



VSBSA NEWSLETTER

August 2009 VSBSA Newsletter



INSIDE STORIES

Page 2

- DR GJ MOONEY
- RECENT CASE STUDIES

Page 3

- TB TESTING & REPORTING
- CPD REQUIREMENTS
- PRESCRIPTION MEDS
- EMERGENCY CONTACT SYSTEM

Page 4

- VETERINARY SERVICES PROVIDERS
- NVE CANDIDATES & SUPERVISING VETS
- HAVE A LAUGH

Board Membership

The Board is calling for expressions of interest from suitable candidates to become the next Board Member in the large animal veterinarian position; the appointment is for a 3 year term.

The current position is due to expire at the end of December 2009.

If you are interested in putting your name forward for consideration, or you would like to discuss the role, please contact the Registrar before 28 August on 8269 3216.

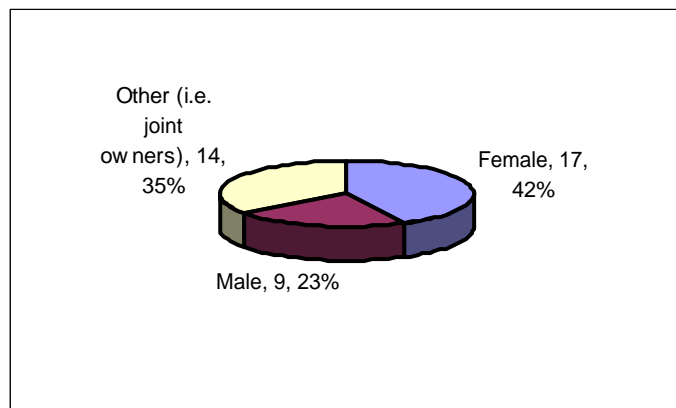
Complaints Overview 2008/09

During 2008/09, 40 new (written) complaints were brought before the Board.

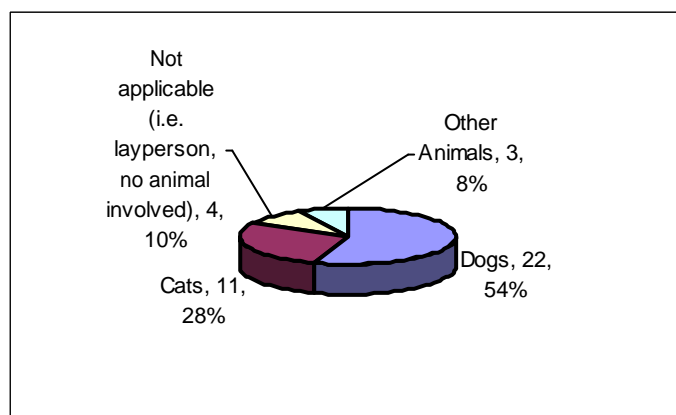
Of those:

- 1 case was referred to the Crown Solicitor;
- 1 complaint was referred to PIRSA
- 1 complaint was withdrawn;
- 2 complaints involved communication only;
- 17 complaints were determined as having no case;
- 4 complaints found the veterinary treatment could have been improved, including 3 where communication could also have been better
- 4 involved the preparation of a formal report;
- 10 complaints were carried over into 2009/10.

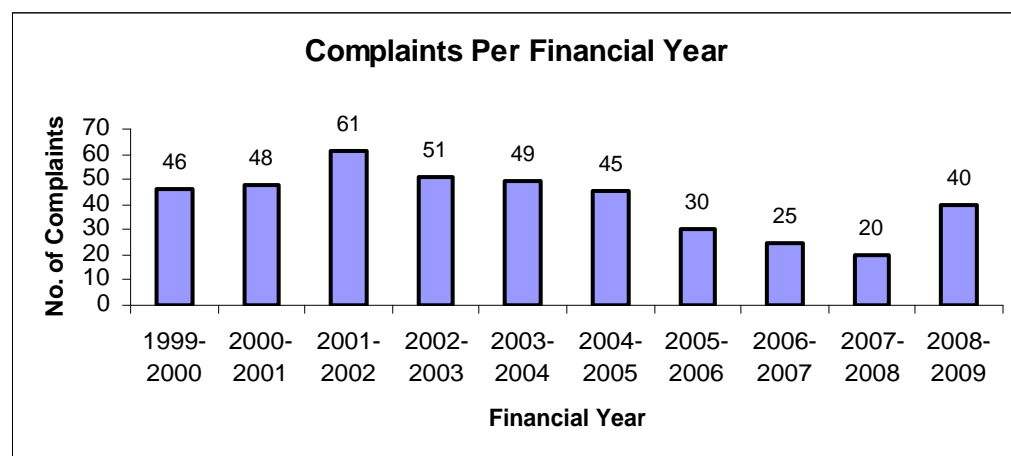
Complainants: From the 40 complaints, 17 complainants were female, while 9 were male. The remaining 14 complainants were identified only as the owner of an animal (and may include joint owners).



