



## PRESIDENT'S MESSAGE

Welcome to your newsletter.

The tenth Board of the Veterinary Practitioners Registration Board of Victoria was appointed on 18 June 2025.

While there is considerable continuity on the new Board, with 7 members of the ninth Board having been reappointed, we welcome 2 new members, Dr Peta Rak from the University of Melbourne and Ms Anna Storti who brings financial and business management expertise. We also welcome our 16 persons approved to sit on hearing panels, some returning and some new.



Sadly, we farewelled Professor Josh Slater, whose invaluable insights and international experience will be missed, and Ms Naomi Pye, who contributed both as a regional dairy farmer and a member of several government boards.

Reflecting not only on the achievements of 2024-25 but on the ninth Board's term (2022-25), I am pleased to report that Vetboard Victoria is in a robust position - with rebuilt financial reserves and considerably improved performance enabled by effective governance.

While Board members are required to undertake specific tasks such as sitting on hearing panels, in this term the Board focussed on strategic and efficiency initiatives and stakeholder relationships.

Improvements to complaint handling processes and finalising aged complaints reduced the average length of time taken to investigate matters from 132 days (at 30 June 2024) to 30 days (at 30 June 2025).

In registration, we confirmed that international specialists without recognised primary qualifications may be able to register in Victoria via a pathway discussed in this newsletter.

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We also refreshed the vet portal so vets can access receipts and request letters of professional standing via their account.

An overview of complaints received in the previous two quarters is presented in this edition, along with a summary of informal hearings held. From complaints, we present guidance on dental treatment and informed consent, antimicrobial stewardship, and a suggestion to veterinary practitioners that a periodic audit of complaints can produce useful insights.

We also cover some of the recent queries received from veterinary practitioners, including about fraudulent prescriptions and veterinary certification.

Dr John Harte

**President**

## TENTH BOARD MEMBERS AND APPROVED PERSONS

On 18 June 2025, on the Minister for Agriculture's recommendation, Governor in Council appointed the members of the tenth Veterinary Practitioners Registration Board of Victoria for the period 2025-28.

The appointed members are:

- President Dr John Harte - veterinary practitioner
- Deputy President Dr Kate Clarke - veterinary practitioner
- Dr Charlie Blackwood - veterinary practitioner
- Dr Tracey Bradley - veterinary practitioner, Crown appointment
- Dr David Colson - veterinary practitioner
- Mr Andrew Jaworski - lawyer
- Ms Sue Lebish - not a veterinary practitioner
- Dr Peta Rak - veterinary practitioner with experience in veterinary education
- Ms Anna Storti - not a veterinary practitioner.

Seven members from the previous Board were reappointed, and we welcome 2 new members - Dr Peta Rak and Ms Anna Storti.

Dr Peta Rak is a University of Sydney graduate and a Member in Small Animal Surgery of the Australian and New Zealand College of Veterinary Scientists. An experienced general practice veterinarian, Dr Rak is a lecturer in small animal surgery at the University of Melbourne. She also holds postgraduate qualifications in higher education and has a strong interest in veterinary education and professional standards. She has held strategic leadership and management roles in both small and mixed animal hospitals and contributed to governance and advocacy through her service on the Board of Riding for the Disabled Australia.

Ms Anna Storti has exceptional experience in business and finance, having spent close to 30 years in financial services and other regulated industries. She has held leadership roles with Judo Bank, BOQ Group and Virgin Money in the UK and has served on boards across the not-for-profit and private sectors. Anna brings a breadth of capabilities in strategy, customer service and experience, operations, marketing, transformation, human resources, governance and risk management.

Ms Storti is a Graduate of the Australian Institute of Company Directors and holds an MBA (Executive) from the Australian Graduate School of Management (AGSM).

More information on all Board members can be viewed at: [Board members and approved persons](#)

### APPROVED PERSONS

Governor in Council also approved the following persons to sit on hearing panels held by the Board during the 2025-28 period:

- Dr Susan Chaney
- Dr Adrian Coghill
- Dr Lynsey Etheridge
- Dr Ian Freckelton
- Ms Carol Geyer
- Mr Jack Jacoby
- Dr Clara Lauinger
- Ms Andrea Lester
- Dr Omid Nejad
- Ms Rachel Matulis
- Ms Sophia Panagiotidis
- Ms Mary Sevdalis
- Dr Suffien Suharju
- Dr Helsa Teh
- Dr Lucy White
- Mr Stephen White

The Board extends its thanks to retiring approved persons:

- Mr Geoffrey Coates
- Ms Kathryn Johns
- Mr Brendan Murray
- Dr Stewart Ryan
- Dr Stacey Sullivan.

