" to be on the expert witness register.

The Board is seeking practitioners from all areas of veterinary practice, but particularly those in the following areas:

- ❖ general practitioners, both small and large animal
- ❖ equine practitioners, including those in racehorse practice
- ❖ specialist practitioners, particularly in small animal surgery and/or medicine, and
- ❖ practitioners with an interest in assisted reproduction.

How to express interest

If you are interested in assisting the Board, please email your CV and a summary of relevant experience to GM@vetboard.vic.gov.au with the subject line **Expert Witness Register**

Call for volunteers for emergency situations

The Victorian Emergency Animal Welfare Plan was developed by the Victorian Government in response to the Black Saturday bushfires.

The purpose of this plan is to enhance public safety and community resilience, and ensure animal welfare is better considered, before during and immediately after emergencies.

The Australian Veterinary Association is keeping a database of volunteer veterinary practitioners and veterinary nurses who can be called on to assist in response, relief, and recovery.

Veterinary practitioners interested in being on the register can sign on at <https://www.surveymonkey.com/r/LTJJ35C>

[Register now](https://www.surveymonkey.com/r/LTJJ35C)

Upcoming AMS events

Thursday 2 November

National veterinary workshop on antimicrobial stewardship (AMS)

This workshop on antimicrobial stewardship programs will introduce and seek feedback on an Antimicrobial Stewardship Training Program for veterinary graduates funded by the Department of Agriculture and Water Resources and being developed by Australian and New Zealand Veterinary schools. Speakers include

- Dr Stephen Page, Veterinary Pharmacologist, Director of Advanced Veterinary Therapeutics
- Professor Glenn Browning, Professor in Veterinary Microbiology, Director, Asia-Pacific Centre for Animal Health, University of Melbourne.

When 12-5pm, 2 November

Where Pharmacy Australia Centre of Excellence Level 4, 20 Cornwall Street WOOLLOONGABBA QLD 4072

More info: Dr Sarah Britton, statewide.AMS@health.qld.gov.au

Wednesday 15 November

Victorian antimicrobial stewardship forum

Animal health clinicians and scientists are invited to hear [Australian Chief Veterinary Officer Dr Mark Schipp](#) present on animal health and antimicrobial issues, and other sessions on the use bacteriophages and AMS efforts in the community.

When 10am-3.30pm, 15 Nov

Where Department of Health & Human Services Meeting room 1.10, 50 Lonsdale Street, Melbourne

More info: Dr Kylie McIntosh, [Safer Care Victoria - kylie.mcintosh@dhhs.vic.gov.au](mailto:kylie.mcintosh@dhhs.vic.gov.au).



Third party administration of scheduled drugs

On occasion, scheduled drugs are supplied by a veterinary practitioner to be administered by a third party – such as in assisted reproduction or management practices like dehorning or mulesing.

The Board reminds veterinary practitioners that they must not delegate their *responsibility* as a practitioner to third parties.

While it may be appropriate for scheduled drugs (such as lignocaine) to be administered by properly trained personnel, as the veterinary supplier of the drug, you must comply with the requirements of the [Drugs, Poisons and Controlled Substances Act 1981](#) and

[Regulations 2017](#) and the Board [Guidelines](#).

Specifically, the Board reminds veterinary practitioners of the following obligations:

- ❖ Scheduled drugs can only be supplied to bona fide clients, for animals under your care, and where reasonable steps have been taken to establish a therapeutic need. (DPCS Regulation 38)
- ❖ You assume responsibility for the diagnosis, treatment and outcome. (Guidelines 6.3.3 - 7)
- ❖ You must label scheduled drugs appropriately – and individually for each client. (DPCS

Regulation 72 and Guideline 6.3.5)

- ❖ You must maintain clinical records that show where and how drugs supplied were used. (DPCS Regulation 108, Guidelines 6.3.9 and Guideline 11)

This should not preclude trained personnel taking scheduled drugs to farms and administering them appropriately under a practitioner's authority and instruction, but it does preclude practitioners from supplying scheduled drugs for use on their clients' animals to third parties such as technicians for them to use at their (rather than your) discretion.

Veterinary medical records

Proper record-keeping is not simply an administrative function. Veterinary medical records serve a number of important purposes.