Animals: Dogs were the main animal which were the subject of complaints (22), with cats at half the amount (11). In 3 of the complaints a pony, guinea pig and rabbit were involved. No animals were involved in the remaining 4 complaints.



The chart below shows the number of complaints received and dealt with by the Board over a 10 year period; the peak during this period was in 2001/02, when 61 complaints were received. After a steady downturn over the last 5 years, complaints for the 2008/09 financial year have increased.



Some recent case studies

Dr Graeme John Mooney

Following an appeal to the District Court, Dr GJ Mooney was found to be guilty of unprofessional conduct on 22 June 2009.

This resulted from a complaint involving the taking of an X-ray when Dr Mooney was unlicensed. The District Court judge considered that as Dr Mooney had a similar prior conviction, and had been well aware of the need to obtain his X-ray license, his conduct was sufficient to be deemed to be unprofessional. The District Court judge imposed a disqualification period of 3 months (effective immediately), and fined Dr Mooney \$5,000.

At the conclusion of this period, the Board will consider a reinstatement application from Dr Mooney, if lodged. Earlier in the year, the Board had removed Dr Mooney from the Register pursuant to S.36 (3) of the Act, for failing to provide the Board with his Continuing Professional Development return for the last 3 years, despite its many requests for him to do so.

CAT WITH RESPIRATORY PROBLEMS

An owner, concerned at her cat's rapid breathing, attended the vet. Upon examination the cat had an elevated respiratory rate; X-rays were to be taken the next day. The owner was given medication for the cat. When the cat returned the next day another vet attended the case; X-rays were taken, but the vet missed some pathology on the X-rays.

The following day the initial vet reviewed the X-rays and identified some concerns suggesting serious differential diagnoses; however, the vet did not take further action at this point, instead relying on the owner to return if the cat deteriorated. The owner, on the other hand, was under the impression there was a definitive diagnosis, and the medication initially provided would improve the cat. By the time the owner returned, the cat's condition was very poor and she subsequently died.

As no post-mortem was performed the precise nature of the cat's illness was unclear. However, the Board considered that the vets had underestimated the cat's respiratory symptoms, and sufficient attention was not given to the differential diagnoses suggested by the X-rays.

The Board was concerned the first vet did not follow up after assessing the X-rays; and the second vet had missed some pathology. It was also uncertain whether the second vet had fully examined the cat as no heart rate or temperature was recorded in the clinical notes; *if recordings are not made on the clinical record, the Board can only assume the examination is incomplete.*

PREGNANT DOG IN LABOUR

A pregnant dog in labour was taken to a clinic for after hours emergency. The owner had given the dog 2 Oxytocin injections during the long labour with no delivery. At the time the vet was dealing with a cat with snake bite. The owner was concerned at the length of time taken to attend to the dog; over 3 hours elapsed before the dog was clinically examined and then a caesarean was performed.

While the Board agreed it was reasonable for the vet not to commence the caesarean until the cat had been stabilised, it was concerned that the vet did not physically examine the dog as soon as possible to ascertain her condition. At one point the vet suggested he would attend to the dog in 30 minutes, however, due in part to the prior emergency, this did not happen. The Board considered it would have been appropriate to review the timeframe for attending to the dog with the owner when the 30 minutes had elapsed. The owner could then have made an informed decision about taking the dog to another clinic, or remaining, aware that the vet was still dealing with the emergency.

While there were no adverse consequences for the dog as a result of the delay, the Board considered that the dog should have received a physical examination earlier than 3 hours after presentation; and the vet could have communicated better with the owner.