### **Congratulations to the veterinary practitioners newly endorsed as specialists since February 2025**

- Dr Fiona Herzog [V8488], Specialist in Veterinary Reproduction
- Dr Malcolm Jack [V6021], Specialist in Small Animal Surgery
- Dr Alastair Mather [V11034], Specialist in Small Animal Surgery
- Dr Stuart Pearce [V9391], Specialist in Equine Surgery.

**See information about a new policy on registering international specialists on page 9.**

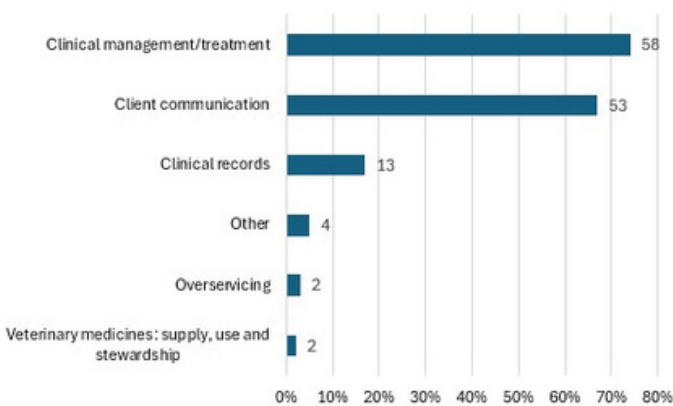
## COMPLAINTS OVERVIEW JANUARY TO JUNE 2025

In the third and fourth quarters of 2024-25, the Board received 144 preliminary enquiries (73 in January to March, and 71 in April to June) about the conduct of veterinary practitioners.

In the same period, 79 written complaints were submitted, with 58 of those considered by the Board (and the others to be considered in the next quarter).

Noting that a single complaint may involve multiple issues, the main issues raised in complaints received during the period were clinical management and treatment of the animal (74%), communication with clients (67%), veterinary medical records (17%), overservicing (2%) and supply and use of veterinary medicines and antibiotic stewardship (2%). Other issues raised included treatment obligations, informed financial consent, offering an independent post-mortem, the involvement of paraprofessionals and a veterinary practitioner’s compliance with conditions on their registration.

Key issues raised from January to June 2025

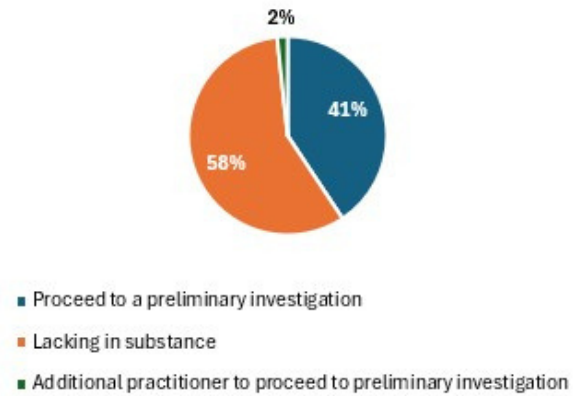


Of the 58 complaints considered, the Board determined that:

- 34 complaints were lacking in substance and should not proceed further
- 24 complaints were to be investigated
- 1 additional vet involved with a complaint would be subject to investigation.

From January to June 2025, 32 investigations were finalised. Of these, 6 were finalised with no further action; 22 were finalised with an educative letter; 1 was finalised with the requirement to submit a reflective piece and 1 was finalised with an undertaking. Two matters were referred to informal hearing.

Board action on complaints received January to June 2025



## BOARD HEARINGS IN 2024-25

### Informal hearings

Eight informal hearings were held in 2024-25, (including 3 that had been pending from the previous year), compared with 4 held in 2023-24. In 5 of these matters, the informal hearing panel determined that the veterinary practitioners had engaged in unprofessional conduct which was not of a serious nature, and of those veterinary practitioners:

- 1 was reprimanded, counselled, cautioned and required to undertake further education and training
- 2 were cautioned and required to undertake further education and training
- 1 was cautioned, counselled and required to undertake further education and training, and
- 1 was cautioned.

One informal hearing panel determined that the practitioner had not engaged in unprofessional conduct. The other 2 informal hearings were abandoned and referred to formal hearings, which will be held in 2025-26.

### Formal hearings

In 2024-25, the Board held one formal hearing.

The veterinary practitioner who was the subject of the hearing was reprimanded, and conditions were imposed on their registration. They were also required to contribute to the costs of the formal hearing.

