

Vetboard Victoria newsletter

DECEMBER 2021



On 12 October 2021, the Governor in Council appointed Dr Fiona Hendrie to the position of President of the Veterinary Practitioners Registration Board of Victoria. Originally appointed to the Board in June 2019 as a veterinary member, Dr Hendrie is an experienced small animal practitioner with interests in surgery and medicine who has practised in south-eastern Victoria for over 20 years. Founding veterinarian and manager of a 6-veterinarian hospital on the Mornington Peninsula, Dr Hendrie previously owned a small animal practice in the south-eastern suburbs of Melbourne. Dr Hendrie is passionate about animal health and the sustainability of the veterinary profession. She brings to the role of President a detailed working knowledge both of veterinary regulation in Victoria and, from a practical perspective, the needs of animal owners and the pressures experienced by the veterinary profession.

PRESIDENT'S MESSAGE



I am privileged to have recently been appointed to the role of Board President, taking on the duties previously performed by Professor Ted Whittem. My goal, for the remainder of the Eighth Board's term to

17 June 2022, is to engage and take a collaborative approach to ensuring public confidence in the regulatory environment, the welfare of animals and the sustainability of the veterinary profession.

In other news on Board membership, Professor Josh Slater has been appointed to the Board as the University of Melbourne appointment. Currently Head of Department of Veterinary Clinical Sciences at Melbourne Veterinary School, Josh is an equine practitioner with 35 years' experience in both first opinion and referral equine practice in the UK and a wealth of experience working with regulatory and professional bodies in the UK and in Europe. Read more at www.vetboard.vic.gov.au > About > [Board members](#).

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NEW SPECIALISTS IN VICTORIA

Congratulations to the 7 veterinary practitioners endorsed as specialists by the Board since May 2021:

- **Dr Trepheena Hunter**, endorsed as a specialist in Animal Behaviour on 1 July 2021.
- **Dr Liam Donaldson**, endorsed as a specialist in Veterinary Emergency & Critical Care on 1 July 2021.
- **Dr Matthew Sanders**, endorsed as a specialist in Veterinary Ophthalmology on 8 September 2021.
- **Dr Victoria McIver**, endorsed as a specialist in Equine Surgery on 8 September 2021.
- **Dr Nicolle Symonds**, endorsed as a specialist in Veterinary Sports Medicine and Rehabilitation (Equine) on 13 October 2021.
- **Dr Lujia Yu**, endorsed as a specialist in Small Animal Medicine on 10 November 2021.
- **Dr Robert Turner**, endorsed as a specialist in Veterinary Radiology on 8 December 2021

PRESIDENT'S MESSAGE CONTINUED

COVID-19 requirements and pressures

As the end of the year approaches, Government restrictions relating to the COVID-19 pandemic have eased substantively.

Veterinary practitioners are no longer restricted to providing services to address a genuine animal welfare need.

However, under the Victorian Health Minister's Pandemic Orders, veterinary businesses must still have COVIDSafe Plans detailing an employer's approach to maintaining the safety of staff and clients.

Every staff member at a veterinary practice should be familiar with and be able to easily access a copy of their workplace's COVIDSafe Plan. Mobile veterinary practices also need COVIDSafe Plans. An article in this issue of the newsletter provides information about requirements at the date of publication.

At the time of writing, daily coronavirus case numbers in Victoria are increasing. There is a significant risk of COVID-19 entering workplaces, and COVIDSafe Plans must include the actions to be taken if there is a positive case in the workplace.

The Board recognises that ongoing requirements to protect the health and safety of staff and the public from the risk of contracting COVID-19 place additional pressure on veterinary practices. The Board also acknowledges that veterinary businesses in Victoria are facing significant resourcing issues due to a complex mix of factors including restricted domestic and international movement of personnel across borders.

An item in this newsletter considers circumstances where a clinic lacks the resources to meet all patient needs and client expectations. For its part, the Board is expediting applications for veterinary practitioner registration in Victoria from suitably qualified persons, within the bounds of veterinary practice legislation.

Class of 2021 joins the profession

Many veterinary students in the class of 2021 have been awarded their veterinary degrees and have already found employment. The Board welcomes newly registered veterinary practitioners to the veterinary profession in Victoria. We also recognise the contributions of the established veterinarians who will be sharing their skills and experience with graduate practitioners.

Class of 2021 continued...

Everybody's wellbeing is important at these times – all practitioners are encouraged to [practise within their technical competence](#) (Board Guideline 9) and [look out for their own and each other's wellbeing](#) (Board Guideline 8).

Case studies on unexpected animal death

Two case studies presented in this newsletter deal with the unexpected death of an animal. They present an opportunity for veterinary practitioners to reflect on end-of-life events and the services that can be provided to animals and their owners at such times.

2020-21 Annual report

The Board's Annual Report was presented to the Parliament of Victoria on 28 October 2021.

There is a summary of the Board's activities in the 2020-21 year and a link to the report in this newsletter.

Agriculture Victoria seeking your feedback

I refer you to Agriculture Victoria and Animal Welfare Victoria's messages in this newsletter about pig surveillance and approvals for the use of electronic devices for therapeutic purposes.

