

Board Update

Vetboard Victoria newsletter



DECEMBER 2018

PRESIDENT'S MESSAGE

In this Board Update Vetboard Victoria farewells 2018, presents a case study on anaesthetic monitoring, and makes some general announcements.

As 2018 rapidly draws to a close, Vetboard Victoria extends very best wishes for a festive and restful end of year holiday to all veterinary practitioners registered in Victoria, and the many people and organisations with whom we have worked in 2018.

Significant changes at Vetboard Victoria in 2018 were our relocation to new offices in Queen Street, a new logo, and some design changes to our website.

Other changes included employment of an Investigation Team Manager to help coordinate investigation work and assist with some of the more complex investigations on foot. Investigation correspondence and factsheets have been revised and will continue to be updated.

We have also begun a major review of the Board's Guidelines. A small item in this newsletter introduces the review and solicits initial general feedback.

Since 1 December 2018, 105 graduates have registered as veterinary practitioners in Victoria, including 64 of the 102 students awarded their Doctor of Veterinary Medicine by the University of Melbourne on 6 December.

Congratulations to all graduates on achieving their qualification. The Board welcomes you to the veterinary practitioner profession. As you start in veterinary practice, I encourage you always to work within your limitations and seek assistance when you think you may need it. An item in this newsletter covers some of the guidance available to you.

The Board also extends congratulations to the ten people who recently received their National Veterinary Examination (NVE) qualification.

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President's message continued...

We know just how much dedication it takes to achieve the National Veterinary Examination. Six recipients of the NVE Certificate have now been granted general registration in Victoria.

Some NVE trainees were given considerable support by registered veterinary practitioners in Victoria. The Board deeply appreciates all veterinary practitioners in Victoria who take the time to mentor trainees and junior colleagues.

Wishing all a safe and happy holiday season, and a good start to 2019.

Peter Mansell
President

OFFICE CLOSURE

Vetboard Victoria is closed for an end of year break from 5pm Friday, 21 December 2018 till 9am Wednesday, 2 January 2019.



CASE STUDY ON ANAESTHETIC MONITORING

The Board received a complaint about the clinical management of a dog presented for exploratory surgery which died during the surgery after suffering a cardio-pulmonary arrest.

Initial assessment by the Board indicated that the complaint was neither lacking in substance nor vexatious, so the Board conducted a preliminary investigation assessing the complainant's information and veterinary practitioner's response.

The investigation indicated that there was a case to answer, so the matter was referred to an informal hearing to determine whether Dr G's clinical management of the animal may have been of a lesser standard than that which might reasonably be expected of a veterinary practitioner by his peers and/or the public.

The informal hearing

The Informal Hearing Panel considered the allegation that Dr G failed to keep an adequate record of the dog's hospitalisation and anaesthetic monitoring so could not adequately monitor the dog's status during the surgery.

Dr G's description of events

Dr G informed the Panel that two veterinary nurses assisted with the dog's surgery. The first assisted with patient preparation and premedication; the second assisted during the procedure.

During the surgery, the second nurse left the operating theatre to ring the owners and inform them of the initial surgical findings. A short time later, while Dr G was still performing surgery, the dog suffered a cardio-pulmonary arrest. The dog could not be resuscitated, although Dr G said that CPR was performed immediately and adrenaline and atropine were administered.

Dr G stated that the dog's cardiac arrest occurred without precipitating signs.

Opinion from experienced anaesthetist

The evidence reviewed by the Informal Hearing Panel included an opinion from an experienced anaesthetist which raised several issues of concern about Dr G's anaesthetic protocols, including:

- the lack of pre-operative examination results documented on the anaesthetic monitoring sheet

- the lack of any detail as to the type and rate of intravenous fluids administered
- the fact that during the procedure only limited parameters were monitored and recorded, and only infrequently, and
- the lack of recorded information on the anaesthetic monitoring sheet, which meant it was not a suitable documentary record to use to review the possible cause of and/or contributing factors to the dog's death.

Monitoring and documentation of anaesthetic

During the Informal Hearing, the Panel questioned Dr G about his protocols for monitoring and documenting surgical cases.

The Panel asked Dr G to explain the dog's anaesthetic record. Dr G acknowledged that the record contained no pre-operative examination details for heart rate, respiratory rate and temperature, and did not specify which inhalation agent had been administered to the dog. Dr G also conceded that the record of the fluids and medications administered to the dog was neither clear nor accurate.