## INCREASED COMPLAINTS ABOUT CONSENT TO DENTAL PROCEDURES

The Board has recently received several complaints which highlight the importance of obtaining informed consent from animal owners before they undertake dental procedures, particularly tooth extractions.

In recent complaints received by the Board, animal owners have claimed they presented their animal for teeth cleaning or extraction of one or two teeth, only to discover *after the procedure* that a large number of teeth were extracted.

Information obtained during the investigation of these complaints indicated that, while there may have been clinical reasons for many teeth to be extracted, the animal's owner was inadequately prepared for this possibility during the initial consultation and informed consent was not obtained before the procedure. Properly communicating and obtaining informed consent (including informed financial consent) is crucial in cases involving dental procedures.

Vets should fully inform owners about dental procedures, advising the owner of treatment options, the risks associated with each option, and the cost of those options.

The vet should inform the owner that it may only be during the procedure that they identify whether teeth need to be extracted and, if so, *how many teeth*. The vet should discuss and clearly establish with the owner what they want to happen in such circumstances. Options could include:

- with full awareness of the range of possible costs, the owner consents in advance to all dental work which the vet identifies is required during the procedure
- the vet contacts the owner during the procedure if they identify that significant extra treatment is required.

As dental procedures can be expensive, and only if the vet judges there are no immediate welfare concerns for the animal and has made the owner aware of the risks, a possible option may be to delay scheduling a dental procedure until the owner has arranged finance for potentially higher costs.

It may assist the owner if they are given written information to help them understand the complexities and unknowns in relation to dental procedures, and the full range of costs.

Clinics may wish to check that consent forms include:

- a statement requiring the owner to acknowledge that additional treatment may be required, and that they understand the full possible range of the costs for that treatment
- a statement requiring the owner to answer calls during the procedure, if they have opted to be contacted before any additional treatment takes place, or what will be done if the client does not answer the call.

The vet should ensure they make a clear and contemporaneous record of the discussion with the client in the veterinary medical record, including what they opted for and their consent.

These actions may help an owner to properly understand what they are being asked to consent to, and will ultimately benefit the vet-client relationship.

### WHAT IS INFORMED CONSENT?

**Informed consent:** Consent is an owner's agreement for a veterinary practitioner to provide veterinary services, including any tests, medicines, treatments or procedures. Consent is informed consent if the owner has received clear and sufficient information about their choices in relation to their animal's health and treatment before they give their consent to treatment or a service. Informed consent is successful when the owner indicates they understand the information they have been given and confirm this verbally or in writing.

**Informed financial consent:** Financial consent is an owner's agreement to the cost of veterinary services to be provided by a veterinary practitioner/practice. Financial consent is informed financial consent if the owner has received clear and sufficient information about the cost of a veterinary service, preferably in writing, before the service is provided. Informed financial consent is successful when the owner indicates they understand the information they have been given and confirm this verbally or in writing.

See also Board Guideline 4: [Communications between veterinary practitioner and animal owner](#)

## COMPLAINT AUDIT A USEFUL TOOL

The Board suggests that a periodic review of concerns and complaints received from clients may be a useful exercise for veterinary practitioners.

What complaints have you received in the last quarter and what were they about? Who were they from? Can you identify any patterns or recurring concerns?

If they were about communication:

- What type of communication was the complaint about - verbal in a consultation, written communications, consent forms?
- At what point in the communication was the complaint about - before, during or after delivery of services?
- What was the complaint about - treatment options, services delivered, what happened during treatment, care after treatment, prescriptions, treatment costs?
- Is there any information you are communicating that people may find difficult to understand?
- Is there any information you are not communicating that you need to communicate?

After conducting a review of complaints, especially if you identify any recurring issues, consider what you could do to address and prevent similar complaints.

Here are some possible actions you might take:

- Create checklists to make sure you cover everything that needs to be communicated with a client at various times.
- Produce written information to give clients about particular conditions, treatment options and care requirements.
- Give clients more information about treatment costs.
- Conduct a review of consent processes and forms.
- Check in regularly with your team about any issues identified or development they need, and arrange training for yourself and the team.

The Board acknowledges that it is not always possible to prevent complaints, but sometimes they can be resolved before they escalate - especially if you have considered the types of complaints you tend to receive and thought in advance about how you might address them.

## CLIENTS HAVE THE RIGHT TO MAKE COMPLAINTS

A client has the right to make a complaint to you and/or Vetboard Victoria.

If a client tells you that they are considering lodging a complaint with us, it is inappropriate to discourage them from doing so.