On a separate matter the Board was concerned that the dog's regular vet had supplied the owner with a number of Oxytocin injections. While the Board

noted that the vet intended only one injection to be used by the owner after discussion with a vet, it considered it was not appropriate to provide the owner with more than one Schedule 4 injection.

The Board considered the vet should have been aware that an owner is not qualified to assess when an Oxytocin injection should be given; and that a vet should assess an animal before such an injection is given.

VACCINATION APPOINTMENT

An owner presented her two older dogs to the vet for their routine annual vaccination. Less than a month after the appointment one dog was euthanased, followed by the other 4 months later. Understandably the owner was very distressed that her dogs had died, and was concerned that their demise was related to the vaccination appointment.

The Board noted that both were senior dogs (11yrs). From the clinical records and test reports the Board found there was no evidence to suggest the visit on that day contributed to their deaths. It was clear the deaths were related to each dog's previously undiagnosed diabetic condition.

As a result of this complaint the Board encourages vets to offer owners the option of a health check when vaccinating older animals in particular; this may enable health problems such as diabetes, or other potential health problems, to be identified earlier.



TB Testing and Reporting Requirements — PIRSA

At a national Animal Health Committee Meeting 15 on 23 February 2009, concerns were raised regarding live cattle export testing and TB reactor reporting. This follows a review of Australia's TB Free Status by the USDA veterinarians and included an analysis of the TB reactor rates for cattle tested for live export. The low rate of reactors was a major concern, as the expected rate of false positives (in a TB free population) is normally in the order of 1/800 to 1/2,000 head tested. These false positives are normally due to cross reactions to environ-

mental mycobacteria or other bacteria. There has also been a problem with non-reporting of test outcomes to the State/Territory authorities.

Veterinarians need to be specifically trained in how to undertake TB testing in cattle (intradermal injection and reading) and they also need formal approval from PIRSA to undertake this activity. The outcome of ALL TB testing MUST be reported to the Chief Inspector of Stock. PIRSA has developed (1) a comprehensive information

pack on how to conduct TB testing, (2) an approved training program under the supervision of an competent experienced veterinarian and (3) a TB reporting form.

PIRSA will also write to all veterinarians currently accredited with AQIS to conduct export testing for the live cattle trade and remind them of their reporting obligations. Other veterinarians who are interested in becoming accredited for this work will need to contact Dr Jack Van Wijk of PIRSA on 8207 7972 to discuss what is involved.

Prescription Medications and Vet Responsibilities

All vets are reminded of their obligations when dispensing prescription medications.

Prescription medication can only be dispensed to the 'bona fide' client of the vet or the vet practice. A 'bona fide client' is a client who is responsible for the day to day management of an animal. This could be an owner, or a responsible agent such as a stud or farm manager, but not a contractor (i.e. not an equine dentist, shearer, horse clipper, farrier etc).

The vet should keep complete records of the medication dispensed, and the 'bona fide' client should sign a form acknowledging the risks involved.

The Board's 10 point Dispensing Medication Checklist is the standard by which the Board considers dispensing issues. This can be obtained from the Registrar's Office, or from the website. In brief, it is as follows:

1. Is the client a bona fide client?

2. Is there a therapeutic need for dispensing?
3. Is the animal, herd, or flock under my care?
4. Have I fulfilled the requirements for storage and handling?
5. Do I have documents, records, and labeling protocols?
6. Do I have a system of follow-up to check on the use and outcome from the medication?
7. Can I provide after-care for the animal, herd, or flock?
8. Does my client understand all my instructions; am I confident the medication will be used properly? Has withholding periods been advised if food producing animal?
9. Is the amount dispensed reasonable?
10. Is the dispensing in the best interests of the animal, herd or flock?

Emergency Contact System

In partnership with PIRSA, the Board will establish emergency contact procedures enabling vets to be contacted urgently in the event of a disaster. Events where the system would be activated could include animal emergencies after a bushfire; disease outbreak; or similar events.

The most reliable method of contact is by sending a text message to mobile telephones. 2010 Renewal Forms will include a tick box for vets agreeing to be included in the Emergency Contact System. If ticked, the vet will be asked to include their mobile phone number for registration in the System.

Strict protocols will be observed to ensure that the telephone numbers are not accessed inappropriately. The procedure is expected to be operational during 2010. Please contact the Registrar if you wish to discuss this further.

