

VETERINARY SURGEONS BOARD OF SA

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VETERINARY SURGEONS BOARD OF SA

1. THE NEW ACT

Veterinary Practice Act

2. AVOIDING COMPLAINTS

3. NEWS

VETERINARY SURGEONS BOARD OF SA

THE NEW ACT - Veterinary Practice Act 2003

Major changes include:

- Practice Ownership (S.50)
- Declaring business interests (S.46)
- ‘..in accordance with the direction’ of a vet (Regulations)
- Unprofessional conduct definition (S.3)
- Hospital inspections (S.52)
- Changes to investigation process (S.55)
- Endorses Codes of Practice (S.13)
- Continuing Professional Development (S.13, 36)
- Composition of the Board (S.6)

THE NEW ACT

Practice Ownership

- **Non-vets can own practices – non-vets become 'Veterinary Services Providers'**
- **Companies become Veterinary Services Providers**
- **The Board must keep information on VSB's**
- **Advise Board of any changes to information**

THE NEW ACT

Declaring business interests

- Vets are now required to declare their business interests if recommending clients to that business
- 'Businesses' are vet products or vet services
- If direct relatives have the interest in the business, the interest must still be declared
- Vets must provide advice to the client in writing that you (or your relative) have an interest in the business being recommended
- Sign in the waiting room alone is not sufficient
- Suggested wording – 'It is a statutory requirement that we inform you that the principal (shareholders name) has a financial interest in (name of business).'
- Board has written to all vets in July about business interests – Board is required to keep a list of all vets and their (and their relatives) interests available for inspection

THE NEW ACT

'in accordance with the direction' of a vet

(Clause 5(f) and (c) of Regulations)

The vet is ultimately responsible for procedures.

Board definition involves all the following:

- 1. vet has seen animal and given (nurse/owner) detailed directions on the procedure**
- 2. drug/anaesthesia has been prescribed by vet for that animal at that time**
- 3. only the vet can supply drugs – eg to a bona fide client for administration**

Board suggests directions are provided in writing to bona fide client/owner

THE NEW ACT

Unprofessional conduct

Now includes:

- 1. conduct in professional practice**
- 2. negligence/incompetence in vet treatment**
- 3. failure to comply with Act or endorsed Codes**
- 4. offence under some other Act (1 year + imprisonment)**

THE NEW ACT

Composition of the Board – 7 members

1 Presiding Officer (legal practitioner – appointed by Minister)

3 veterinarians appointed by the Minister

1 – small animals

1 – large animals

1 veterinarian nominated by AVA

2 lay people appointed by the Minister

1 – interest knowledge in animal welfare

THE NEW ACT

Hospital Inspections

- Now required every 3 years, not 4 years
- Board must keep a list available for inspection of all accredited veterinary hospitals
 - owners name
 - business address
 - registered address (if corporation)

THE NEW ACT

Endorses Codes of Practice

Code of Professional Conduct

Standards for Veterinary Hospitals

Standards for Veterinary Premises

**Code of practice for the operation of
commercial boarding establishments**

**Code of practice for bark reduction of
dogs**

Code of practice for tranquillizing rams

AVOIDING COMPLAINTS

- **Role of Board**
- **Common causes**
- **Case studies**

Ways to improve practice including

- **Good record keeping**
- **Getting consent**
- **Informed choice**
- **Comments about colleagues**

AVOIDING COMPLAINTS

Role of Board – Complaint processes

Statutory responsibility to investigate all complaints

- 1. Informal complaints – many minor issues handled by telephone**
- 2. Formal complaints – written complaints. Most dealt with through Board meetings**
- 3. Mediation – involves Board, vet and may include complainant**
- 4. Tribunal Hearings – few complaints lead to hearings. Only very serious issues involving unprofessional conduct**

AVOIDING COMPLAINTS

Common causes

- Communication - including misunderstandings, 'briskness' and wrong information from staff
- Lack of information – including complications, alternative treatment options, risks
- Clients seeing animals suffer w/o clear understanding of problem
- Clients expectations not being met – unrealistic expectations, 24 hour service
- Underquoting

AVOIDING COMPLAINTS

Case Studies – the good

Cat diagnosed as pregnant on palpation. Unknown whether desexed. Owner decided to abort. Cat found to have tumour, not kittens. Owner complained about how diagnosis could be wrong, why ultrasound not used, and wanted fee reduction.