The Board expects vets to try to resolve complaints with their clients, offering explanations and proposing remedies as appropriate. However, it would be both unethical and unprofessional to propose a resolution which was conditional on your client *not* lodging a complaint with the Board, or to foreshadow legal action if they say they are considering contacting the Board. It can be helpful for clients to seek an independent view, and on occasion we have been contacted by an animal owner on their vet's recommendation.

Any resolution you propose to a client should be based on the merits of their complaint, not on whether they will pursue further action.

We are committed to managing complaints sensitively and in accordance with our legal obligations and regulatory remit, and observing confidentiality, privacy and principles of natural justice.

If a client lodges a complaint with the Board, we would first assess their concerns to decide next steps. Not all complaints are investigated. If the complaint is investigated, the Board would collect information from you and other sources as appropriate so we can make a fair and accurate assessment of the matters raised by the complainant.

While the process can take time, it should not be assumed that an investigation will result in a decision to proceed to a hearing, nor that any hearing (if held) would result in a finding of unprofessional conduct. If any conduct concerns arise from a complaint, the Board's goal is to ensure that a veterinary practitioner improves their practice so they meet the standards reasonably expected by veterinary peers and the public.

The Board recognises that veterinary practitioners may experience stress when notified of a complaint about their professional conduct. When notified of a complaint, the practitioner is encouraged to contact support services such as the Australian Veterinary Association's counselling service if they feel they need some professional support: [Support for vets](#).

## GUIDANCE ON ANTIMICROBIAL STEWARDSHIP

The Board reminds vets to exercise their professional judgement, referring to contemporary evidence, when deciding whether and how to use antimicrobials.

Vets are a crucial "frontline" defence against antimicrobial resistance (AMR) because they control public access to antimicrobials. They can refuse requests for antibiotics from animal owners where there is no substantiated case for their use.

Vets have access to prescribing guidelines for different animal species which are regularly updated. One example is the [Antibiotic prescribing detailed guidelines](#) for companion animals published by the Australasian Infectious Diseases Advisory Panel (AIDAP), which provide a range of scenarios relevant to Australian practice.

The Board has seen cases where urinary and gastrointestinal issues were treated with antibiotics without cultures being taken. Vets should feel confident in explaining to their clients that diagnostic testing will confirm the presence of infection, identify the presence of resistant bacteria that may not respond to initial therapy, help differentiate reinfection from relapse and provide information on the most common bacteria causing urinary tract infections in the local area.

While the Board recognises that the cost and logistics of diagnostic testing may be off-putting to animal owners, veterinary practitioners should not agree to use antimicrobials "just in case", without evidence-based reasons for such use.

The principles of appropriate antimicrobial selection, administration and supply must be applied.

Antibiotics should only be used as a "preventative" where the evidence indicates a significant risk of *problematic* microbial infection (not just microbial presence). An example in the AIDAP guidelines where a prophylactic antimicrobial may be justifiable is where teeth are extracted from an animal with co-morbidities or implants which put them at higher risk of infection from a reasonably expected bacteraemia.

Crucial requirements in Board [Guideline 15 - Responsible supply and use of antibiotics](#) are that veterinary practitioners should:

- maintain their current knowledge of issues relating to antimicrobial resistance by undertaking training or other continuous professional development, e.g. in antimicrobial stewardship, at least every 3 years
- develop or have available, and comply with, a written protocol describing prudent and responsible use of antibiotics which directs their supply and use of antibiotics.

Antimicrobial stewardship is most effective when the whole veterinary team is involved. If veterinary nurses and other staff understand responsible antimicrobial supply and use, they can help to convey and reinforce messages about antibiotic resistance to clients.

Simple ways to share knowledge and build confidence around communicating messages about prescribing or not prescribing antimicrobials are to ensure prescribing guidance is readily accessible and is part of practice signage and have regular peer discussions about the use of antimicrobials.

When a vet explains to a client that there is no case for using an antibiotic in a particular situation - based on the current evidence and expert sources of information, they help to build public understanding of antimicrobial resistance. Veterinary practitioners who safeguard the health of animals and the public as antimicrobial stewards have the full support of the Board.

### More information and resources

- [Current peer-reviewed guidelines relevant to Australia and New Zealand in each animal species](#) - AMR-Vet Collective
- [Online course in veterinary antimicrobial stewardship \(17 CPD points\) and many other continuing education resources](#) - AMR-Vet Collective
- [Posters and booklets on prescribing and the traffic light system for companion animal and other animals](#) - University of Melbourne

## ACTIONS TO ADDRESS AND PREVENT PRESCRIPTION FRAUD

The Board has been notified by practitioners that clients or third parties have presented prescriptions they did not issue to pharmacies.

