



Board Update

March 2015

Veterinary Practitioners
Registration Board of Victoria

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President's Message

Roadshow Round-Up

The Board completed its 2014/2015 Roadshow series in February with a well-attended webinar. Approximately 70 practitioners were on-line for the webinar, which was ably presented by Board members, Dr David Beggs and Associate Professor Peter Mansell.

The topic of the Roadshow presentation was Professional Conduct: Privileges and Responsibilities. The presentation focused on both the privileges afforded to practitioners as a result of their registration as a veterinary practitioner, and the obligations (both legal and ethical) which govern this. The presentation identified, through the use of real life scenarios, specific situations where practitioners are required to exercise a standard of professional conduct, whether to ensure compliance with the legal requirements which govern their registration (such as those imposed by the Veterinary Practice Act 1997, animal welfare legislation, drugs and poisons legislation, etc.), or to meet the public's ethical expectations of the veterinary profession.

During October 2014 Roadshows were held in Geelong, Ballarat, Bendigo, Mirboo North, and Melbourne. The topic of the presentation and its use of real life scenarios resulted in considerable audience participation and incisive questioning. It was pleasing to see attendees engaging in, and questioning the issues raised.

The Board thanks all participants for their attendance and contribution.

Roslyn Nichol
President

Registration Renewal 2015



The Board reminds practitioners who have not renewed their registration for the 2015 calendar year that it is now overdue. Renewal of registration that is overdue incurs a late fee of \$150.

Those practitioners who fail to renew their registration prior to **31 March 2015** will be removed from the register.

Registration can be renewed online at <http://practitioners.vetboard.vic.gov.au/>

If you are having difficulty registering, please contact the Board urgently on 9620 7444.

The Board reminds practitioners that it is an offence to practice while unregistered.

Australia Day Honours 2015 - Dr Barbara Wellington AM



The Board congratulates Dr Barbara Wellington, who was awarded a Member of the Order of Australia (AM) for significant service to veterinary science, to professional associations, to animal welfare, and to the community. Dr Wellington has been registered with the Veterinary Practitioners Registration Board of Victoria since 1965, and operated a practice for many years in Ararat.

Dr Wellington achievements include:

- Chief Veterinary Practitioner, Royal Society for the Prevention of Cruelty to Animals (RSPCA) Victoria from 1985 – 1998 and 1999 – 2002
- President, Australian Veterinary Association, Victoria from 1993 – 1994
- Member, Faculty of Veterinary Science Animal Ethics Committee, The University of Melbourne from 2000 – 2013
- Member, Faculty of Science Animal Experimentation Ethics Committee, 2003 – 2005
- Member, Faculties of Science and Land and Food Resources, Animal Experimentation Ethics Committee, 2006 – 2008
- Member, Faculty of Veterinary Science and School of Land and Environment Animal Ethics Committee, 2013 – ongoing
- Member, Animal Experimentation Ethics Committee, La Trobe University, Royal Melbourne Hospital, Royal Women's Hospital and Monash Medical Centre for many years

The Board acknowledges Dr Wellington's significant and selfless contribution in promoting the physical and ethical care of animals.

National Recognition of Veterinary Registration - South Australia

Amendments to the South Australian Veterinary Practice Act 2003 (the Act) came into operation on 1 January 2015. The principal amendment introduces national recognition of veterinary registration in South Australia.

As a result of this amendment, veterinary practitioners registered in interstate jurisdictions will be able to practise in South Australia, from 1 January 2015, without needing to register in that state. It is important to note that the requirement to hold professional indemnity insurance if practising as a veterinary practitioner in South Australia will remain.

Section 44(1) of the Act provides:

A veterinary surgeon must not, unless exempted by the Board, provide veterinary treatment for fee or reward unless insured in a manner and to an extent approved by the Board against civil liabilities that might be incurred by him or her in the course of providing veterinary treatment.

Maximum penalty: \$10,000

The South Australian Veterinary Board has set a minimum level of cover in the sum of \$10 million per claim and all veterinary practitioners practising in South Australia must ensure that they hold the requisite insurance.

Specialist Endorsement

The Board congratulates the following practitioners who recently received specialist endorsement.

| | | |
|------------------|-------|---------------------------------|
| Dr Susan Piripi | V8209 | Veterinary Anatomical Pathology |
| Dr Sandra Martig | V5079 | Veterinary Radiology |
| Dr Fiona Bateman | V4821 | Veterinary Dermatology |



Vale - Dr John Bourke AM

The Board noted with sadness the death of Dr John Bourke and acknowledged his significant contributions to the profession.

Dr Bourke first registered with the Veterinary Practitioners Registration Board of Victoria in 1955. Dr Bourke a member of the Victorian State Government Working Party which was responsible for the formation of RASL in 1988, and served as a founding Board member for 9 years until his retirement from the Victoria Racing Club. He was employed by the VRC in 1963 as the VRC Veterinary Steward. During a long and distinguished career he was instrumental in the introduction of drug testing of thoroughbreds. Dr Bourke went on to become a world

authority on equine medicine and the use and effect of drugs on horses.

The Board's condolences are extended to Dr Bourke's family and friends.

Vale - Dr Michael Harrison OAM

The Board noted with sadness the untimely death of Dr Michael Harrison and acknowledged his significant contributions to the profession.

