



PRESIDENT'S MESSAGE



On behalf of staff and directors, your veterinary board welcomes you to this newsletter.

2023 has been a busy year for our profession and your board. As our economy and society rebounds from the COVID years, we continue to

see workforce pressures, affordability of veterinary care and the sheer pace of technological change impact our profession in Victoria.

The volume of complaints against practitioners has continued to increase, and in the majority of cases two big factors stand out: the first is fees, the second is communication.

Fortunately, we live in a country with world class health where the system shields most people from the real cost of human healthcare. The realisation of the true cost of veterinary care is consequently a real shock for many animal owners. The veterinary board has no jurisdiction in setting fees for veterinary services, yet fee-related complaints make up the largest volume of our complaints.

The cost of living crisis for many households, the financial realities of caring for pets purchased during the COVID era and the escalating costs of running a veterinary practice increase the likelihood that even more clients are going to be concerned about fees. While the veterinary board has no jurisdiction in the setting of fees by private practices, we do have jurisdiction when it comes to the provision of clear estimates of the cost of veterinary care to clients, where there may be “over servicing”, or where there may be dishonesty in the fees charged.

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President's message continued...

Please make sure you provide your clients with clear estimates of the cost of care, you keep those estimates current to reflect any developments while you are delivering veterinary care, and you ensure that estimates are both clearly understood and acknowledged by your clients. Pay attention to the communication and documentation that ensures your clients have been provided with fee estimates that build public trust in our profession, are clearly understood by the clients, and minimise the risk of unpleasant surprises for you and your client.

Poor communication is the second big factor in complaints to your veterinary board. Prevention is far better than cure. A significant percentage of the complaints received this past year would have been prevented with good, clear, respectful communication between client and practitioner.

President's message continued...

It's a timely reminder to think about the opportunity to continue to improve our personal and professional communications with clients. The rise of multi-practitioner practices and the increasing contribution of para-professionals demand that we also consider how effective our communication is within the care team looking after each pet - from phone and reception staff across all of the team that is trusted by clients to care for their animals, from first consultation through to critical communications on discharge.

So often excellent clinical practice and hard-earned reputations for excellence in care are let down by poor communication within a practice, particularly when poor or confusing communication is given to an animal owner on client discharge. Please take the chance to think about the patient journey in your practice. Think about how effective your communication is as a care team trusted with a pet and put yourself in the place of the animal owner – what do they see, hear, read, understand and experience through your communication? Ask yourself if your personal and practice communication is building or eroding client trust in you and in our profession.

Our thanks to practitioners who participated in the veterinary board's forums and surveys held this year. There is a summary of forum feedback on page 3. Your feedback and engagement was invaluable as we look forward in our strategic planning.

As the new year approaches, I personally wish you the best of happiness, good health, personal and professional fulfilment in 2024.

Dr John Harte
President

CELEBRATING DIVERSITY & RESPECT IN THE PROFESSION



This year's World Veterinary Day on 29 April focussed on promoting diversity, equity and inclusiveness in the veterinary profession.

Your veterinary board values our inclusive and diverse profession and celebrates diversity and respect.

A diverse and respectful veterinary profession is vital for enriching perspectives, addressing varied needs, and fostering inclusivity.

In our view, a workforce that reflects the wider community promotes trust and accessibility, while a culture of respect enhances collaboration and communication, ultimately ensuring comprehensive and compassionate care for animals and pet owners.

Vetboard Victoria urges all veterinarians to uphold these values in their interactions with their veterinary peers, colleagues and the general public.

A culture of kindness and respect not only contributes to a positive and supportive work environment but also enhances the profession's reputation in the eyes of the public.

By fostering respectful communication and collaboration among veterinarians, the profession can collectively strive towards delivering the highest standard of care for animals while creating a welcoming and trustworthy experience for pet owners.



**READ BOARD GUIDELINE:
EXPECTED BEHAVIOURS AND PRINCIPLES
OF PROFESSIONAL CONDUCT**

VET CONSULTATION AND STRATEGIC PLANNING UPDATE

Thank you to all veterinarians who participated in the recent Vetboard forums.

Practitioner workshops were conducted between 13 September and 3 October 2023 to inform the development of Vetboard Victoria's 2024-2027 Strategic Plan.

These consultative sessions, which were moderated online and face-to-face by Board President Dr John Harte, were used to gather insights, identify priorities, and increase transparency and buy-in to the strategic planning process.

The forums were an overwhelming success, and the insights and ideas generated at the sessions present a significant opportunity for the veterinary board to broaden the scope of services currently available.

At each forum, practitioners showed their appreciation for being consulted in developing the Strategic Plan. Issues raised by practitioners throughout Victoria were very similar, with the exception of the issue of after-hours services, which emerged as a major concern in regional areas.

What did vets want to know?