### Criteria for lawful prescriptions

While it is the pharmacist who must take action in such cases (see below), veterinary practitioners have an obligation to write scripts in the correct format. The Medicines and Poisons Regulation Branch of the Department of Health has a factsheet called, [Criteria for lawful prescriptions: Requirements in Victoria](#) (PDF download from Department of Health [documents and forms on drugs and poisons obligations](#)). This covers requirements for handwritten prescriptions for schedule 4 and 8 poisons, and the strict criteria for computer-generated prescriptions.

Veterinary practitioners who issue prescriptions to clients can help guard against fraud by sending a copy to the pharmacy electronically and then posting or delivering a copy of the script.

### Should you see your client again?

Recently a veterinary practitioner asked the Board whether they should see a client who had been reported by a pharmacy for prescription fraud. The pharmacy had refused to fill a script for the client because they had copied a genuine script in an attempt to obtain repeat medications for the animal. Subsequently, the client booked a consultation with the vet so they could obtain a script for their animal.

The medication in question was not a drug of dependence. If it had been, we would have referred the vet to the case study on warning signs about drug-seeking clients published in the [Board's newsletter in November 2023](#) (PDF download). Vets need to be alert for such persons and it would be inadvisable to issue any script in such cases.

As this case did not involve a drug of dependence, the Board advised the vet to exercise their professional judgement as to how to respond to the consultation/script request - *keeping the wellbeing of the relevant animal in mind when making their decision*.

Possible alternatives to issuing a script include:

- directly dispensing the medication to the client if it is not a drug of dependence and the vet has established there is a therapeutic need for the animal to receive this medication
- the vet notifying the client in writing that they have decided to cease providing veterinary services to them ([Guideline 1.5](#)).

The veterinary practitioner should clearly explain in the veterinary medical record how and why they chose to manage the situation in the way they decided.

### Obligations of pharmacies

Under regulation 19 of the Drugs, Poisons and Controlled Substances Regulations 2017, pharmacists are required to notify Victoria Police and/or the Medicines and Poisons Regulation Branch (MPR Branch) of the Department of Health when a person is suspected to have obtained or attempted to obtain a Schedule 4 or 8 position by means of a false pretence (including the presentation of forged or fraudulently altered prescriptions).

Relevant MPR Branch web pages are:

- [Legislative requirements for pharmacists](#)
- [Fraudulent prescription alerts - scams used on pharmacists](#)
- [Stolen and forged prescriptions](#) - lists the names of medical and veterinary practices and practitioners whose names have been used in fraudulent prescriptions.

### More information

Direct questions about veterinary practitioners' responsibilities under Drugs, Poisons and Controlled Substances legislation to the Department of Health's MPR Branch via its enquiry form: <https://forms.business.gov.au/smartforms/landing.htm?formCode=mpr-enquiry>

Relevant Board guidelines are:

- [Guideline 1: The veterinary practitioner-owner-animal relationship](#)
- [Guideline 14: Supply and use of veterinary medications](#)
- [Guideline 23: Practising in accordance with statutory obligations](#)

## GOOD PRACTICE: CLEAR AND COMPLETE VETERINARY CERTIFICATION

An experienced veterinary practitioner recently contacted us to say that they'd noted a marked deterioration in the clarity and completeness of the vaccination certificates presented to their clinic in recent years.

They told us they regularly see vaccination certificates, often from big vet clinics, that do not identify:

- the owner (or breeder-owner), or
- the certifying vet's name, address and other contact details.

Re the latter, they said that, instead of the vet's name and details, there's often just a "squiggle of someone's signature".

### Guideline 19 - Veterinary certificates

The Board's expectations in relation to veterinary certificates, including vaccination, de-sexing and death certificates, are set out in [Guideline 19 - Veterinary certificates](#). The following extract from that guideline specifies the information that must be included in a certificate.

A certificate issued by the veterinary practitioner must contain sufficient, complete and accurate detail to ensure its purpose is clear. A veterinary certificate contains no less than the following information:

- identifying information about the veterinary practitioner, including their unique registration number
- identifying information about the animal species and/or breed, sex, age, and a unique identifier such as a microchip tag or source number [NOTE microchip preferred if the animal is chipped]
- the name of the owner at the time of the certification
- the purpose of the certificate and the assessment of the veterinary practitioner related to this purpose
- any limitations of the assessment due to external factors
- the date of the assessment and the period it remains current (where relevant)
- any information related to the use of specific diagnostics aids or veterinary services related to the purpose of the certificate, e.g., batch number of a vaccine.