Medical records:

1. furnish documentary evidence of the animal's/herd's illness, care and treatment
2. serve as a basis for planning patient care
3. are a means of communication between members of staff
4. provide a basis for the review, study, and evaluation of medical care rendered by the clinic, and are an important reference tool for future consultations or treatments
5. are a source of information for other practitioners who may have cause to treat the patient

6. form an essential record of scheduled drugs used or supplied, and the basis for their supply
7. may be used as evidence in legal proceedings, and
8. may provide a defence in action against you.

For these reasons, it is important that medical records contain enough information to justify the diagnosis and treatment of the animal/herd concerned, and that this information is readily retrievable and comprehensible.

Recent matters before the Board have highlighted difficulties with medical record-keeping in situations where an animal's care has been undertaken over a period of time and by multiple practitioners.

The Board has seen records that are non-sequential, and where the treating practitioner (at the time) is not identified.

Board recommendation

Where an animal is treated over a period of days and by multiple practitioners, the Board recommends that a new entry is made in the record for each attendance, and this entry document the date, time, and name of the treating practitioner. If it is not possible to make a new entry in the record (e.g. due to software limitations), it is recommended that the original entry is amended in such a way as to make clear the date and time of the subsequent entry and the name of the practitioner who made it.

For more information on the requirements of veterinary medical records, see the Board's [Guidelines](#).

Online course to bolster biosecurity

From Department of Primary Industries NSW

Victorian vets are invited to enrol in a new free 2-hour online course: [Veterinarians, hobby farmers and backyard livestock](#) (2 CPD points).

Designed to improve engagement with hobby farmers and reduce peri-urban biosecurity risks, this course has been developed as part of a national initiative between NSW Department of Primary Industries (NSW DPI), Animal Health Australia

(AHA) and the Australian Veterinary Association (AVA).

NSW DPI Peri-urban Coordinator Dr Sarah Britton says the course provides veterinarians with a practical toolkit for working with



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hobby farmers, smallholders and clients with backyard livestock.

‘Feedback from a national survey of private practitioners indicated that veterinarians required more support when dealing with hobby farmers and backyard livestock,’ Dr Britton said.

‘Small animal vets that practise in semi-rural areas occasionally need to treat backyard livestock they

don't see on a day-to-day basis, like chickens, cattle, sheep and goats.

‘The e-learning course will deliver information on the roles of government and private vets in disease surveillance, and provide resources for veterinarians dealing with backyard livestock to ensure they can practise with confidence.

‘Importantly, it will assist with the early detection of disease in peri-

urban areas, which will greatly improve the capacity to respond to, manage and control biosecurity threats,’ Dr Britton said.

The 2-hour course will earn 2 CPD or VETED points, and can be completed online at any time.

Enrolment details:

www.dpi.nsw.gov.au/biosecurity/gr eater-sydney-peri-urban.

Case study – injured wildlife

Background

An injured native animal was presented to a veterinary clinic by a wildlife carer after being hit by a car and suffering a suspected fracture to its hind leg.

The veterinary practitioner informed the wildlife carer that the clinic did not treat wildlife. After a short discussion with the wildlife carer, the practitioner agreed to go to the car to assess the animal. At the car, a discussion about euthanasia of the animal and subsequent disposal of the body became unproductive. The wildlife carer became frustrated at what was perceived to be the practitioner's lack of action and after about 15 minutes left to find another veterinary clinic to treat the animal. The animal died before reaching the next veterinary clinic.

The wildlife carer alleged that the practitioner failed to provide emergency treatment (pain relief and/or euthanasia) to the animal and that the delay in undertaking veterinary treatment caused unnecessary pain and suffering to the animal.

After a preliminary investigation, the matter was referred to an informal hearing into the professional conduct of the practitioner. It was alleged that the practitioner failed to exercise reasonable skill and care as a veterinary practitioner in that they:

1. unreasonably delayed assessing by proper clinical examination an injured animal, and

2. failed to provide emergency treatment to the injured animal as soon as practicable.

Findings

The practitioner was found to have engaged in unprofessional conduct in regard to allegation 1, but not allegation 2.

In regard to the first allegation, the Hearing Panel determined that the practitioner be counselled.

Counselling is a determination 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.

Counselling is permanently recorded on the veterinary practitioner's file and may be referred to in any future Hearing or action taken by the Board.

Reasons for findings

The Panel made its findings based upon the following reasons.

Allegation 1: Unreasonably delay in assessing the injured animal by proper clinical examination

The practitioner advised the Panel that they would not euthanase an animal without first assessing the

nature of its injuries. The Panel accepted that it was reasonable for the practitioner to assess the condition of the animal before performing euthanasia.