Vets were very keen to understand how the Board operates and what the Board does outside of managing complaints. Vets wanted to learn about the complaints process, including the opportunity to learn from the mistakes of others.

Dominant themes raised

- **Workforce shortages** including attrition rates and support for new graduates
- **Rural vs Metropolitan** - how to encourage more vets into large animal practice
- **After hours services** (particularly in rural areas), noting a distinct connection between after hours work and burnout
- **Mental health concerns** due to pressure from consumers and their unrealistic expectations, and increased aggression towards vets.
- **Veterinary nurses and veterinary technicians** as a way of easing workforce issues, and the question of whether vet nurses should be registered.

What changes did vets ask for?

- Overwhelmingly, vets said they would like the veterinary board to collaborate more with the profession, including conducting more forums and providing education.
- Vets said they would like the board to have a higher profile, including involvement in policy development and a more proactive role in advocating for the profession.
- Vets also wanted the Board to take a proactive approach to tackling mental health in the sector.
- Vets would like to see complaints resolved more quickly and collaboratively.

NEW VIDEOS AND FACTSHEETS AVAILABLE

Some videos and factsheets about veterinary boards produced by the Australasian Veterinary Boards Council can now be viewed on our website.

The aim of these resources is to build a greater understanding of how veterinary boards work amongst the veterinary profession and the general public.

We encourage you to view the videos together with team members. A shared understanding of contemporary veterinary regulation across the whole veterinary team helps everyone to deliver professional services confidently and support each other effectively.

Four of the videos are specifically about complaints or health investigations:

- What happens when a complaint about professional conducts is made?
- What can you do if a complaint is made about you?
- What happens if your practice is impaired by a health issue?
- How can you prevent a veterinary board complaint?

[VIEW: Videos for vets](#)

[VIEW: Videos for general public](#)



PRACTICE ALERT AND CASE STUDY: AVOID BEING DECEIVED BY DRUG-SEEKING CLIENTS

FROM MEDICINES AND POISONS REGULATION BRANCH, VICTORIAN HEALTH DEPARTMENT

The Victorian Department of Health has received numerous notifications about forged veterinary prescriptions being presented to pharmacies, usually for Schedule 4 and Schedule 8 drugs of dependence, as well as other medicines subject to misuse

Many of the fraudulent prescriptions are almost identical to the original prescriptions issued, and in some cases the veterinarian had difficulty differentiating which ones were fraudulent without checking their records.

Some fraudulent prescriptions are being presented as hard copy computer-generated paper prescriptions, while others are being presented on the offender's mobile phone, with the offender claiming that the veterinarian had emailed the prescription (showing a gmail/hotmail email address purportedly linked to the veterinary practice rather than a work email).

Veterinarians should recognise some of the warning signs that may indicate a drug-seeking client:

- A new client specifically requesting medication that is at high risk of being diverted or misused
- A client requesting large quantities and/or repeats of medication that is at high risk of being diverted or misused
- A client who presents mostly via video/telephone consultations and requests medications subject to misuse
- A client who disagrees with a veterinarian's recommendation for treatment and presents an elaborate reason why their animal may require a different course of treatment involving drugs of dependence
- A client who continuously requests prescriptions early and/or claims to have lost/misplaced the medicine or requires extra supply as they have plans to travel.

EXAMPLE CASE STUDY

A client attended a veterinary practice requesting diazepam and trazadone for their dog. They claimed to live in a regional area and travel long distances by car to work with their dog, which would experience anxiety and motion sickness.

EXAMPLE CASE STUDY CONTINUED...

The client stated that fluoxetine had previously been ineffective. Believing the case to be genuine, the veterinarian wrote prescriptions for diazepam and trazadone with several repeats. Months later, the client called to request further prescriptions via teleconsult. The client provided what appeared to be a reasonable excuse for requiring an early prescription. The veterinarian subsequently obliged and issued a further prescription with repeats.

Over a period of months, the veterinarian continued to have several remote consults via video or telephone, during which further prescriptions were issued.

Eventually, the veterinarian became suspicious and refused to continue to issue prescriptions and asked the client to find a new veterinary clinic. The veterinarian noted on the patient's clinical records that they believed the owner was drug-seeking and alerted the practice manager to the issue. However, the veterinarian failed to notify the Department and Victoria Police of these concerns.

Approximately six months later, the client attended a pharmacy with his dog and presented a computer-generated paper prescription for diazepam and clonidine.

The pharmacist identified that the prescription for diazepam did not comply with the legal requirements for prescribing a Schedule 4 drug of dependence – specifically, that it did not contain any handwritten details of the prescription particulars.

Being unfamiliar with the prescriber and unable to verify its authenticity due to the client presenting late in the evening, the pharmacist retained a copy of the prescription and asked the client to come back the next day to collect the medicine.

The next day, the pharmacist contacted the veterinarian in order to verify the prescription and was told it was fraudulent and that the veterinarian had not issued a prescription in over 10 months.