Agriculture Victoria is also seeking general feedback from veterinary practitioners in private practice on its Vetsource webpage, which contains resources and current information to assist veterinarians in Victoria meet their legal responsibilities to notify disease and to get involved in surveillance or training activities, or just be more aware of emerging issues. I encourage all registered veterinary practitioners to complete the survey via the link on page 10.

In closing

With my fellow Board members, I extend my sincere appreciation to the veterinary community for your continued dedication to the protection of the public and the health and safety of animals in Victoria in a year of ongoing change.

Seasons greetings and wishing all a peaceful start to 2022.

Dr Fiona Hendrie
**President, Veterinary Practitioners
Registration Board of Victoria**

KEEPING COVIDSAFE

Most of the restrictions in place during the last lockdown were lifted in November 2021 after 90% of Victorians aged 12 and over had been vaccinated.

There is much more movement in the Victorian community now that restrictions have been lifted. At date of publication, [coronavirus cases are being reported at over 1,000 per day](#), and employers need to be prepared to handle a positive diagnosis of severe acute respiratory syndrome coronavirus (SARS-CoV-2) in the workplace.

Under the [pandemic-specific framework](#) in the *Public Health and Wellbeing Act 2008* (Part 8A), the Minister for Health has made "pandemic orders", which replace the Directions previously issued by the Chief Health Officer. All current pandemic orders can be viewed on the [Pandemic Order Register](#).

Under the COVID-19 Mandatory Vaccination (Specified Workers) Order in place at the time this newsletter was published, employers of veterinary and pet/animal care workers must ensure that unvaccinated workers do not work outside their ordinary place of residence (unless they are an excepted person as defined in that Order).

Under the Workplace Order in place at time of publication, employers and workers have specific obligations in relation to managing the risks associated with COVID-19.

Your COVIDSafe Plan

The Workplace Order in place at date of publication requires every Victorian business with on-site operations to have a COVIDSafe Plan which demonstrates:

- actions being taken to help prevent the introduction of COVID-19 to the workplace
- the type of face mask or personal protective equipment (PPE) required for your workforce
- how the workplace will prepare for, and respond to, a suspected or confirmed case of COVID-19 in your workplace
- how the workplace will meet all the requirements set out by the Victorian Government.

Employers are encouraged to review their current COVIDSafe Plan regularly to ensure it aligns with the latest Pandemic Orders and guidance, and the [six principles of COVIDSafe workplaces](#). These principles include wearing face masks when a person can't physically distance, avoiding interactions in enclosed spaces, and creating workforce bubbles.

Organisations with multiple worksites must complete a COVIDSafe Plan for each worksite. Each vehicle used predominantly as a work premises (e.g., for a mobile veterinary business) requires a COVIDSafe Plan.

Employers should regularly communicate with employees about their COVIDSafe Plan.

The plan must be available for inspection on request by WorkSafe or other authorised officers under the *Public Health and Wellbeing Act 2008*.

More information including templates and the offer of free, confidential reviews of your plan: [COVIDSafe Plan](#)

[Managing the risk of exposure to COVID-19 – a checklist for employers](#) - Worksafe.

Entry of animal owners to workplaces

There is no requirement under the Open Premises Order in place at date of publication for veterinary clinics, animal shelters, pet groomers or pet stores to check the vaccination status of customers and/or refuse entry to unvaccinated customers.

While currently no pandemic order mandates veterinary businesses to check vaccination status, a business can decide as part of its COVIDSafe actions to ask for vaccination status and refuse entry to unvaccinated patrons as long as the business also complies with obligations under anti-discrimination and privacy laws. Businesses should not refuse entry to patrons who cannot be vaccinated for medical reasons or because they are in an age group that has not had access to vaccination.

The Board is aware that different veterinary businesses are taking different approaches to allowing animal owners into the workplace, based on the circumstances of the business and on current orders and advice. Some veterinary practices have made a business decision to only allow vaccinated animal owners to enter the workplace, some are allowing all animal owners to enter the workplace, and some are undertaking contactless treatment of animals with most animal owners not permitted to enter the workplace.

Businesses allowing unvaccinated animal owners to enter the workplace may be doing so under specific conditions, e.g., well-ventilated and/or open spaces, physical distancing, staff and animal owners wearing masks, staff wearing specific types of PPE, cleaning between visits etc.

KEEPING COVIDSAFE CONTINUED...

Call the **coronavirus hotline on 1800 675 398** for assistance if you are unsure how to balance actions to help prevent the introduction of COVID-19 into your workplace against actions to reduce the health and safety impact of unreasonable conduct from animal owners.

Responding to a positive case in the workplace

The Workplace Order in place at time of publication contains very detailed instructions about how employers and workers must respond to suspected or positive coronavirus cases in a work premises.

Supplementary information to assist with responding to a positive case in the workplace includes:

- [Confirmed case in workplace](#) – Vic Gov
- Very useful Contact Assessment and Management Matrix in [Contact management guidance for workplaces, business and industry](#) – Vic Gov
- [Notifiable incidents involving COVID-19](#) - WorkSafe
- [Exposure to COVID-19 in workplaces](#) - WorkSafe

GUIDANCE ON THE IMPACT OF VETERINARY SHORTAGES

Several veterinary practices have contacted the Board about the impact of shortages of veterinary personnel on the services they are able to deliver.

The Board recognises that veterinary practices are experiencing complex and ongoing resourcing issues, attributable to a range of factors including the COVID-19 pandemic's effect on movement of veterinarians across borders. In this article, the Board provides some guidance to veterinary practitioners to assist with current pressures on veterinary practice.