However, at no stage did the practitioner examine the animal in any significant way while at the car. The Panel considered that the practitioner did not take reasonable steps to prioritise the animal's welfare during this time but allowed themselves to be distracted by an argument with the wildlife carer.

While the Panel acknowledged that both the practitioner and the wildlife carer may have contributed to the dispute, the Panel determined that the practitioner's delay in examining the animal resulted in unreasonable prolonging of the animal's pain and suffering and that this constituted unprofessional conduct because it was of a lesser standard than that which might reasonably be expected of a veterinary practitioner.

Allegation 2: Failure to provide emergency treatment to the injured animal as soon as practicable.

The Panel acknowledged that although the practitioner had not examined the injured animal, they had indicated to the wildlife carer that they would do so.

While the Panel determined that the practitioner's delay in examining the animal was unreasonable (as stated above), the carer's decision to leave to seek assistance elsewhere meant that the practitioner did not have the opportunity to provide emergency treatment to the animal.



Injured wildlife case study continued...

Lessons from this case

The Board reminds practitioners of the requirements of *Guideline 9: Obligation to provide treatment*.

9.2.3 A veterinary practitioner must take appropriate measures to minimise or alleviate the pain, suffering, or distress of any animal presented for emergency treatment as far as is reasonably possible, irrespective of the prospect of receiving payment for the treatment rendered.

Such measures must not be unreasonably delayed or withheld while financial negotiations take place.

This applies whether or not the animal is owned and whether or not the owner is a client of the practice.

9.2.4 Refusal to provide emergency treatment to sick and injured animals result in prosecution under the Prevention of Cruelty to Animals Act

Registration renewal 2017-2018

Onus on you to renew

At renewal time this year, it had been almost a year and a half since most veterinary practitioners in Victoria had renewed their registration because when the Board changed to financial year billing in 2015 they had opted to pay 18 months in advance.

To help vets renew after such a long period, the Board sent several reminders by email (and/or post) and – for the first time this year – by SMS.

The Board sends reminders as a courtesy, but the onus is on veterinary practitioners to make sure they renew their registration. Under section 12(1) of the *Veterinary Practice Act 1997 (the Act)*, registered veterinary practitioners in Victoria must apply to renew their registration before their current registration expires.

Declaring what you need to declare

When renewing their registration, veterinary practitioners must complete a compliance declaration. This declaration requires a practitioner to declare that they are not subject to any disciplinary proceedings (including preliminary investigation) by any body or authority constituted to discipline veterinary practitioners. This includes complaints lodged with the Board, so if the Board has notified you of a complaint, and the complaint has not been finalised, you cannot complete this item on the compliance declaration and you must notify the Board using the instructions provided.

Removal from the Register of Veterinary Practitioners

The veterinary practitioners with general registration listed on the next page have been removed from the Register of Veterinary Practitioners (Victoria) because they did not renew their registration before 31 July 2017. Under the Act, if a veterinary practitioner has had their name removed from the register, they must formally apply to be restored to the register:

- Section 12(3) of the Act says, 'If a person's registration has expired without being renewed that person is deemed to be registered for a period of one month after that expiry [1 July to 31 July 2017], and if, at the end of that period of one month, that person has not renewed his or her registration, the Board must remove that person's name from the register.'
- Section 13 of the Act says, 'If a person whose name has been removed from the register under section 12(3) applies to the Board within 2 years from the date of that removal to have his or her name restored to the register... the Board may restore that person's name to the register.'

Renewal tips for next year

- ❖ Set a reminder in your calendar or phone to make sure you renew before 30 June 2018.
- ❖ Check and update your email address, mobile number and other information on the Board's [VetConsole](#)
- ❖ Add the Board's email address to your email contacts, e.g. For example, if you have gmail, add communications@vetboard.vic.gov.au to your Google contacts
- ❖ If you find our emails in spam or other folders mark them as legitimate emails and set them to arrive in your inbox.
- ❖ Be careful about completing the compliance declaration: if the Board has informed you that there is a complaint about you and we have not told you the complaint is finalised, this means you **are** subject to disciplinary proceedings by a body or authority constituted to discipline veterinary practitioners.



Resilience survey

Veterinary practitioners are invited to participate in a 15-minute anonymous online survey about resilience in the veterinary profession. The aim of this survey is to explore what "resilience" means to mid- and late-career veterinarians and the factors that contribute to resilience. The researchers hope to create a model of what resilience looks like in veterinary practice from the perspective of mid- and late-career veterinarians, and identify

what strategies might be useful for veterinarians in sustaining resilience throughout their career.