Complying with their legal obligations, the pharmacist notified both Victoria Police and the Department about the forged scripts, which resulted in a police investigation into the client's conduct.

Continued next page...



AVOID BEING DECEIVED BY DRUG-SEEKING CLIENTS CONTINUED

Take these steps to ensure you are fulfilling your legislative and professional requirements:

- Familiarise yourself with the required components for computer generated prescriptions, i.e., paper prescriptions printed using computer software rather than handwritten prescriptions.
- Understand the meaning of the term “**drug of dependence**”.
- Understand the requirement in the Drugs, Poisons and Controlled Substances Regulations 2017 for a practitioner to take “**all reasonable steps**”.
- Discuss and formulate a policy within your clinic for **remote** prescribing to ensure that prescribers are adhering to legislative and professional standards.
- Know when you are required to notify the health department and/or police of conduct.
- Familiarise yourself with the following documents which can be accessed on the Department’s website and which contain information that is intended to assist a veterinary practitioner to prescribe **safely** and **lawfully** in Victoria:
 - [Veterinary practitioners - key requirements in Victoria](#)
 - [All reasonable steps and other key terms](#)
 - [Criteria for lawful prescriptions](#)
 - [Supply, administration and records \(S4 and S8 poisons\)](#)
 - [Possession and storage \(S4 and S8 poisons\)](#)

QUESTIONS? Lodge an enquiry with the Medicines & Poisons Regulation Branch of the Department of Health: <https://forms.business.gov.au/smartforms/landing.htm?formCode=mpr-enquiry>

APVMA POSITION STATEMENT: USE OF CANNABIS IN VETERINARY CHEMICAL PRODUCTS

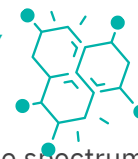
FROM AUSTRALIAN PESTICIDES AND VETERINARY MEDICINES AUTHORITY

Prompted by numerous queries from pet owners, veterinarians, and product registrants, the Australian Pesticides and Veterinary Medicines Authority (APVMA) has published a position statement on the use of cannabis in veterinary chemical products.

This statement seeks to provide clear guidance on the regulation of cannabis in veterinary care to ensure regulatory compliance and responsible use of cannabis in veterinary chemical products.

APVMA's position is that products containing these substances fall under the definition of a veterinary chemical product, as outlined in section 5 of the Agricultural and Veterinary Chemicals Code (Agvet Code) scheduled to the *Agricultural and Veterinary Chemicals Code Act 1994*. Consequently, such products would require registration.

As of 8 August 2023, APVMA had not registered any veterinary chemical products containing cannabis. This underlines the authority's commitment to ensuring that products in this category meet rigorous regulatory standards before being made available to the public.



Queries received by APVMA span a wide spectrum. Veterinarians have requested guidance on the prescription of *unregistered* veterinary products containing cannabis. Pet owners have asked if they can use medicinal cannabis for their animals.

To address these queries and other concerns, APVMA has published detailed information on its website outlining its stance on cannabis, hemp, or cannabinoids in veterinary chemical products. This information includes FAQs for veterinary practitioners, ‘Can veterinarians prescribe unregistered cannabis products?’ and ‘What unregistered cannabis products are veterinarians allowed to prescribe?’.

The authority is committed to addressing concerns and updating information to ensure the responsible and compliant use of cannabis in veterinary chemical products.

More information and FAQs:

- [APVMA page on regulation of veterinary chemical products containing cannabis](#)
- Stakeholders with further inquiries or seeking clarification on cannabis in veterinary products are encouraged to contact the APVMA Enquiries Team at enquiries@apvma.gov.au

GUIDANCE: PENTOBARBITAL ACCESS AND STORAGE

After receiving information from the Coroners Court of Victoria relating to access to and storage of pentobarbital, the vet board has issued guidance on this subject.

In response to Coroners Court findings earlier this year, the Board published guidance on access to and storage of pentobarbital, a Schedule 4 poison and drug of dependence. The Board's recommendations aim to address safety concerns following incidents involving suicides and improper storage practices within veterinary clinics.

Context and resources

Between 2000 and 2021, there were 115 suicides in Victoria involving pentobarbital. Recent coronial findings highlighted breaches of the storage and access regulations for pentobarbital by veterinary clinics. Pentobarbital is classified as a Schedule 4 poison and a drug of dependence, impacting its storage and handling.

Scheduling and classification

Pentobarbital is subject to the Poisons Standard, and the *Drugs, Poisons and Controlled Substances Act 1981*. Storage requirements for pentobarbital are outlined in the Therapeutic Goods (Poisons Standard-October 2023) Instrument 2023 and the Drugs, Poisons and Controlled Substances Regulations 2017.