The information in this article is based on the [Guidelines of the Veterinary Practitioners Registration Board of Victoria](#). This information is not legal advice: if you are concerned about the potential impact of specific changes to delivery of services, you may wish to consult your indemnity insurer or seek the advice of a lawyer.

Adjusting commitments to animal owners

The Board has been asked what a veterinary practice should do when it does not have a suitably qualified veterinary practitioner, or any veterinarian at all, at the practice at all the times they advertise the availability of services.

If your veterinary practice is unable to deliver veterinary services during hours previously advertised (including business hours), it is appropriate to communicate any changed circumstances to animal owners.

Ways to communicate any changes to the veterinary services you deliver include:

- contacting existing clients to advise changed services and/or hours
- changing signage on your doors and inside the workplace

- changing online messaging on your website and social media pages, and
- changing your practice's phone/hold messages.

In communications with your existing clients, you should state the availability and extent of veterinary services you can provide.

Make it clear what services you cannot or may no longer be able to provide and any changes to hours during which services are available. Provide information on where and how an animal's owner may be able to obtain alternative veterinary services.

Encourage your clients to plan for their animal's care during business hours, after hours and in an emergency, and offer them reasonable assistance to make those plans. As stated in the [context to Board Guideline 16](#), animal owners have a responsibility to:

- know the normal business hours of the veterinary practice/s they routinely attend
- know the conditions under which veterinary services would be available outside of normal business hours, and
- make provision for veterinary care outside of normal business hours. This may include caring for their animal at home where referral to another veterinary facility and/or hospitalisation is not an option. [On this, Agriculture Victoria emphasises [planning for pets in emergencies](#).]

If your practice provides emergency veterinary services, you are expected to clearly inform any limitations or conditions to your offering of emergency veterinary services, so animal owners understand the scope or availability of services ([Guideline 17.3](#)). You may also want to consider if it is appropriate to be advertising emergency veterinary services ([Guideline 17.1](#))

GUIDANCE ON THE IMPACT OF VETERINARY SHORTAGES CONTINUED

Treating an animal presented to your practice

The Board recognises that when a suitably qualified veterinary practitioner is not working in the practice at the time an animal is presented, it is not always going to be possible to immediately provide an animal with the treatment that may be needed.

When presented with an animal, you should clearly explain to the animal's owner what veterinary services you can provide and any limitations to those services, e.g., any implications for the animal's recovery from their condition or injury.

[Board Guideline 9.1 states](#), 'A veterinary practitioner works within their areas of technical competence or under appropriate supervision in the delivery of the range of veterinary services they offer'. If you or your staff are not qualified or experienced enough to deliver a particular veterinary service, it would not be appropriate to do so. For example, if you are a general veterinary practitioner or internal medicine specialist with minimal experience in emergency surgery it would not be appropriate to perform a complicated emergency surgical procedure.

While you may not be able to perform a procedure, you are still required to provide first aid and/or pain relief appropriate to the circumstances when presented with an animal in unreasonable or unnecessary pain or distress ([Guideline 3 – Treatment obligations](#)). There may be occasions when euthanasia of an animal should be discussed with an owner as an option to manage an animal's distress, disease or disability. At such times, it is appropriate to provide an owner with information to help them make a decision about end-of-life veterinary services ([Guideline 18 - End of life veterinary services](#)).

Obtaining assistance from other staff

The Board has been asked what tasks personnel such as veterinary nurses and veterinary technicians can undertake to support veterinary practitioners.

First, it is important to note that under section 57 of the *Veterinary Practice Act 1997*, 'a person who is not a registered practitioner must not carry out any act that is required to be carried out by a registered veterinary practitioner by or under an Act'. Some relevant Acts include:

- the *Drugs Poisons and Controlled Substances Act 1981*, which authorises veterinary practitioners to obtain, possess, use or supply scheduled poisons for the veterinary treatment of animals under their care.

- the *Prevention of Cruelty to Animals Act 1986* (POCTA Act), which authorises veterinary practitioners to destroy or authorise the destruction of animals in particular circumstances, and lists "prohibited procedures" that only veterinary practitioners may undertake (and sometimes only in certain circumstances), e.g., see page 12 on the [use of electronic devices for therapeutic purposes](#).

Veterinary practitioners should stay up to date with statutory obligations relating to veterinary practice (see www.vetboard.vic.gov.au > Vets > [Legislation](#) for a non-exhaustive list). Laws are amended or introduced from time to time. As an example, a [new animal welfare Act](#) is currently being drafted to replace the current POCTA Act. It is anticipated that the new Act will contain a single regulatory framework covering all procedures that involve the interference with or manipulation of an animal's body in a way that could cause harm, pain or distress. It has been proposed that under this framework some procedures would be restricted to registered veterinarians only, as covered by restricted acts of veterinary science in other jurisdictions.

In relation to acts that are not mandated to be carried out by a registered veterinary practitioner, the Board expects veterinary practitioners to take all reasonable measures to ensure that persons assisting in the provision of veterinary services to an animal in their care have the knowledge, skills and capacity to enable them to perform the relevant activity ([Guideline 6 – Veterinary facilities, equipment and assistance in the provision of veterinary services](#)).