### Only certify what you know and are sure about

The Board has also received complaints from persons who had purchased domestic animals from breeders and claimed that, soon after purchase, they discovered their animal had a congenital illness, a potentially life-threatening defect or was in poor condition generally. Complainants express concerns that the paperwork provided about the animal did not indicate there were any issues with the animal's health or welfare.

Under the [Code of practice for the operation of breeding and rearing businesses](#) made under Section 59 of the *Domestic Animals Act 1994* (the Act), in specified circumstances veterinary practitioners must examine and vaccinate animals in regulated breeding establishments and complete vaccination certificates and health checks (or make medical records) for those animals.

While this Code is administered by Animal Welfare Victoria, the Board expects that certificates and medical records issued by a vet in such circumstances would follow the requirements in the Board's Guidelines on [veterinary medical records](#) (G7), [veterinary certificates](#) (G19) and [managing conflicts of interest](#) (G11).

The Board expects veterinary practitioners to:

- carefully examine relevant animals individually, paying particular attention for signs of possible congenital conditions or welfare issues
- make detailed contemporaneous records of their findings
- only certify matters which they have personally ascertained, within their areas of professional expertise and knowledge
- only certify matters where there is no actual or perceived conflict of interest in them doing so
- clearly state their name and registration number on all paperwork.

Any concerns about the welfare of animals at a breeding establishment should be reported to relevant authorities, e.g. the RSPCA.

### More information

Animal Welfare Victoria's web portal on [Breeding and rearing businesses](#)

## VETERINARY WORKFORCE DATA TASKFORCE

Ensuring a sustainable and well-supported veterinary workforce is essential for the health of animals, people, and communities across Australia.

While challenges relating to the sustainability of the veterinary profession have been well reported in recent years, a readily available source of national data on veterinarians in Australia and their geographical and skill distribution would help to quantify these challenges. Individual veterinary boards capture information at the State and Territory level but currently there is no national database.

To address this gap, the Department of Agriculture, Fisheries and Forestry established a taskforce in February 2025 to research and recommend how national data about veterinarians could be collated, stored, analysed and shared. The thinking is that evidence from a robust national data platform could inform interventions to address workforce gaps and assist in the development of a national veterinary workforce strategy on an ongoing basis.

The taskforce is chaired by former Inspector-General of Biosecurity Dr Helen Scott-Orr AM PSM. Taskforce members include veterinary professionals, academic institutions, industry stakeholders and policymakers. Vetboard Victoria's CEO Chelsea McIntosh represents Australian veterinary boards on the taskforce.

An independent consultant appointed by the taskforce has engaged with over 28 stakeholders and collated data fields held by veterinary boards. This will help to determine a minimum viable product that could be expanded over time to provide a comprehensive picture of the workforce.

Key challenges for the project are the multiple laws governing veterinary practice across the Commonwealth and States and Territories, and the importance of protecting personal information. The taskforce is committed to developing a proposal that addresses these complexities.

The taskforce will operate for 12 months. Its report, and the steps taken following its recommendations, will be covered in future communications.

## NEW BOARD POLICY ON GENERAL REGISTRATION FOR THE PURPOSES OF SPECIALIST ENDORSEMENT

There is an increased need for persons with high-level veterinary skills in Victoria due to a number of factors: a surge in pet ownership resulting from various factors including the COVID-19 pandemic and changes to rental rules allowing renters to keep pets; higher pet insurance uptake; growing awareness of animal health; and the resulting increased demand for advanced surgical and diagnostic procedures for animals.

The number of dedicated emergency and specialist practices in Victoria has also increased. Pet owners with the means to do so are willing to spend more on veterinary procedures to prolong their pets' lives, and general veterinary practitioners frequently consult specialists or refer clients to specialists.

To address a demand for persons with specialist qualifications in Victoria which is not sufficiently met by the numbers of graduates from Australian-based specialist training programs, in 2024-25 the Board adopted a policy allowing for the general registration of persons with postgraduate veterinary qualifications whose primary veterinary qualifications would not otherwise be recognised in Victoria. Grant of general registration in these cases is for specialist endorsement. If registration is granted, the veterinary practitioner must apply to have their postgraduate qualifications and experience assessed by the AVBC. If the applicant is recommended for specialist registration, the Board may endorse them to practise in their specialty.

Recently, 3 persons have been granted general registration under the policy, with the AVBC currently assessing their postgraduate qualifications and experience.

We look forward to receiving further applications under the policy, which can be viewed at: [Specialist registration of persons with unrecognised primary qualification](#). Contact the Board if you know anyone considering applying through this pathway.