The Panel was concerned that the anaesthetic chart showed that, while initially the dog's O₂ saturation had been recorded as 87%, subsequently this had been amended to 97%. The Panel questioned Dr G on this issue, pointing out that an O₂ saturation of 87% would have indicated cardiopulmonary deterioration. Dr G's answer to the panel was that the initial 87% reading had been recorded in error and that the amended figure of 97% was correct (though he accepted that a reading of 87% would have indicated a problem).

The Panel also asked Dr G how – in the absence of frequent and consistently documented readings, especially in the period immediately before the cardiac arrest – he had determined that the dog's condition was stable during the surgery. The Panel suggested that it would be difficult to promptly identify deterioration without frequent recording of a patient's vital parameters while anaesthetised.

Dr G responded that the electronic monitors in place during surgery would warn if a patient's vital statistics had breached predetermined limits, and that the parameters set on each machine are constant and are not altered for individual cases. However, Dr G conceded that by the time the alarm was triggered

during the surgery the dog's condition had already deteriorated and it had gone into cardiac arrest. Dr G agreed that the anaesthetic monitoring had not been sufficient to allow critical review of the patient's condition during surgery.

Panel findings and determination

After reviewing the evidence, the Informal Hearing Panel found that Dr G had engaged in unprofessional conduct and determined that he should be cautioned.

WHAT IS A CAUTION?

A caution is a formal notification, in the context of an advisory warning, to a registered veterinary practitioner.

A caution warns a registered veterinary practitioner that a change in his or her manner of practice is required to conform to the minimum standards of the profession as required by the *Veterinary Practice Act 1997* or ancillary legislation, e.g. *Drugs, Poisons and Controlled Substances* law and regulations; by the Board's Guidelines; or by commonly understood peer and community standards.

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

Panel reasons

It was the Informal Hearing Panel's opinion that Dr G's monitoring methods were inadequate and inappropriate in the circumstances.

The Panel expected observation and monitoring of a patient's parameters to be performed more frequently than had been done. It was also the Panel's view that a practitioner should not solely rely on electronic monitoring and should ensure a patient is physically assessed while under anaesthesia.

The Panel agreed with the recommendations in the experienced anaesthetist's report that Dr G should improve his record keeping so that changes in an animal's condition can be observed. The Panel also expected observations to be recorded more thoroughly so that anaesthetic records are detailed and complete. Accurate records provide evidence for investigation and remediation in the event that things do go wrong.

The Panel also emphasised that it was imperative to educate attending nurses on the importance of completing detailed medical and surgical records.

REFLECTIONS AND LESSONS LEARNED

This case highlights the importance of competent and robust anaesthetic monitoring.

Every anaesthetic presents a risk to the patient.

Some of this risk can be mitigated by performing (and documenting) a thorough pre-anaesthetic clinical examination.

Identifying and recording an animal's baseline health parameters allows for informed and individual review of a patient while they are under anaesthesia and may help a practitioner pick up early indications of a change in status.

While a patient is under anaesthesia, their condition should be regularly monitored and documented. The anaesthetic monitoring equipment used in veterinary practice provides valuable support to the monitoring process, but the Board does not recommend that practitioners rely only on electronic monitoring. Changes in a patient's condition are more readily apparent when an animal's clinical condition is regularly assessed and recorded. Anaesthetic monitoring records are a useful way to document and identify clinical changes during anaesthesia. If noted early, a deterioration in a patient's condition may be able to be remedied.

It is imperative that all persons who are monitoring anaesthesia during procedures are adequately trained so they have enough knowledge to undertake appropriate clinical monitoring and identify changes of concern.

The veterinary practitioner is responsible for ensuring that all persons tasked with anaesthetic monitoring have the knowledge and skills to monitor an animal which is under anaesthesia.

NEW SPECIALISTS IN VICTORIA

Congratulations to the two veterinary practitioners recently endorsed by the Board as specialists:

- Dr Cameron John Andrews Broome [V9233], specialist in Small Animal Surgery
- Dr Eleanor Margaret Holden [V4497], specialist in Veterinary Anaesthesia and Analgesia

MAJOR REVIEW OF BOARD GUIDELINES IN 2019

During 2019, Vetboard Victoria will be undertaking a major review and update of the Board's Guidelines.

The Board's Guidelines outline the minimum appropriate standards of veterinary practice and veterinary facilities under the *Veterinary Practice Act 1997*.

The Board's Guidelines are an important tool in informing veterinary practitioners about what the minimum expected standards are over a variety of areas of clinical practice. For example, record keeping, continuing professional development and the supply and use of scheduled drugs. You can read the existing Guidelines on the Board's website at www.vetboard.vic.gov.au > Vets > Guidelines

For the Guidelines to be of greatest benefit they need to be accessible, practical, relevant and easy to understand while still fulfilling legislative requirements.