Matters to consider might include the level of competency provided by non-veterinary qualifications, e.g., see the Veterinary Nursing Council of Australia's [Day One Competency Standards](#) for veterinary nurses with Certificate IV qualifications.

Consider also what information about assistance from non-veterinarians you should communicate to an animal's owner before veterinary services are delivered, e.g., when seeking an animal owner's informed consent. What should you say about who's treating for and caring for their animal? (See [Guideline 4 – Communication between veterinary practitioner and owner](#) and Sections 57 and 59 of the *Veterinary Practice Act 1997*, which set out potential offences relating to claims as to registration and advertising of veterinary services.)

GUIDANCE ON THE IMPACT OF VETERINARY SHORTAGES CONTINUED

Using telemedicine to support your practice

You may use telemedicine within the context of a veterinary practitioner-owner-animal relationship (with the exception of emergency triage) where it can be demonstrated that an animal is under your care, and you have access to and are familiar with an animal's veterinary medical record ([Guideline 13 – Telemedicine in the provision of veterinary services](#)).

Note in relation to a veterinary practitioner-owner-animal relationship that the Board expects a veterinary practitioner to maintain that relationship over its duration through, among other things, directly observing an animal or production system at least once per year ([Context of Guideline 1](#)).

Self-care and support

Some of the veterinary practitioners who have approached the Board about the matters covered in this article have described how stressful it has been not to be able to provide the level of service that they would normally provide.

It is hoped that this guidance provides some support to assist practitioners in their decision-making and communication with animal owners.

There are also other sources of support for veterinary practitioners experiencing challenges in their practice. For dedicated support relating to the COVID-19 pandemic, see the list of resources at Vetboard Victoria > [Support for veterinary practitioners](#)

For general support, see the [Australian Veterinary Association's \(AVA\) Vet Health portal](#). The AVA's telephone counselling is available every day on 1300 687 327 to AVA members and the veterinary professionals that work for them (who may not be AVA members).

AVA Veterinary Wellness Report

[View AVA webinar on its veterinary wellness stakeholder research report](#)

CASE STUDIES ON UNEXPECTED ANIMAL DEATH

Every year, the Board receives complaints relating to the unexpected death of an animal during or after delivery of veterinary services.

The death of an animal is always distressing, but much more so where that death may have been unforeseen. Good communication is paramount around such events, which can be challenging and stressful both for an animal's owner and the treating veterinary practitioner.

Veterinary practitioners who are practising in Victoria should be aware that, in the event of an unexplained or unexpected death of an animal under their care, they are expected to offer an animal's owner the option of arranging for a referral to another veterinary practitioner to undertake a necropsy ([Board Guideline 18 – End of life veterinary services](#)).

The two case studies in this article discuss complaints considered by the Board which involved the unexpected death of an animal.

Case study 1

Fido, a 10-year-old male desexed Blue Heeler, was presented to a veterinary practice by Ms Y with diarrhoea and reduced appetite.

Dr A examined Fido. Fido was depressed, had tachycardia and a tense abdomen. Haemorrhagic diarrhoea was detected on rectal examination.

Fido was admitted to the practice for blood tests, analgesia and intravenous fluids.

Blood tests revealed marked haemoconcentration, and a presumptive diagnosis of haemorrhagic gastroenteritis was made.

Fido appeared stable throughout the afternoon and was kept at the practice overnight to continue receiving intravenous fluids.

When staff arrived at the hospital the next morning, they found Fido had died overnight.

Ms Y was notified of Fido's death over the phone. During the call, she became aware that Fido had not been monitored overnight. She elected to take Fido home for burial. A necropsy was not discussed.

Ms Y submitted a complaint to Vetboard Victoria several months later. The complainant alleged inadequate care in that Dr A had failed to inform Ms Y that Fido would be unsupervised overnight. Ms Y believed that, if Fido had been monitored, he would have been able to receive further treatment and would not have died.

The Board delegated the complaint for preliminary investigation by a Preliminary Investigation Panel.

CASE STUDIES ON UNEXPECTED ANIMAL DEATH CONTINUED

Case Study 1 continued...

After preliminary investigation, the Panel recommended to the Board that an informal hearing take place into the professional conduct of Dr A, and the Board subsequently resolved to hold an informal hearing.

The allegations considered at the informal hearing were that Dr A had engaged in unprofessional conduct in that:

- Dr A failed to inform Ms Y that Fido would be unsupervised overnight and failed to offer referral
- Dr A failed to offer a necropsy.

[Board Guideline 16.6 states](#), 'Where an animal requires continuing care or hospitalisation outside normal business hours, a veterinary practitioner provides the owner with information on:

- the nature and level of supervision of the animal provided outside normal business hours, and
- the potential impact of restricted attendance on the animal's expected course of recovery.'

[Board Guideline 18.5 states](#), 'In the event of an unexpected death of an animal under their care, a veterinary practitioner provides an owner with information on arranging a necropsy, including any anticipated limitations to necropsy results.'

Further, [Board Guideline 18.6 states](#), 'A veterinary practitioner refers an owner to another veterinary practitioner to carry out a necropsy, unless it is not possible or practical to do so and the owner provides informed consent.'

The informal hearing panel findings were that Dr A had engaged in unprofessional conduct, not of a serious nature, and that Dr A be counselled.