## GOVERNMENT H5 BIRD FLU PREPAREDNESS TASKFORCE

In June 2025, as part of its preparations for the potential arrival of a highly contagious strain of bird flu that is not currently in Australia but has spread quickly across the world (high pathogenicity avian influenza H5N1 clade 2.3.4.4b bird flu), the Australian Government held a public webinar, 'Preparing for H5 avian influenza (bird flu)'.

The webinar provided information on H5 bird flu, an update on national preparedness activities, and practical information on how the public can prepare for a potential outbreak.

Representatives from the Commonwealth's agriculture, environment, and health portfolios shared insights into their current work and key initiatives related to bird flu preparedness.

The webinar is available to watch and share at at [Birdflu.gov.au](http://Birdflu.gov.au). Victorian vets are invited to download and share the webinar with their clients.

Find out more about H5 bird flu at:

- [Birdflu.gov.au](http://Birdflu.gov.au)
- [H5 Avian Influenza \(Bird Flu\) Resources](#)
- [What you can do to help](#)

## SUPPORT FOR VETS

- **Australian Veterinary Association:** [telephone counselling service](#) 1300 687 327 **both** for AVA members **and** the vet professionals who work for them
- **AVA THRIVE** [veterinary wellness portal](#)
- **Beyond Blue:** 1800 512 348 & Get mental health support
- **Lifeline** 13 1114 & [Get help](#)
- **Suicide callback service** 1300 659 467
- **13 YARN** 13 9276
- **1800RESPECT** 1800 737 732 & [website](#)
- **Mensline Australia** 1300 789 978 & [website](#) (delivered by Lifeline)
- **Head to Health** [Australian Gov resources](#)
- **Mental health support** [Victorian Gov resources](#)

## EMERGENCY ANIMAL DISEASE (EAD) CONTACTS, UPDATES & TRAINING

- Notify all suspected EAD cases to the Emergency Animal Disease Watch Hotline on **1800 675 888**
- Report sick or dead *wild* birds and other wildlife species by [using this form](#) or calling 131 186
- Prepare for [H5N1 avian influenza](#) - Victorian Chief Veterinary Officer
- Updated Feb 2025: [Japanese Encephalitis \(JE\) current situation](#) - watch out for cases of pig reproductive failure and horse neurological conditions.
- Read [how local vets can help in Emergency Animal Disease outbreaks](#) - Department of Agriculture, Fisheries and Forestry (DAFF)
- [Training opportunities for vets](#) in emergency animal disease, poultry diseases, anthrax - Agriculture Victoria
- [National biosecurity training hub](#)
- Subscribe to EAD updates [VetWatch newsletter](#) (Victorian CVO) and [Biosecurity Matters](#) (DAFF).

## CALL FOR PARTICIPANTS: RESEARCH ON PREVALENCE OF SUICIDALITY

Veterinarians have been reported as being at elevated risks of suicide, and more research is needed to understand the magnitude of the problem within Australia and the factors that may contribute.

Victorian vets are invited to participate in a national study investigating possible risk and protective factors that may be associated with suicide. The researchers are keen to hear from as many vets as possible.

**What's involved?** Anonymous 20-minute questionnaire and optional one-on-one confidential conversations. Read the [Information sheet](#).

**Ethics approval:** Griffith University Human Research Ethics Committee Approval 2025/045

**LINK TO QUESTIONNAIRE >** [Prevalence of suicidality in Australian veterinarians and associated factors: a nationwide survey \(the AUSVETS study\)](#)

## VETERINARY PRACTITIONERS REMOVED FROM VICTORIAN REGISTER

The following veterinary practitioners with general registration did not renew or surrender their registration during the renewal period, and their names were removed from the Register of Veterinary Practitioners on 1 August 2025.

These practitioners may have moved to other jurisdictions or retired.

Dr Ellison Aldrich [V10875]  
 Dr Huw Churchman [V10842]  
 Dr Milena Fanciullo [V9875]  
 Dr Ken L Hatswell [V9050]  
 Dr Lauren M Huggins [V10937]  
 Dr John R Hurley [V3189]  
 Dr Klara J G Hussie [V10695]  
 Dr Andrew Kalinowski [V2149]  
 Dr Preethi M Karunaratne [V3740]  
 Dr Zion Kim [V11181]  
 Dr Maisie S King [V10844]  
 Dr Holly Lenahan [V9746]  
 Dr Hoi Ching Leung [V10478]  
 Professor Caroline S Mansfield [V5728]  
 Dr Duana McBride [V11287]  
 Dr Fiona M Mead [V6087]  
 Dr Peter J Mohoric [V10892]  
 Dr Jack C O'Meara [V10567]  
 Dr Christina M Paish [V10489]  
 Dr Tavishi J R Pandya [V10868]  
 Dr Lacey J S Renner [V10649]  
 Dr Amanda K Rhodes-Andrew [V2560]  
 Dr Peter J Siegler [V10055]  
 Dr Irene M Van Den Berg [V6057]  
 Dr Emma M Whiston [V2956]  
 Dr Yujian Zhou [V10288]