There will be a formal consultation and an opportunity for all veterinary practitioners to input and provide feedback to the review of the Board's Guidelines during 2019.

In the meantime, if you have any general comments about the current standards, including where you have found them useful or where they need improvement or expansion, you are welcome to email your comments to communications@vetboard.vic.gov.au

GUIDANCE FOR NEW VETERINARY PRACTITIONERS

Congratulations to all graduates on achieving your qualifications in veterinary science or veterinary medicine, and a warm welcome to the Victorian veterinary practitioner community.

The Board is conscious that some graduate veterinary practitioners have already started work, and many will start practising during the New Year. A number of graduates have moved from other States in order to take up positions in Victoria.

At this time of year, veterinary practices can be short-staffed, so it is understandable that graduates are in demand.

Vetboard Victoria's message to all graduates joining the veterinary profession is that you should be careful to work within your limitations and always seek support from senior colleagues if you are not sure about treating a patient. Be sure also to consult the many resources available to you, including:

- [The Board's Guidelines](#)
- The [Veterinary Practice Act 1997](#), and other laws relating to veterinary practice including the *Drugs, Poisons and Controlled Substances Act 1981*
- The [Office of Medicines and Poisons Regulation](#) within the Victorian Department of Health and Human Services

- [Agriculture Victoria](#), with resources on:
 - [Animal health and welfare](#)
 - [Livestock care](#)
 - [Pet care](#)
 - [Resources for fighting antimicrobial resistance](#)
 - [Emergencies](#) and [biosecurity](#) (including [notifiable diseases](#))
- The [Australian Veterinary Association's policies and position statements](#), which include policies on the use of veterinary medicines; surgical, medical and other veterinary procedures; euthanasia; and separate policies on companion, production, and other animals.

DECEMBER GRADUATE NUMBERS

The 105 graduates to whom the Board granted general registration in December 2019 were:

- 8 University of Adelaide graduates (SA)
- 7 James Cook University graduates (QLD)
- 4 Massey University graduates (New Zealand)
- 12 Murdoch University graduates (WA)
- 64 University of Melbourne graduates (VIC)
- 7 University of Queensland graduates, and
- 3 University of Sydney graduates (NSW).

EQUINE WELFARE SURVEY

Practising equine veterinary practitioners in Victoria are invited to participate in a survey to contribute towards a major research project on veterinary ethics and equine welfare being conducted by Dr Peter Cakebread and Ms Raelene Harrison in the Faculty of Veterinary and Agricultural Sciences at the University of Melbourne.

The purpose of the research is to investigate whether an equine veterinary practitioner recognises an “ethical trilemma” and the main factors that impact their decision, and to analyse the impact that decision has (or has the potential to have) on equine welfare.

An “ethical trilemma” occurs where you need to balance your own obligations and duties as a veterinary practitioner with the welfare of your patient (the horse) and the interests of your client (the owner and/or trainer).

The research project will consider the well-being, moral stress, regulatory and insurance consequences of the “ethical trilemma” on equine veterinary practitioners. It is expected that research will benefit the veterinary profession and equine welfare.

The University of Melbourne’s Human Research Ethics Committee has approved the survey (#1852746).

Take the survey at https://melbourneuni.au1.qualtrics.com/jfe/form/SV_02Okha0KQrcnpf7 (read the “Plain Language Statement” first, then click on the arrow to proceed to the survey)

AGRICULTURE VICTORIA UPDATE

[The Victorian Government has announced](#) that The Hon Jaclyn Symes MLC is to be Minister for Agriculture from 1 January 2019.

The name of the Department under which the Veterinary Practitioners Registration Board of Victoria sits will change to the Department of Jobs, Precincts and Regions (DJPR) from 1 January 2019.

Professor Charles Milne remains Victoria’s Chief Veterinary Officer at Agriculture Victoria.

Call 136 186 to be put in touch with Agriculture Victoria District Veterinary Officers and Animal Health Officers located throughout Victoria.

LAST CHANCE TO COMPLETE VETERINARY WORKFORCE SURVEY

The Australian Veterinary Association’s online survey to establish the current profile of the Australian veterinary profession will be closing on 31 December 2018.

The Veterinary Workforce Survey is open to all veterinary practitioners. If you haven’t had a chance to complete it yet, Vetboard Victoria invites you to do so.

Your participation will help the veterinary profession understand factors affecting provision of veterinary services, including trends in the veterinary profession such as the numbers of veterinary graduates, veterinary practitioners moving to part-time work or taking a career break, or practitioners retiring or moving into other professions.

Take the survey at www.surveymonkey.com/r/GBBWNNQ

View past survey results at www.ava.com.au/workforce-data