Counselling is one of the determinations that may be made following a finding of unprofessional conduct. It is a formal process during which the veterinary practitioner is informed of how their conduct failed to meet the minimum required standard and how that standard might be met in future.

A Panel may counsel in any way it sees fit. The counselling may be oral, written, given immediately or within 28 days of the determination. The determination is recorded on the veterinary practitioner's file and may be referred to in any future hearing or action taken by the Board.

Case study 2

Spot, a 9-year-old female speyed Cavoodle, was presented to a veterinary practice with distress and breathing difficulties. Spot was panting but did not have laboured breathing. She was admitted to the practice for blood tests and investigation of a painful lump on her left hind leg.

Blood tests were unremarkable. Spot ate well during her hospitalisation. Pain relief was given and the panting subsequently improved. A biopsy of the leg mass was planned for the following day, as there was a concern that the mass was cancerous.

Spot was discharged that afternoon. Unfortunately, Spot's condition rapidly deteriorated later that evening and she died while being transported to an emergency veterinary practice.

Several months later, Mr Z submitted a complaint about treating veterinary practitioner Dr B to the Board, alleging inadequate communication and that inadequate/negligent care of Spot resulted in Spot's unanticipated death.

The Board delegated the complaint for preliminary investigation by a Preliminary Investigation Panel.

At the completion of the investigation, the Panel considered that:

- the causes of the panting, distress and pain could not be definitively identified despite diagnostic testing having been performed
- medical records detailing results of blood work, heart rate, mucous membrane colour, ability to walk, passage of faeces and voluntary consumption of food indicated that Spot was in a stable condition when discharged
- a necropsy was performed at another practice and found:
 - small masses in the right lung lobes, the largest being 17 x 18 mm
 - some haemorrhage of the pericardium
 - the cause of the acute death was not grossly apparent
- tissues were submitted for histopathology to a local pathology provider
 - the lung masses were found to be sarcomas, likely secondary tumours that had spread from a primary sarcoma that had been present on the leg (which records showed had been present for at least 8 months)

CASE STUDIES ON UNEXPECTED ANIMAL DEATH CONTINUED

Case study 2 continued

- there were signs of inflammation in the pericardium, damage to the kidneys and liver
- The pathologist suggested that the cause of the sudden death may have been disseminated intravascular coagulation.

After considering the information provided to it, the Preliminary Investigation Panel recommended to the Board that the matter should not proceed further.

The Panel found Dr B's clinical management of Spot to have been reasonable and that there was no evidence of negligence or inadequate care. It also found that there was no evidence that the treatment provided to Spot contributed to her death, or that any treatment that could have prevented her death was withheld.

The panel noted that thoracic radiographs may have identified the tumours in the right lung and that this additional information would have been of benefit but would have provided a poor long-term prognosis for Spot. There was no way of predicting the development of the (suggested) terminal disseminated intravascular coagulation which occurred later that evening.

After considering the Panel's recommendation, Board subsequently resolved that the matter should not proceed further.

Reflection and guidance

There are actions veterinary practitioners and animal owners can take in relation to the unexplained or unexpected death of an animal.

In Case Study 1, the veterinary practitioner did not provide sufficient information to the animal's owner about overnight care arrangements for the animal, and they did not offer the owner the option of arranging for a referral to another veterinary practitioner to undertake a necropsy.

In Case Study 2, medical records indicated that the clinical management of the animal before discharge had been reasonable. Most importantly, an independent necropsy was undertaken by another veterinary practitioner. The findings from this necropsy assisted the Panel to find that there was no evidence that the treatment provided to Spot contributed to her death, or that any treatment that could have prevented her death was withheld.

Communication is key

Clear communication between the veterinary practitioner and the animal's owner is essential at such times. The focus should be on collaborating to resolve any issues rather than on any perceived shortcomings in the animal's care or treatment.

Under [Board Guideline 4.12](#), 'When an unexpected adverse event, including unexpected death of the animal, occurs during the provision of veterinary services, a veterinary practitioner has the responsibility to inform:

1. the owner of:
 - a) what happened
 - b) any actions taken to rectify the event at the time it occurred
 - c) what the short- and long-term consequences of the event are likely to be
 - d) the availability of post-mortem examination.
2. the relevant authority of an adverse event involving the use, supply or administration of medicines, and
3. the Board of the facts of the adverse event and resultant actions as part of any complaint investigation.'

Offering post-mortem examination

When an animal dies unexpectedly, it is appropriate to tell an animal's owner that a post-mortem examination/necropsy can be performed to try to find out why the animal died.

Veterinary practitioners should offer to arrange for referral to another veterinary practitioner to undertake the necropsy. Ideally the other veterinary practitioner would be independent from the current practice, as in Case Study 2. If an independent veterinary practitioner cannot be found to undertake a necropsy, the animal's owner would need to give their informed consent to any necropsy being undertaken by the treating veterinary practitioner.

It is also important to communicate the costs of a necropsy to an animal's owner. They would be expected to give their informed financial consent to a necropsy before it was undertaken.

As can be seen in Case Study 2, in addition to information about the clinical management of the animal, the results of a necropsy can help to provide transparency for an animal's owner, the veterinary practitioner who treated the animal, and the Board (if a complaint is lodged about a matter).