Storage guidelines

Pentobarbital must be stored in a locked facility according to regulations, and keys must be inaccessible to unauthorised persons. When stored with other Schedule 4 poisons, it is recommended to use a separate locked container for pentobarbital to prevent unauthorised access. Storage with Schedule 8 poisons is acceptable if kept in a locked and secured Schedule 8 drug safe.

Board recommendations

Pentobarbital stored with other Schedule 4 poisons should be in a separate locked container for authorised access by registered veterinary practitioners only or within a locked Schedule 8 drug safe.

Board recommendations continued...

Veterinary practitioners should not supply pentobarbital for later administration by veterinary nurses or clients, or send pentobarbital via mail or courier. Guidance for the safe storage of pentobarbital in vehicles has also been provided.

Clinic responsibilities

Clinic owners and managers must ensure staff education on safe access, storage, and monitoring of pentobarbital. Systems and processes should be in place to identify deviations from expected practice, with staff adequately trained on these procedures.

Health and wellbeing focus

The Board emphasises the connection between mental health and incidents involving pentobarbital. Resources for mental health support are available on the Board's website. Guideline 8 promotes practices supporting the physical and mental wellbeing of veterinary practitioners and teams.

The Board's recommendations underscore the importance of vigilant adherence to regulations and best practice to ensure the safe handling and storage of pentobarbital, prioritising the wellbeing of veterinary practitioners and their teams.

View complete guidance and links to legislation here: [Guidance on access to and storage of pentobarbital](#)

AMR VET COLLECTIVE

The AMR Vet Collective translates the science around antimicrobial resistance (AMR) into meaningful and practical information that vets can use to make evidence-based decisions in their daily practice.

The collective develops resources and connects vets with existing excellent resources to help with antimicrobial stewardship. Resources include:

- [a comprehensive Australian and New Zealand online course in veterinary antimicrobial stewardship /](#)
- [all antimicrobial prescribing guidelines collected in one spot](#)

More info: visit the AMR Vet Collective online at www.amrvetcollective.com

GOOD NEWS UPDATE: POSITIVE RESOLUTION OF CONCERNS



We are happy to share a recent success story that shows the power of open communication and proactive problem-solving within our veterinary community.

A complainant who recently contacted the veterinary board about a potential complaint expressed their satisfaction with prompt and transparent communication from the head vet at the clinic in question.

Shortly after they contacted the Board, and before the Board had contacted the veterinary practitioner, the complainant received a follow-up call from the clinic’s head vet, who not only explained the circumstances surrounding the issue but also outlined concrete actions being taken to prevent any recurrence.

The complainant then contacted the Board to express appreciation for the clinic’s swift response and commitment to addressing their concerns. They withdrew their complaint, stating, ‘Based on this explanation I’m satisfied the issue is being taken seriously and being meaningfully addressed.’

Board staff responded, ‘It is good to hear that the clinic has addressed your concerns and given you an explanation, and is taking steps to amend its practices to avoid a similar situation in the future.’

This type of resolution is welcomed by the Board, as it provides a satisfactory outcome for a complainant and avoids the potential stress of a lengthy investigation for all parties involved.

Success stories such as this are a testament to the collaborative efforts of our veterinary community in fostering a culture of accountability, understanding, and continuous improvement.

We commend all parties involved for their commitment to resolving issues amicably and maintaining the high standards of professionalism and care that define our profession.

BOARD GUIDANCE: COMMUNICATION ABOUT VETERINARY MEDICAL RECORDS

When it comes to an animal’s medical records, ownership resides with the vet and veterinary practice. Some important things to note on this include:

- While in human medicine, health information is considered a subset of personal information about a person, in veterinary medicine - by contrast, animal health information and medical records are considered to be information created by and belonging to the veterinarian or veterinary practice. Therefore, a vet is not obliged to provide a pet’s medical record to the owner.
- Communication is key here. The way the vet communicates to an animal’s owner about a request for medical records is important. If this is not communicated well, the chances of receiving a complaint will increase.
- It is important to have an open dialogue with the animal’s owner to understand why they want the medical records, then address any concerns raised. This can be a good opportunity to build rapport.

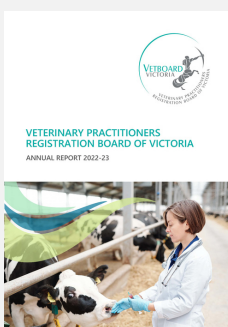
There is some concern by vets about releasing animal medical records and the possible impact on vet indemnity insurance. It is important that a client is able to use an animal/pet insurance policy they may hold. Where the vet provides medical records directly to the insurance company, the client can always request the record from the insurance company.

ANNUAL REPORT 2022-23

Minister for Agriculture Ros Spence presented Vetboard Victoria’s annual report to the Parliament of Victoria on 1 November 2023.

At 30 June 2023, there were 3,906 veterinary practitioners on the Register of Veterinary Practitioners, an increase of 3.31% from the previous year. The Board granted general, specific or specialist registration to 417 veterinary practitioners. The 9-member Board received 140 complaints, 84 of which were investigated. The Board held 9 informal and 3 formal hearings during the reporting year.