The survey is part of a project being conducted by Dr Michelle McArthur from The University of Adelaide, Dr Ingrid van Gelderen from The University of Sydney, Dr Susan Matthew from Washington State University (US), Dr Aaron Jarden from Flinders University and Mr Matthew Iasiello from the South

Australian Health and Medical Research Institute.

All data collected will be kept strictly confidential. The University of Adelaide's Human Research Ethics Committee has approved the survey (approval number H-2017-073).

[Click here to take the resilience survey.](#)

Veterinary practitioners removed from Victorian Register

The following veterinary practitioners with general registration have been removed from the Register of Veterinary Practitioners (Victoria) because they did not renew their registration before 31 July 2017 and have not since applied for their registration to be restored.

Veterinary practitioners are encouraged to advise the Board in advance of renewal if they plan not to renew their registration, for example because they are retiring or leaving the State or country.

Dr Timothy Yelverton Blowfield V645
 Dr Robin James Condron V778
 Dr Niels Hoyer Svendsen V845
 Dr John Stuart Robertson V912
 Dr David Leslie Berry V1089
 Dr Denis Victor Oliver V1188
 Dr Brian David Stewart V1535
 Dr James Alexander Greenwood V1618
 Dr Julia Elizabeth Parkes V1795
 Dr William Bullock V1820
 Dr Larry Colson V1874
 Dr John Francis Ryan V2012
 Dr Terence Colin Lewis V2461
 Dr Rodney Douglas Sharpin V3417
 Dr Leisel Wion V3470
 Dr Timothy James Ahern V4258
 Dr Meagan Elizabeth Thomas V4658
 Dr Kate Erminia Abel V4666
 Dr Ross Neil Gascoigne V4838
 Dr Claire Louise Kaufman V4860
 Dr Joanne Cheuk-Yan Sheen V4882
 Dr Celia Emily Green V5184
 Dr Tasman Donald Chin V5320
 Dr William Alexander Bredin V5348
 Dr Stuart John Brown V5351
 Dr Julia Claire Ozolins V5681
 Dr Leah Stafford Richards V5689
 Dr Laura Marie Platt V5889
 Dr Tsz Ching Yu V6008
 Dr Brook Yu-Ting Soloma V6161
 Dr Corinna Joan Minko V6170
 Dr Nicola Philomena Lynch V6270
 Dr Alejandra Isabel Arbe Montoya V6287
 Dr Nanwyn Marjorie Elizabeth Thomas V6354
 Dr Stephanie Laura Bond V8004
 Dr Monique Kirstie Stanley V8091
 Dr Ainslie Campbell V8199

Dr Theng Koon Low V8288
 Dr Margriet Sophia Van Keulen V8342
 Dr Stefanie Hue Yee Lim V8380
 Dr Paul Frederick Wightman V8383
 Dr Ruel Papna Pagoto V8390
 Dr Zoe Lee Blank V8391
 Dr Elizabeth May Jones V8404
 Dr Charlotte Olivia Bellingham Oastler V8416
 Dr Adriana Sara Agata D'Agostino V8419
 Dr Zoe Victoria Mitchell V8442
 Dr Jessica Mae Longley V8444
 Dr Simon Edward Baker V8450
 Dr Alice Mackenzie Shann V8479
 Dr Rory Andrew Erasmus Burton V8502
 Dr Victoria Anne Henderson V8539
 Dr James Fraser Welch V8543
 Dr Tara Scott V8552
 Dr Andrew John Worth V8554
 Dr Hannah Kate Lobegeier V8556
 Dr Eunice Sue Poh Chuah V8576
 Dr Katherine Louise Gray V8588
 Dr Jennifer Najla Abi Younes V8594
 Dr Lauren Joyce Sebek V8605
 Dr Rajvinder Singh Gill V8610
 Dr Gareth Stuart Enslin V8612
 Dr Ellie Maree Grieves V8620
 Dr Avril Ursula Arendse V8631
 Dr Craig Peter Pritchard V8663
 Dr Liu Yi Lee V8713
 Dr Cecilia Kong V8719
 Dr Rebecca Elise Hibbard V8737
 Dr Sarah Emily Margaret Mitchell V8739
 Dr Heidi Chan V8743
 Dr Carla Catherine Wilson V8745
 Dr Fiona Martina Kane V8754
 Dr Martin Kwan V8760
 Dr Mark Harvey Thomas Sebastian V8769