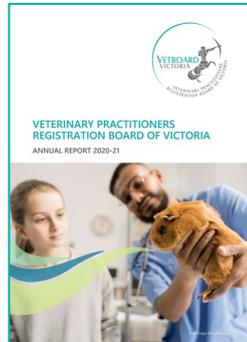
2020-21 VPRBV ANNUAL REPORT

The annual report of the Veterinary Practitioners Registration Board of Victoria (VPRBV) was presented to the Parliament of Victoria on 28 October 2021.

The report contains an overview of the Board's operations and finances for the 2020-21 financial year.

At 30 June 2021, there were 3,703 veterinary practitioners on the Register of Veterinary Practitioners, an increase of 2.2% on the previous year.

During the year, the Board granted general, specific or specialist registration to 314 veterinary practitioners.



Vetboard Victoria's 9-member Board managed 69 investigation matters and held 14 disciplinary hearings.

Among key initiatives, on 1 May 2021, the Board's revised Guidelines on appropriate standards of veterinary practice and veterinary facilities took effect. The members of the Board introduced the changed guidelines to stakeholders at 3 well-attended webinars.

Throughout the year, the Board continued to provide updates to the profession on COVID-19 restrictions. The Board distributed essential biosecurity information and alerts to veterinary practitioners on behalf of the Australian and Victorian Chief Veterinary Officers, including information about a serious outbreak of avian influenza in Victoria.

[Download VPRBV 2020-21 Annual Report](#)

FREE ONLINE EMERGENCY ANIMAL DISEASE TRAINING

Emergency Animal Diseases are diseases of national significance because of the impact they may have on animal health, human health, the environment and/or the economy. Veterinarians play a critical role in detecting, investigating, reporting and managing cases where an emergency animal disease is suspected, but for many veterinarians in clinical practice, the investigation and reporting of emergency animal disease is unfamiliar territory. With new diseases continuing to emerge, it is vital that veterinarians look out for and know how to investigate and report unusual outbreaks of disease in animals they are treating.

Emergency Animal Disease Surveillance Online Training is a free online training package for veterinarians that aims to provide a refresher on the significance of Emergency Animal Diseases, their detection, investigation, reporting and management. The training package includes 6 self-paced interactive case studies, each taking approximately 30 minutes to complete and featuring a variety of species including a dog, horses and backyard chooks.

The continuing education package was developed collaboratively with all Australian veterinary schools. Funding from the Australian Government's Agricultural Competitiveness White Paper and the Australian Biosecurity Response Reform Program has ensured this valuable resource is freely available to the veterinary profession.

View the Emergency Animal Disease Surveillance training package at:
<https://eadonline.com.au>

Modules



Overview



Case study 1: Aborting goats



Case study 2: Lethargic backyard chooks



Case study 3: Wobbly horse



Case study 4: Sudden death in pigs



Case study 5: Dog with neurological signs

PIG EAD SURVEILLANCE TO CONTINUE THROUGH EVIDENCE OF ABSENCE PROJECT - FROM AGRICULTURE VICTORIA

Disease surveillance of the national pig herd is required to demonstrate Australia's freedom from significant emergency diseases, support market access, improve the understanding of on-farm biosecurity practices, and identify gaps and areas of improvement.

The national **Evidence of Absence Surveillance Project** was launched a few years ago and designed to increase the number of exclusion tests undertaken to substantiate Australia's declaration for the absence of emergency diseases.

Under the project, veterinarians were encouraged to submit samples from animals/herds showing symptoms of syndromes consistent with a list of emergency animal diseases affecting pigs.

Samples were submitted through state veterinary laboratories to the CSIRO Australian Centre for Disease Preparedness for exclusion testing at no cost to the veterinarian or their client, with the results added to the National Animal Health Information System (NAHIS).

Collaboration between Animal Health Australia and Australian Pork Limited has seen an agreement to extend this pig industry funded project for another three years. We are still waiting on final details about this initiative, including the syndromes targeted, which we understand will be released shortly.

To be added to the mailing list for information and updates about this project, please contact Leah.Starick@agriculture.vic.gov.au.

RECENT ISSUES OF VETWATCH NEWSLETTER

The August issue of Agriculture Victoria's VetWatch newsletter covered:

- Victorian animal health surveillance for the period 1 April to 30 June 2021
- the widely reported hepatopathy (severe liver disease) cluster in dogs across Gippsland and around Melbourne
- the detection of abalone viral ganglioneuritis virus in Victorian waters
- the first cases of canine monocytic ehrlichiosis in Victoria
- what vets should do if presented with a bat with suspected Australian bat lyssavirus (ABLV), or a pet which has come into contact with a bat
- suspected cases of foot and mouth disease in South West Victoria found to be contagious ecthyma/orf virus/scabby mouth
- general information about the significant disease investigation program and sending samples overseas.

The November issue of VetWatch covered:

- Victorian Animal Health surveillance for the period 1 July to 30 September 2021
- the identification of H10N3 low pathogenic avian influenza at a commercial emu farm in northern Victoria
- an incident of Border/hairy shaker disease in commercial sheep at a Victorian property

- a diagnosis of lasalocid toxicity in milk-replacer-fed calves on 3 properties in western Victoria
- a report on the first meeting of the newly formed Veterinary Practitioner Consultative Group (VPCG).

Access [VetWatch Newsletter](#)

NOTE At time of publication, the VetWatch webpage was being updated with latest issues to be uploaded soon

CALL FOR FEEDBACK

What would you like to see on the Vetsource webpage?