Overall, the reporting year was one of stability in the Board and management team. We worked to restore our finances to health through prudent financial management, and our financial performance improved during the reporting period due to lower legal costs, a stabilised workforce and process improvements.



DOWNLOAD
2022-23
ANNUAL
REPORT

PRIVATE VETERINARIANS VITAL IN EMERGENCY ANIMAL DISEASE RESPONSE FROM AGRICULTURE VICTORIA

Private veterinarians will play a critical role in responding to Emergency Animal Disease (EAD) outbreaks such as foot-and-mouth disease or lumpy skin disease.

In the event of an EAD incursion in Victoria, Agriculture Victoria would be responsible for the control and eradication of the disease including decisions around control strategies, surveillance, detection, investigating suspect cases and collecting diagnostic samples, and any necessary destruction and disposal of livestock.

As part of our planning, it is crucial Agriculture Victoria can access the assistance of private veterinarians from across our state to ensure the best possible outcome for our agriculture industry.

To provide support and expertise, temporary employment or contracted service opportunities would be available for private veterinarians to work in the field and provide essential services to help control the spread of the disease.

The Animal Health Committee (AHC) for Australia established a working group to review the National Guidance document on the Engagement of Private Veterinarians during an EAD response. Working group members from all states, territories and Commonwealth governments, Australian Veterinary Association, Animal Health Australia and Wildlife Health Australia met regularly and an updated revised National Guidance document was released in June.

Agriculture Victoria encourages all veterinarians to consider their potential role in an EAD, and to stay up to date on the latest news and developments in this important space.

We are seeking expressions of interest from veterinarians in participating in the event of an EAD outbreak. The database of interested veterinarians will be used to advertise training opportunities and provide information and updates. You can express your interest in participating here: [Private veterinarians in an emergency response](#)

All states and territories are actively collaborating and sharing resources to ensure Australia is prepared for an EAD outbreak.

The Victorian Government has invested \$33 million to ensure our state can rapidly respond to any EAD outbreak. This investment has enabled government to boost its technical expertise and capability, procure equipment to be response ready and work with other jurisdictions to ensure we have updated and consistent policies and plans in place.

Together we can work to protect the health and wellbeing of livestock in Victoria and safeguard our state's economy.

To learn more about Agriculture Victoria's emergency animal disease preparedness work, visit <https://agriculture.vic.gov.au/biosecurity/animal-diseases>



AFRICAN SWINE FEVER COURSE

Biosecurity Queensland is offering all Australian vets a free African swine fever (ASF) surveillance and sampling eLearning course.

One of the best ways to contribute in an emergency animal disease response (EAD) is by ensuring your knowledge of EAD clinical signs and sampling methods is up to date.

The interactive course on the Animal Health Australia website contains information on the fundamentals of sampling and surveillance, health and safety practices, live pig handling, pig post-mortem examination and sample collection and submission. This is transferrable knowledge that will be valuable regardless of the EAD we're faced with.

Director of Biosecurity Response Preparedness in Biosecurity Queensland Dr Fiona Thompson says, 'We know from social research that veterinarians and animal industry specialists are among the most respected sources of information when it comes to EADs [but they] are also under increasing time and resource pressures, so it's important that we provide quality, easy to use professional development resources'.

Register for this free training worth 2 CPD points at: <https://aha.canopihr.com.au> or email ASFPPP@daf.qld.gov.au

JAPANESE ENCEPHALITIS RECLASSIFICATION FROM AGRICULTURE VICTORIA

A year after it was first detected, Japanese encephalitis has been reclassified under the Livestock Disease Control Act 1994 as a notifiable “disease” rather than a notifiable “exotic disease”.

This change reflects national understanding that the disease is sporadically and seasonally endemic in mainland eastern Australia and aligns Victoria’s legal position with those in other states.

Japanese encephalitis virus is spread by mosquitoes in a complex cycle that can involve birds, pigs and spillover hosts like horses, humans and many other animals. This transmission cycle means it is not possible to eradicate Japanese encephalitis in Victoria.

As Japanese encephalitis remains a notifiable disease, if you suspect an animal is showing signs of Japanese encephalitis, you must report it either to via the **24-hour Emergency Animal Disease Watch Hotline on 1800 675 888**, using the [disease notification form](#), via the Notify Now app or directly to Agriculture Victoria animal health staff. **You must make the report within 12 hours of detecting the disease.** You should of course, also contact your veterinary practitioner who will collect the appropriate samples to enable a formal disease diagnosis (or exclusion).

This data helps Agriculture Victoria assist the Victorian Department of Health in its role to protect human health. The Department of Health conducts mosquito surveillance and provides weekly mosquito-borne disease reports throughout the mosquito breeding season, which in inland areas typically occurs from early November through to late April the following year or in coastal areas typically starting earlier and ending later.