Dr Harrison served on the then Veterinary Board of Victoria from 1987 to 1998, holding the office of President from 1990 to 1993. He also held appointment to the Veterinary Specialists Qualification Committee from 1990 – 1993. Dr Harrison not only attended monthly meetings he also sat on disciplinary hearing panels and between 1990 and 1993, represented the Victorian Board on the Australasian Veterinary Boards Council Inc.

The Board's condolences are extended to Dr Harrison's family and friends.

Case Study - Dr G

A Mastiff dog was presented to Dr G for nail clipping. The dog was sedated to allow the nail clipping to be performed. During the procedure the dog ceased breathing and had no audible heartbeat. Resuscitation was performed but was unsuccessful. The owner claims that the drug dosage administered to the dog was inappropriate and that he/she was not adequately advised of the risks of sedation.

With the information provided to it, the Board found no evidence to support the allegation of unprofessional conduct; based upon the following reasons.

Negligent / Inadequate care

The Board considered that the veterinary care provided by Dr G was appropriate and that which would be reasonably expected of a registered veterinary practitioner. Upon making the appointment the owner requested that they be allowed to enter the clinic through the back entrance to minimise contact with other animals and their owners. The owner further requested that only the veterinary practitioner and he/she handle the dog. Upon its arrival Dr G attempted examination; however the owner was unable to restrain the dog adequately for Dr G to safely proceed with nail clipping. Dr G informed the owner that in order to perform the nail clipping, chemical restraint would be required and that this would need to be administered prior to a clinical examination taking place. The Board considered Dr G's assessment that it was not safe to proceed without the use of chemical restraint was reasonable. The safety of the practitioner, staff, and others in the vicinity (including the owner) is of paramount importance, and must be considered a priority when dealing with an animal whose temperament and reaction to handling is unpredictable. The Board considered that both the request of the owner to limit the dog's contact/handling with others, and Dr G's failed attempt to examine the dog indicated that the dog was not amenable to handling by strangers.



The owner reported the dog to be in good health and a visual inspection of the dog by Dr G supported this; the dog appeared to be in good condition, and had no obvious abnormalities.

Supply and use of drugs

Due to the dog's temperament and the owner's inability to adequately restrain it, Dr G decided against weighing the dog, as the scales were located in the common waiting area. The Board considered this to be reasonable, given that Dr G was responsible for the safety of all others in the clinic. Dr G estimated the dog's weight to be approximately 80kg, and this proved to be accurate when the dog's body was weighed at necropsy. Dr G administered an initial dose of 1.2ml of Domitor® combined with 0.8ml of Torbugesic®. Fifteen to twenty minutes later, the dog was not adequately sedated and a further 0.6ml of Domitor® was administered. The dog was left for a further fifteen to twenty minutes to allow the sedation to deepen, and then a further ten minutes. At this stage the dog showed only mild signs of sedation. Dr G stated that he/she was not comfortable administering further sedation and gave the owner the option of reversing the sedation (using a reversal agent) and not clipping the nails, or making an attempt with the dog muzzled. The owner consented to muzzling the dog, and this was undertaken with the owner providing additional physical restraint. The nails were clipped and it was then noticed that the dog had ceased breathing. Resuscitation was immediately undertaken but was unsuccessful.

The combination of Domitor® and Torbugesic® is regularly used for sedation in veterinary medicine and is considered relatively safe. A benefit of Domitor® is that its effect is reversible, allowing for sedation to be maintained only as long as is required. The majority of other drugs used for sedation do not have this benefit. The Board were of the opinion that the decision to use a combination of Domitor® and Torbugesic® to sedate the dog, and the dose rate administered to him/her, were reasonable for a dog of his/her size.

The Board considered that the attempts made to resuscitate the dog were reasonable. The reversal agent was immediately administered and positive pressure ventilation and chest compressions undertaken in a timely manner. Two doses of adrenaline were administered; one intravenously and the other directly into the heart. Resuscitation was continued for such a time as to allow the reversal agent to take effect. Dr G offered the owner the option of undertaking internal cardiac massage but this was declined.

Unanticipated death

The Board accepted that the dog's death was unanticipated; however considered that the recommended sedation was justified and the subsequent veterinary care provided by Dr G was reasonable. All sedation has risks, many of which cannot be foreseen or anticipated. An adverse reaction is a potential risk with the use of any drug. Necropsy was undertaken but no definitive cause of death was established. The Board considered that the dog's death, whilst very unfortunate, was not due to any unprofessional conduct on the part of Dr G.

Inadequate communication

The owner alleged that he/she was not adequately informed of the risks of sedation, nor given adequate options for necropsy. The Board accepted Dr G's statement that it is not usual practice to discuss the names and features of drugs to be used in great detail as this information is generally of limited benefit to the owner. The Board further accepted that it was likely that the sedation process was discussed in general terms and considered that any associated risks were reasonably judged to be negligible.

In his/her response to Dr G's statement, the owner documented that he/she was given the option of having the post mortem performed at the clinic or at the University of Melbourne Veterinary Centre, and that he/she agreed to have the post mortem done at the clinic. The Board was satisfied that the owner was given reasonable options for where the necropsy could be performed.