In the November VetWatch Newsletter, Victoria's Chief Veterinary Officer Dr Graeme Cooke called for feedback from veterinary practitioners in Victoria on the Vetsource webpage on Agriculture Victoria's website. The Vetsource page holds resources and current information to assist veterinarians in Victoria meet their legal responsibilities to notify disease and get involved in surveillance or training activities.

1. View Agriculture Victoria's [Vetsource page](#)
2. Take Agriculture Victoria's short [survey about Vetsource](#)

APPROVALS FOR THE USE OF ELECTRONIC DEVICES FOR THERAPEUTIC PURPOSES – FROM ANIMAL WELFARE VICTORIA

On 22 July 2021, two notices approving the use of certain electronic devices for therapeutic purposes were [published in the government Gazette](#).

The Prevention of Cruelty to Animals Regulations 2019 prevent a person using, or placing, an electronic device on an animal unless permitted. One of the permitted uses, under Ministerial approval, is use for therapeutic purposes.

Ministerial approval was given earlier this year to allow the use, **by veterinary practitioners registered under the *Veterinary Practice Act 1997* and persons who hold an interstate right to practise as defined in that Act**, of the following types of electronic devices:

- **pulse generating electronic devices for general use**
 - transcutaneous electrical nerve stimulation (TENS) machines
 - pulsed electromagnetic field (PEMF) therapy devices
- **pulse generating electronic devices for use by veterinary practitioners that are:**
 - an active implantable medical device, namely: cardiac pacemakers or cardioverter-defibrillators
 - external defibrillators
 - for electro-acupuncture
- **other electronic devices for use by veterinary practitioners that are:**
 - electrosurgery units for monopolar or bipolar use
 - ultrasonic dissectors
 - cochlear implants, using pulsatile or analogue electrostimulation

For clarification, or if you have suggestions for other devices that may not have been captured in the above list, email Animal Welfare Victoria at animal.welfare@agriculture.vic.gov.au

SURVEY ON ANTIMICROBIAL PRESCRIBING

Researchers at The University of Melbourne are seeking veterinarians to participate in a research project funded by the Department of Agriculture, Water and the Environment.

The survey topic is: **What factors influence the antimicrobial prescribing behaviours of veterinarians in Australia?**

The Board has confirmed with the University of Melbourne that this survey forms part of an Approved Human Ethics Project.

To view more information about the project and find a link to the survey, go to: University of Melbourne > Veterinarians > [Seeking Australian veterinarians for antimicrobial prescribing research](#)

RACING VICTORIA VETERINARY PERMIT SYSTEM COMMENCED 1 OCTOBER 2021

New Racing Victoria rules require that no person may provide veterinary services to a horse that is in training or competing in Victoria under the care of a Racing Victoria licensed trainer, unless that person has been issued with a permit to do so by Racing Victoria.

Only 2 exceptions allow for a “non-permitted veterinarian” to provide veterinary services: in emergency circumstances where the health or welfare of a horse is at risk and a veterinarian who has a Racing Victoria Veterinary Permit is not available, or if Racing Victoria Stewards have given prior approval.

To receive a Racing Victoria Veterinary Permit, a person needs to be a registered veterinary practitioner and also needs to satisfy Racing Victoria’s Suitability Policy.

Racing Victoria Permitted Veterinarians are required to renew their permit every year if they wish to continue providing veterinary services to horses that are training or competing in Victoria under the care of a Racing Victoria licensed trainer.

To view the Veterinary Permit Policy and apply for a Veterinary Permit, go to Racing Victoria > [Veterinary permit](#)

VETERINARY PRACTITIONERS REMOVED FROM VICTORIAN REGISTER

The names of the following veterinary practitioners were removed from the Register of Veterinary Practitioners after renewal closed on 31 July 2021. While we are not informed of this in all instances, the Board understands that many of these practitioners have either moved to other jurisdictions or retired.