Humans may become infected if bitten by a mosquito that is carrying Japanese encephalitis virus but cannot be infected directly from contact with horses or pigs or from consuming pork products. While most human infections result in no symptoms, children under five and the elderly are at a higher risk of developing severe illness, such as encephalitis.

Japanese encephalitis was detected in Victoria in February 2022 and outbreaks were confirmed on 23 pig properties in northern Victoria. Confirmed positive detections of Japanese encephalitis in pigs were made in the Moira, Loddon, Campaspe, Wangaratta, Gannawarra, Greater Shepparton, Greater Bendigo and Northern Grampians Shires

While not confirmed, 10 probable horse cases were identified across Victoria.

During the summer of 2022-23, 13 suspected pig cases were investigated in Victoria, but no cases were confirmed. During the same period veterinarians investigated over 75 suspected equine cases, while none have proven positive, there is evidence of Japanese encephalitis virus exposure in 8 of those cases.

The best way to manage Japanese encephalitis risk on your property is to actively reduce mosquito breeding habitat and prevent livestock being exposed to mosquitoes. Speak to your medical advisor about human vaccination and mosquito bite prevention strategies.

WILDLIFE EMERGENCY SUPPORT OPPORTUNITIES IN 2024-25

The Wildlife Emergency Support Network (WESN) was established following the 2019-20 bushfires to assist during emergency response activities for bushfire events where wildlife is impacted. WESN improves wildlife welfare outcomes by developing a network of trained and accredited individuals from the veterinary and wildlife welfare sectors who can be deployed as part of wildlife emergency response activities for bushfire and extreme heat events.

During August and September 2023 over 120 people, including wildlife vets, vet nurses and wildlife volunteers, completed one of eight training courses delivered across the state in preparation for potential emergencies.

Nominations for the 2024-25 fire season will open in April 2024. If you are interested in filling the roles of triage veterinarian or field veterinarian (preferably an experienced darter with own weapon) or you know a veterinary nurse who may be interested in the role of triage veterinary nurse, read the factsheets and look for registration information at: [Wildlife Emergency Support Network](#) (Department of Energy Environment and Climate Action)



HAVE YOUR SAY ON REVIEW OF VICTORIAN DOMESTIC ANIMAL REGULATIONS 2015

Take a survey to help the government develop new domestic animals regulations for Victoria.

The Domestic Animal Regulations 2015, made under the *Domestic Animals Act 1994*, will “sunset” on 23 November 2025. Regulations sunset every 10 years, necessitating a review of current requirements to inform a new set of regulations which will take effect from 2025.

As part of the review, Animal Welfare Victoria is looking to understand how current requirements may be strengthened or improved. It is seeking views on what is working well, what may require reform, and where there are opportunities to improve and modernise the regulations.

Main topics covered by the current regulations include:

- Microchipping requirements (including licensed registries, implanters, and microchip records)
- Applicable Organisations and Dog Obedience Training Organisations
- Commercial Dogs Breeders
- Animal Sale Permits and Declared Bird Organisations
- Pet Exchange Register
- Dangerous and restricted breed dogs
- Infringements

All responses to the survey are anonymous. As not every aspect of the regulations may be relevant to everyone, the survey is designed so participants can skip topics.

Feedback will be used for policy proposals to help develop the new regulations. There will also be later opportunities to comment during the review process, including consultation on a full Regulatory Impact Statement.

The survey is open until **COB Thursday 14 December 2023**: [Domestic Animals Regulations Sunset Review Survey](#)

ADVICE FOR VET CLINICS FROM PET EXCHANGE REGISTER TEAM



The Pet Exchange Register (PER) promotes responsible pet breeding and improves the traceability of dogs and cats being sold in Victoria.

A source number from the Pet Exchange Register is required when a microchip is implanted into a dog or cat born after 1 July 2020, and cats and dogs require a microchip before they can be registered with council.

The PER team assists customers to obtain source numbers. The team has received calls from customers who were at their vet clinic for pet microchipping but did not realise beforehand that they needed a source number from the PER.

To reduce urgent situations, cancelled appointments and customer frustration, the PER team recommends that vet clinic staff responsible for booking microchipping appointments advise customers of source number requirements when they make a booking or ask for the source number when confirming a booking.

While source numbers can be obtained or renewed from the online site on the same day, the PER team suggests that to avoid disappointment customers should be encouraged to do this as early as possible before the microchipping appointment.

More info: <https://per.animalwelfare.vic.gov.au/>

GREYHOUND MICROCHIPPING

Greyhound Racing Victoria emphasises the importance of accurate microchip registry information for racing greyhounds.

Greyhound Racing Victoria (GRV) regulates the greyhound racing industry in Victoria. GRV is also a licensed animal registry service (“Greyhound Microchip Registry” or “GMR”) under the *Domestic Animals Act 1994* (DA Act).