## MEET OUR TEAM AT VETEXPO 2025

Vetboard Victoria will have a stand at this year's VetExpo to be held on 3 and 4 September at the Melbourne Convention and Exhibition Centre

We welcome you to come along and have a chat with our friendly team if you're attending any of the sessions at the conference. We'll be there to answer your questions about registration, how we handle complaints, the Board's guidelines and anything else you'd like to raise with us.

- [VetExpo conference schedule](#)
- [VetExpo registration](#)



### REGISTRATION HOUSEKEEPING

#### When to register in Victoria

Vets cannot renew their registration in another State or Territory if they have moved and made Victoria their permanent place of residence. This is specified under section 4(1A) of the *Veterinary Practice Act 1997* (VPA).

- Vets from SA and the ACT must register immediately after moving to Victoria.
- Vets from Queensland should register in early December 2025.
- Vets from NSW, the NT and WA must apply in early June 2026 to be registered on 1 July 2026.

Employers: please verify staff registration status.

**Application forms:** [General registration](#) or [Re-registration](#)

#### Update your address and other details

Registered veterinary practitioners must notify the Board of any change of personal and register address (s19 VPA) within 28 days of any change via [www.vetboard.vic.gov.au/myaccount](http://www.vetboard.vic.gov.au/myaccount).

When you update your address, please make sure your email address and Australian mobile is up to date.

## SUPPORT AND INFORMATION FOR VETERINARY PRACTITIONERS

### VETBOARD VICTORIA RESOURCES

- [Videos and factsheets about veterinary boards, how they handle complaints and how you can respond to or prevent complaints](#)
- [Download proof of registration or update your contact details via My Account](#)
- [Registration](#)
- [Complaints](#)
- [Guidelines for appropriate standards of veterinary practice and veterinary facilities](#)
- [Veterinary Practice Act 1997](#)
- [Other laws relating to veterinary practice](#) including *Drugs, Poisons and Controlled Substances Act 1981*
- [About the Board](#) and [Board members](#)
- [Annual reports](#)

### MEDICINES, MICROCHIPPING, RADIATION

#### Medicines & Poisons Regulation (MPR) Branch, Victorian Department of Health

- [Medicines and Poisons Regulation](#)
- [Legislative requirements for vets](#)
- [Factsheet – Key requirements for vets](#)
- [MPR Enquiry form](#)

#### Prescribing guidelines and resources:

- [AMR Vet Collective antimicrobial guidelines](#)

#### Microchipping

- [Authorised implanter course for veterinarians](#) - Victorian Division AVA
- Greyhound Microchip Registry 8329 1139

#### Radiation Safety Unit, Vic Health:

- [Individual use licences](#)
- [Management licences](#)

### COVID-19 INFORMATION

- National hotline: **1800 020 080**
- [COVIDSafe Plan](#)

**Disclaimer:** Some links in this newsletter direct you to the websites of third-party organisations which are responsible for and/or may be able to assist you with the item's subject matter. The Veterinary Practitioners Registration Board of Victoria has no control over and is not responsible or liable for the content of any third-party website.

**See page 10 for a list of organisations that provide assistance to veterinarians in times when you may need support.**

### AGRICULTURE VICTORIA INFORMATION

#### Emergency Disease Hotline

- 1800 675 888 to report suspected emergency diseases - staffed by vets 24 hours a day, 365 days a year.

#### Local animal health staff

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

#### Avian flu

- EAD hotline 1800 675 888

#### General contacts

- Customer service line 136 186
- Email biosecurity queries or feedback to [animal.biosecurity@agriculture.vic.gov.au](mailto:animal.biosecurity@agriculture.vic.gov.au)
- Email animal welfare queries to [pet.welfare@agriculture.vic.gov.au](mailto:pet.welfare@agriculture.vic.gov.au)

#### General information

- [www.agriculture.vic.gov.au](http://www.agriculture.vic.gov.au)
- [Biosecurity and animal diseases](#)
- [National biosecurity training hub](#)
- [VetWatch newsletter](#) – information about animal disease surveillance
- [Antibiotic resistant infections and information for veterinarians and veterinary staff](#)
- [Animal Welfare Victoria](#)
- [Livestock and animals](#)
- [Pet care](#)