Dr Giulia Agostini [V8642]	Dr Ian Holmes V1529	Dr Fiona Pearson V9433
Dr Brodie Argue [V9169]	Dr Neil Howard V1252	Dr Lisa Priest V5534
Dr Amir Audish V4739	Dr Jill Jacobs V8825	Dr Cassandra Prpich V5365
Dr Alice Batty V9630	Dr Prabkirat Kaur V9184	Dr Nicole Purser V6163
Dr Evangeline Beech V9741	Dr Melissa Kilby V8396	Dr William Riches V410
Dr Louise Blakely V9614	Dr Sophie Lambden V9043	Dr Laura Salisbury V9609
Dr Marianne Bol V4479	Dr Ellen Leadbitter V9457	Dr Long Yee Ron See V9078
Dr Katie Bott V9165	Dr Charlene Lee V8970	Dr Vikramjit Singh V8439
Dr Erik Brudevold-Iversen V8095	Dr Krysten Lee V9650	Dr Rhona Smith V8626
Dr John Butler V1481	Dr Jang Hwan Lee V9856	Dr Young Sohn V9897
Dr Robert Campbell V689	Dr Mark Lethlean V1957	Dr John Stanek V1907
Dr Felix Chia V8870	Dr Mark Lewis V1711	Dr Catherine Steel V2291
Dr Bruce Christie V448	Dr Hayley Lia V9894	Dr Silvia Sugiyama V4541
Dr Aoibheann Clarke V6052	Dr Jaymie Lim V9732	Dr Tara Summerhayes V9696
Dr Alexandra Cunneen V9363	Dr Amy Little V9353	Dr Su Yun Tan V9563
Dr Allyson Davis V9659	Dr Crystal Loh V9135	Dr Joanne Taylor V8167
Dr Jessica de Klerk V9275	Dr Blinne Loughran V9476	Dr Janine Thomas V3149
Dr Laura Doeven V8762	Dr Daniel MacDonald V9648	Dr Louisa Thomas V4468
Dr Edward Donelan V779	Dr Kristelle Maranon V9779	Dr An To V9442
Dr James Doumstis V9088	Dr Ian Maycock V732	Dr Andres Townsend Klinge V9346
Dr Michelle Egan V8438	Dr Michael McAuliffe V1807	Dr Marguerite Treloar V8951
Dr Elizabeth Erasmus V9675	Dr Fiona McKeever V9688	Dr Jennifer Tseng V9791
Dr Derek Fairley V799	Dr Torquil McKillop V6102	Dr Jennifer Voss V8679
Dr Camilla Forss V4820	Dr Colin McQueen V3582	Dr Harry Waters V9191
Dr Brianna Fredrich V9604	Dr Pooja Mishra V9722	Dr Yushara Wijerathna Mudiyansele V9598
Dr Amelia Fryer V9641	Dr Anna Mitchell V9733	Dr Hannah Williams V9153
Dr Ian Grant V1568	Dr Robert Moore V1002	Dr Cameron Wood V2460
Dr Samuel Green V9416	Dr Claudia Neverauskas V9065	Dr Lucy Worthington V8629
Dr Amrita Grewal V5291	Dr Alannah Norton V8409	Dr Sian Wotherspoon V9471
Dr Patrick Hannemann V9044	Dr Olivia Oginska V9707	Dr Hugh Wrigley V9734
Dr Ruth Heneghan V9503	Dr Ruel Pagoto V8390	
Dr Melissa Ho V9438	Dr Melanie Palmer V9714	
Dr Rebakah Hobson V9684	Dr Henry Pang V8478	

SUPPORT AND INFORMATION FOR VETERINARY PRACTITIONERS

VETBOARD VICTORIA RESOURCES

- [Download proof of registration or update your contact details via My Account](#)
- [COVID-19 FAQs](#)
- [Registration](#)
- [Complaints](#)
- [Guidelines for appropriate standards of veterinary practice and veterinary facilities](#)
- [Veterinary Practice Act 1997](#)
- [Other laws relating to veterinary practice](#) including the *Drugs, Poisons and Controlled Substances Act 1981*
- [About the Board](#) and [Board members](#)
- [Annual reports](#)

PERSONAL SUPPORT DURING COVID-19

If you or someone you know needs assistance or support, the links below may be helpful to you.

Physical health:

- [Symptoms and risks](#) - Victorian Government
- [Symptom checker](#) or call the coronavirus hotline 1800 675 398 - Australian Government

General support:

- Australian Veterinary Association [VetHealth](#) and [telephone counselling service](#) 1300 687 327 both for AVA members & the vet professionals who work for them
- [Head to Health](#) - Australian Government
- [Mental Health Resources – coronavirus](#) - Victorian Government
- Lifeline Australia [Mental health and wellbeing during the coronavirus outbreak](#) 131 114
- Beyond Blue [Coronavirus mental wellbeing support service](#) 1300 224 636
- [Sane Australia](#) 1800 187 263

Workplace support:

- [AVA COVID-1 Workplace Toolkit 2021](#)
- [COVIDSafe Plan](#) – Victorian Government
- [Victoria's restriction levels](#) - includes Victorian Government Workplace Directions
- Business Victoria: call 13 22 15 or view [Coronavirus business information](#)
- Fair Work Ombudsman: [Coronavirus and Australian workplace laws](#)

AGRICULTURE VICTORIA INFORMATION

Emergency Disease Hotline

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

Talk to local animal health staff

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

General contacts

- Customer service line 136 186
- Email biosecurity queries or feedback to animal.biosecurity@ecodev.vic.gov.au
- Email animal welfare queries to pet.welfare@agriculture.vic.gov.au

General information

- www.agriculture.vic.gov.au
- [Biosecurity](#) and [animal diseases](#)
- [VetWatch newsletter](#) – information about animal disease surveillance
- [Antibiotic resistant infections](#) & [information for vets and staff](#)
- [Animal Welfare Victoria](#)
- [Livestock and animals](#)
- [Pet care](#)

MEDICINES, MICROCHIPPING, RADIATION

- [Medicines and Poisons Regulation](#) office, Victorian Department of Health and [legislative requirements for vets](#)
- **Prescribing guidelines and resources:**
 - [Various prescribing guidelines including dogs and cats, pigs, poultry](#) - AVA
 - [Off-label drugs, compounded medicines and antibiotics](#) - AVA
 - [Veterinary prescribing guidelines for companion animals, equines and bovines](#) the University of Melbourne
- **Microchipping:** [authorised implanter course for veterinarians](#) - Victorian Division AVA
- **Radiation:** [individual use licence](#) and [management licences](#) to use radiation sources Vic Health.

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.