All greyhounds born into the greyhound racing industry in Victoria are microchipped by veterinarians (subsidised by GRV), using GRV-supplied microchips as part of the greyhound registration process.

Continued next page...



GREYHOUND MICROCHIPPING CONTINUED...

GRV then records these microchip records on the GMR, which operates a 24/7 phone service (03 8329 1139), to support the reunification of lost greyhounds with their owners.

There are several other licensed microchip registries operating in Victoria. To ensure accurate ownership information, legislation prohibits the listing of an animal on more than one microchip registry.

GRV has received reports from greyhound owners that some Victorian veterinarians are advising their greyhound is not listed on any licensed microchip registry, despite the greyhound being listed on the GMR. Some veterinarians are then encouraging the owner to register their greyhound with another licensed microchip registry - in breach of the DA Act.

Many councils and veterinarians use Pet Address (<http://www.petaddress.com.au>) to identify which registry a particular microchip record is listed on. Because the GMR does not currently subscribe to the Pet Address website, GMR microchips will not appear on that site. However, if a microchip number does not appear on the website (as would be the case if it were listed on the GMR), the site does provide a prompt to contact the GMR if the animal is a greyhound.

To assist in reunification efforts, Greyhound Racing Victoria requests that veterinarians contact the Greyhound Microchip Registry on **03 8329 1139** if a greyhound microchip number does not appear on the Pet Address website.



ANIMAL WELFARE FUND GRANTS

The Minister for Agriculture is offering grant funding to not-for-profit and community organisations who rehome pets or provide low-cost veterinary services.

Eligible organisations wishing to invest in infrastructure, programs and activities that align with the areas listed below, and demonstrate a benefit to companion animal welfare in Victoria, will be considered for funding:

- Improvement in the rates of reuniting companion animals to their owners and rehoming of companion animals.
- Services, systems or equipment that improve the efficiency and effectiveness of animal shelters, Community Foster Care Networks, or community and not-for-profit veterinary clinics.
- Upgrade or extension of current shelter, foster care or low-cost veterinary clinic facilities to improve the welfare of companion animals.
- Establishment of new, low-cost veterinary clinics in areas of need in Victoria.
- Education programs on responsible ownership of animals, including consideration of ethics, sentience and duty of care.

The grants aim to meet the sector's current needs and increasing ability to complete more ambitious projects:

- Eligibility for 'rehoming' grants has been extended to include projects that benefit the following types of companion animals kept as pets: cats, dogs, horses (and other equines), rabbits, caged birds, guinea pigs, ferrets, rats or mice.
- The maximum grant amount available in the rehoming pets 'small grants' category has been increased to \$20,000.
- Shelters, Community Foster Care Networks and not-for-profit organisations wishing to purchase equipment or upgrade or expand their services to benefit companion animals may now apply for up to 2 grants (comprising one 'small' grant and one 'large' grant).

Applications close at 11:59pm on Saturday, 9 December 2023: [Click here to apply](#)
More info: awvgrants@agriculture.vic.gov.au

NEW SPECIALISTS IN VICTORIA

Congratulations to the following veterinary practitioners endorsed as specialists since November 2022:

Dr Fernando Martinez Taboada, endorsed as a specialist in Veterinary Anaesthesia on 13 December 2022

Dr Denis Verwilghen, endorsed as a specialist in Large Animal Surgery on 13 December 2022

Dr Catherine Bovens, endorsed as a specialist in Small Animal Medicine on 10 January 2023

Dr Leah Wright, endorsed as a specialist in Veterinary Emergency Medicine & Critical Care on 10 January 2023

Dr Priscilla Hodge, endorsed as a specialist in Veterinary Anatomical Pathology on 14 February 2023

Dr Jemma Bergfeld, endorsed as a specialist in Veterinary Anatomical Pathology on 14 March 2023

Dr Natalie Roadknight, endorsed as a specialist in Animal Welfare Science, Ethics and the Law on 14 March 2023

Dr Christa Bodaan, endorsed as a specialist in Equine Surgery on 11 April 2023

Dr Kirsten Neil, endorsed as a specialist in Veterinary Sports Medicine and Rehabilitation (Equine) - second specialisation on 11 April 2023

Dr Chad Berman, endorsed as a specialist in Small Animal Medicine on 1 July 2023

Dr Agustin Olivieri Ruiz, endorsed as a specialist in Veterinary Reproduction on 1 July 2023

Dr Kathryn Duncan, endorsed as a specialist in Small Animal Surgery on 1 July 2023

Dr Barry Hedgspeth, endorsed as a specialist in Small Animal Medicine on 8 August 2023

Dr Caitlin Tzounos, endorsed as a specialist in Small Animal Surgery on 12 September 2023

Dr Matthew Munro, endorsed as a specialist in Small Animal Medicine on 10 October 2023



REMIND YOUR COLLEAGUES AND EMPLOYEES WHO HAVE RELOCATED FROM OTHER STATES TO REGISTER IN VICTORIA

If you have interstate registration which expires 31 December, you will need to apply by 8 December 2023 to be registered by 1 January 2024.