Continuing Professional Development (CPD)

The Board has a legal obligation to regulate and maintain high standards of practice, and consequently considers that a commitment to continuing education by veterinarians is essential to maintain and enhance their professional skills and knowledge. This will encourage confidence in the profession by the public, and enhance the welfare of animals.

It is expected that all practicing veterinary surgeons will do some form of continuing professional development (CPD) every year.

All registrants on the *Primary* register (except new graduates in their first year of practice and those undergoing formal post graduate training in a relevant field) are required to maintain a CPD record card. A copy of this record card, or the total number of CPD units undertaken each year, *must* be provided with the renewal form. Individuals are expected to maintain their own record of activity.

Veterinarians with *Primary* registration must complete, as a minimum, 60 units of CPD over a three year period; with at least 15 units to be structured activity (courses, seminars etc).

Record cards are issued to registrants with renewal of registration (or can be downloaded from the website www.vsbsa.org.au).



VETERINARY SURGEONS BOARD OF SA

Suite 13,
70 Walkerville Terrace,
(PO Box 218)
Walkerville SA 5081

Phone: (08) 8269 3216
Fax: (08) 8342 5325
Email: admin@vsbsa.org.au

Office Hours: 10 am–4 pm
Monday to Friday

Visit the website for regular
news items and information
www.vsbsa.org.au

Veterinary Services Providers

Under the Veterinary Practice Act 2003 the nature of ownership of veterinary practices in South Australia now allows non-veterinary surgeons to own veterinary practices. Non-veterinarians owning practices become Veterinary Services Providers (VSP), under S.50 of the Act.

Definition of VSPs: Veterinary Services Providers are defined as 'a person (not being a vet) who provides veterinary treatment through the instrumentality of a veterinary surgeon'. Veterinary Services Providers may be a body corporate, company, trust, or other legal entity, or a person not registered as a veterinary surgeon.

Requirements: The Veterinary Surgeons Board is required to keep a listing of all Veterinary Services Providers. The list must be available for inspection, and must include specific information for each Veterinary Services Provider. An annual listing fee is applicable.

If you think the above relates to your situation, or you would like more information, please contact the Office of the Registrar on 8269 3216.

NVE Candidates and Supervising Vets

Applicants not able to gain automatic registration in Australia, as their veterinary qualification is not eligible, may be able to obtain registration in SA under a category of Limited Registration.

Limited Registration may be approved if the applicant is currently enrolled in the National Veterinary Examination (NVE), conducted by the Australasian Veterinary Boards Council Incorporated (AVBC). The applicant must first have passed the English Language exam and the Multiple Choice Question (MCQ) exam components of the NVE before applying for Limited Registration. If granted, the conditions would involve working under the direct supervision of a registered vet, in order to obtain practice experience for the final clinical examination.

Candidates who have passed the MCQ are also able to obtain discounted Associate Membership of the AVA and the opportunity to insure with Guild Insurance. These insurance arrangements will assist candidates who are seeking clinical experience to help

them prepare for the final stage of the NVE, the Clinical Exam.

The Board acknowledges all vets who take on the role of supervising NVE candidates, and thanks them for their support of these candidates. As well as providing direct supervision to NVE candidates (i.e. being on the premises), supervising vets will be asked to provide regular reports to the Board on the candidate's progress. These reports may include comments on the applicants:

- clinical competency, including a summary of the cases managed
- competency in surgical procedures
- skills in communicating with clients
- record keeping competency
- knowledge of practice protocols, including prescribing and recording of controlled substances, radiation etc
- the extent to which the applicant has participated in any seminars, courses etc

Have a Laugh: \$2000 Parrot

A man goes into a pet shop to buy a parrot. The shop owner points to three identical looking parrots on a perch and says: "The parrot on the left costs \$500 dollars".

"Why does the parrot cost so much?" asks the man. The owner says, "Well the parrot knows how to use a computer".

The man then asks about the next parrot and is told that this one costs \$1,000 dollars because it can do everything the first parrot can do plus it knows how to use the UNIX operating system.

Naturally, the increasingly startled man asks about the third parrot and is told that it costs \$2,000 dollars. Needless to say this begs the question, "What can it do?"

To which the owner replies, "To be honest I have never seen it do a thing but the other two call him boss!"



This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.