What happened:

1. Vet admitted diagnosis error and explained why ultrasound not used (additional expense to owner). Board agreed tumour was an unusual type, and could be mistaken for kitten on palpation. Agreed ultrasound is not a routine procedure. Also agreed with principal that clients should be advised of cost if offered ultrasound. Informed choice. Board advised can't consider issue of fees.
2. Principal of practice met voluntarily with owner. Explained case, diagnosis, prognosis, reason for no ultrasound (cost). Treated owner with respect, acknowledged issues and clear on vets role. Advised owner will in future offer ultrasound but when doing so will also advise of cost. Waived fee.

AVOIDING COMPLAINTS

Case studies – the not so good

Complaint involved a dog diagnosed with Cushings disease. Drugs were provided to treat the condition and the owner obtained repeat prescriptions over the counter for over 18 months. Owner was concerned at condition of the dog and was taken back to the vet who diagnosed an allergy. He was later taken to another vet as his condition worsened. Three hours later he died of complications from Cushings disease/diabetes.

What happened:

1. The Board concluded that the vet should have been monitoring the dog every 3 months, given the type of medication involved. The Board required the surgery to change its procedures in handing over repeat medication, so that in future clients are informed that such cases should be monitored at 3 monthly intervals, and that only vets provide the medication. The Board also required that the surgery ensure all its staff were aware of the changed procedures.
2. Providing full copies of records to the second vet were also involved in this complaint – records provided were not complete and had been altered.

AVOIDING COMPLAINTS

Case studies – procedure change

Complainant had an aged, arthritic bird, with underlying problems. Vet prescribed cortico-steroids as last resort. Bird died.

What happened:

- 1. Board determined there was no case to answer, as drug used was last resort. Complainant contested finding. Board reconsidered but no change. Complainant took matter to Ombudsman's Office who asked Board to obtain expert opinion, and consider its process. Expert opinion obtained and verified Board finding. Ombudsman's Office required Board to change its process, so that responses from vets are provided to complainants.**
- 2. Board has changed the process. Complainants are now asked to provide comment only on matters of fact or evidence as outlined in the vet's report.**
- 3. Board then considers complaint for first time – ie with complaint letter; response from vet; response on vet report from complainant.**
- 4. Since inception of this process, some complainants have been satisfied with report provided by vet.**

AVOIDING COMPLAINTS

Record keeping

- **key information for complaints**
- **Board position is 'if it's not written down it's not done'**
- **write up records asap to time of consultation**
- **note on record if changed later – date and by whom**
- **provide copy of all records for case**
 - **to second opinion vet**
 - **to Board**

AVOIDING COMPLAINTS

Getting Consent

- consents for treatment, especially
 - anaesthesia and surgical procedures
 - euthanasia
 - acceptance of responsibility for prescription drugs

Informed Choice

- ensure client has been given the full range of options for treatment
- give estimated costs for options – include costs for any testing
- giving clients informed choice is good practice, and reduces chance of findings against vet

AVOIDING COMPLAINTS

Comments about colleagues

- **complaints can include comments from colleagues (eg vet giving second opinion disagrees or is critical)**
- **can create confusion or misunderstanding for client**
- **offer comments but**
 - **don't be critical of colleague**
 - **do be clear about problem**

National Registration

- **proposed model to cover general and specialist registration**
- **decision on model in 2006 or 2007**
- **likely to involve fee increase in all states**

Vet nurses

- **national proposal to register from VNCA**

NEWS

- **Fact Sheets proposed by Board**
 - **Confidentiality and Disclosure**
 - **Dealing with difficult clients**
 - **Dealing with abandoned animals**
 - **Controlled substances**
 - **Treating stray animals**
 - **Providing emergency treatment**
 - **Other suggestions?**

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