This applies to vets who have relocated from Queensland.

See how to apply online: [General registration application](#)

EMPLOYERS - PLEASE CHECK ONLINE THAT YOUR STAFF ARE REGISTERED IN VICTORIA VIA [SEARCH FOR A VET](#)

Search for a vet

To find a veterinary practitioner or veterinary specialist registered in Victoria

[Content Html: New ContentHtml](#)

First Name Contains	<input type="text"/>
Last Name Contains	<input type="text"/>
Registration no. (number only)	<input type="text"/>
Postcode	<input type="text"/>
Suburb	<input type="text"/>
Specialisation	<input type="text" value="(Any)"/>

VETERINARY PRACTITIONERS REMOVED FROM VICTORIAN REGISTER

The names of the following veterinary practitioners were removed from the Register of Veterinary Practitioners after 31 July 2023 due to non-renewal of their registration. While we are not informed of this in all instances, the Board understands that the majority of these practitioners may have moved to other jurisdictions or retired.

Dr Edward J Annand [V9971]	Dr Michael B Hall [V1577]	Dr Richard C Nemeč [V357]
Dr Judith A Askew [V2789]	Dr Hugh G Hanna [V1411]	Dr Lucy R Nielsen [V8629]
Dr Kathryn M Ayoubi [V5175]	Dr Grace E Harrison [V10285]	Dr Peter D O'Brien [V811]
Dr Rodney T Badman [V858]	Dr Ross T Henderson [V1741]	Dr Eugene HY Ong [V6267]
Dr Isaac M Barber-Axthelm [V9713]	Dr Claire F Hibbert [V9747]	Dr Christopher J Pearce [V10324]
Dr Hazel G Birch-Ellis [V10260]	Dr Christopher D Hibbert [V1448]	Dr Áine M Rowe [V8831]
Dr Katie L Bird [V10535]	Dr Olivia M Hickman [V10297]	Dr Emma L Saric [V10368]
Dr Patrick G Brady [V1008]	Dr John R Hurley [V3189]	Dr Rosanna A Schryvers [V8040]
Dr Stephanie L Bullen [V5912]	Dr Ivor Javen [V3528]	Dr Michael J Studdert [V637]
Dr Vanessa SN Cheng [V8820]	Dr Richard H Johnston [V10289]	Dr Isa-Belle YQ Tan [V9595]
Dr John B Dalziel [V1203]	Dr Rebecca R Kelly [V8367]	Dr Wagihh W Tawfik [V2597]
Dr Yimei Deng [V10137]	Dr Eunice JE Kok [V10101]	Dr Ben R Thompson [V10287]
Dr Carlos D Donoghue [V9425]	Dr Caroline F Letts [V1673]	Dr Skye R Ware [V4476]
Dr Darcy J Doyle [V9478]	Dr Megan P MacNeill [V9431]	Dr Rachael S Warren [V8624]
Dr Abdel R El Terifi [V3428]	Dr Roderick L Manning [V1031]	Dr David L Wills [V1412]
Dr Juan P Garcia [V10327]	Dr Andrew C Marty [V4459]	Dr David G Wilson [V2566]
Dr Stephanie N Gillett [V5616]	Dr Zoran Mijatovic [V5500]	Dr Lucija Zovko [V8835]
Dr Julie Green [V5386]	Dr Kim H Mizzi [V3512]	



**SEE NEXT PAGE
FOR SUPPORT AND
CONTACT INFORMATION
TO ASSIST WITH YOUR
PRACTICE**

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 a complaint](#)
- [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**
- [Coronavirus Vic Gov](#)
- [Business and work](#)
- [COVIDSafe Plan](#)
- [Coronavirus \(COVID-19\)](#) - WorkSafe

SUPPORT FOR VETS

Australian Veterinary Association:

- **1300 687 327** [telephone counselling service](#) both for AVA members and the vet professionals who work for them
- [THRIVE veterinary wellness portal](#)
- **Lifeline** 13 1114 and [Get help](#)
- **Beyond Blue: 1800 512 348** and [Get mental health support](#)
- **SANE** 1800 187 263 and [SANE services](#)
- **1800RESPECT** 1800 737 732 and [website](#)
- **Mensline Australia** 1300 789 978 and [website](#) (delivered by Lifeline)
- **Head to Health** [Australian Gov resources](#)
- **Mental health support** [Victorian Gov resources](#)

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.

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@agriculture.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 and information for veterinarians and veterinary staff](#)
- [Animal Welfare Victoria](#)
- [Livestock and animals](#)
- [Pet care](#)

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.