



VSBSA NEWSLETTER

May 2009 VSBSA Newsletter



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AVBC Meeting: May 2009

The Australasian Veterinary Boards Council meets at the end of May 2009.

Legislative progress in all States/Territories concerning national recognition of registration will be discussed; as will the development of a national database of registered veterinarians.

2009 Registrations: Data

In line with the recent trend, the number of registered veterinarians in South Australia again increased in 2009.

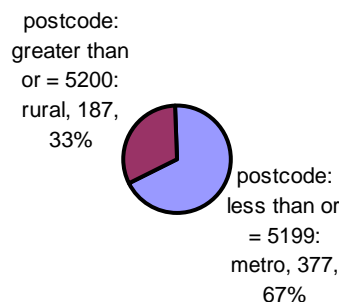
19 more vets are listed on the register than in 2008.

There are 682 veterinarians registered in South Australia (as at end April 2009). Of this number there are:

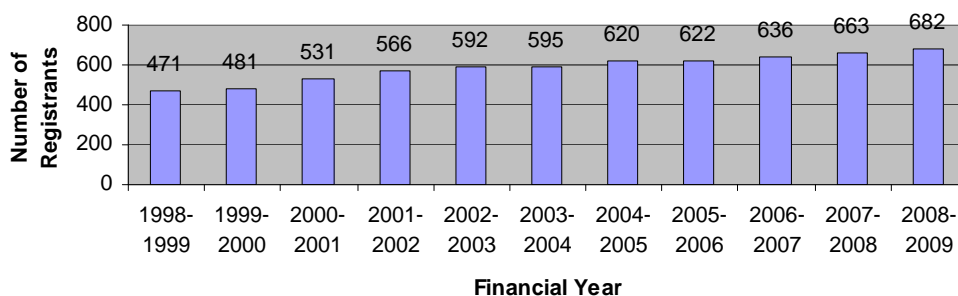
- Primary registrants: 520
- Secondary registrants: 105
- Limited registrants: 8
- Non-practicing registrants: 49

Two thirds of veterinarians are located in the metropolitan area of Adelaide—or 377 veterinarians. The remaining one third (187) are located in rural and regional areas of South Australia.

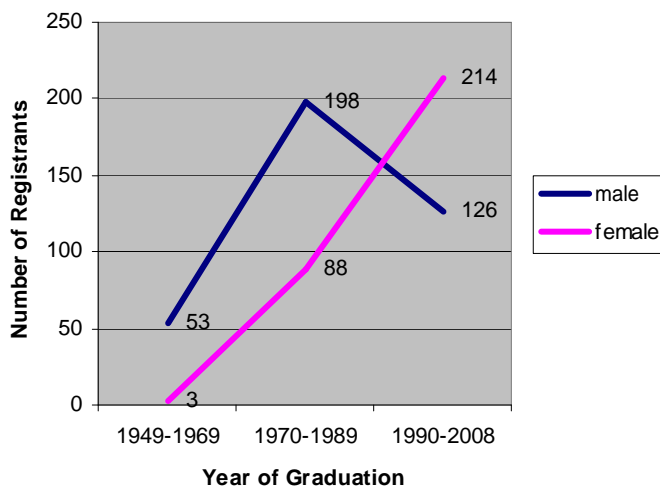
VSBSA 2009 Registrants in SA: Metro vs Rural



Registrations Per Financial Year



VSBSA 2009 Registrants: Gender vs Year of Graduation



Gender

The number of female veterinarians registered in South Australia has increased over the last 20 years in particular.

The gender split of veterinarians registered in 2009 is as follows:

- ◆ 45% female
- ◆ 55% male

This chart (left) identifies the rise in the number of female graduates registered in SA, since 1949.

Current Board Members are:

- ◆ Ms Debra Lane, Presiding Member
- ◆ Dr Andrew Carter, AVA representative
- ◆ Mr Charles Goode, Layperson
- ◆ Ms Adele Steel, Layperson
- ◆ Dr Karen Hunter
- ◆ Dr Jane McNicholl
- ◆ Dr Robert Baker

Deputy Members are:

- ◆ Mr Paul Leadbeter
- ◆ Dr Kirsten Hailstone
- ◆ Mr John Counihan
- ◆ Dr Mark Peters
- ◆ Dr Chris Munchenberg
- ◆ Dr Andy Doube
- ◆ Dr Celia Dickason

The Board reminds vets of their obligations under Section 45 of the Veterinary Practice Act 2003—i.e. that veterinary surgeons are required to provide the Board with prescribed information relating to a claim for damages or other compensation against them.

Notifications under S.45 of the Act should be made in writing, and should include all the required information.

You are encouraged to contact the Registrar if you have any queries about this requirement .

Some recent case studies

Microchipping procedures

A stray dog was taken to a shelter and scanned for a microchip. None could be found. The dog was referred to a vet where it was desexed, shaved, vaccinated, had a toenail clipped, and microchipped for rehoming. The shelter then received a call from a person claiming to own the dog. The dog was scanned again by the shelter and the original microchip identifying the owner was located.

The owner was concerned at the failure of the animal shelter to identify the animal; but also complained to the Board because the vet did not scan the dog prior to performing procedures that were not authorised by the owner.

As a result of the complaint the Board required the veterinary premises to revise its microchip protocol to ensure that in future the vet always scans the animal before microchipping. The AVA standard for microchipping is for the animal to be scanned; microchipped if none is found; scanned again to check the microchip; certified. The vet was also reminded that it is the responsibility of the vet to sign vaccination certificates and microchip certifications.



Euthanasia

Euthanasia of a loved pet is often a very difficult decision for an owner to make, and it is therefore important that the vet takes a sensitive approach to the procedure.

The owner of an old cat complained that the vet did not handle the situation empathetically. The owner had a detailed recollection of the procedure, and was particularly concerned that the vet did not explain the process, handled the cat roughly, and did not give the owner the opportunity to say goodbye to her cat.

The vet's report to the Board was sent to the complainant, who responded to the Board that the vet had clearly confused the consultation with another. The vet's response indicated another person attended with the owner, while the owner was clear she attended alone.

While the Board agreed the procedure was clinically appropriate, the Board required the vet to apologise to the owner for not fully explaining the procedure, and for confusing the consultation with another.



Emergency back up

A dog needing urgent treatment was taken to a practice providing 24 hour service. GDV was diagnosed, and the inexperienced vet contacted the practice owner to discuss the case. The advice was to refer the owner to another emergency service for surgery as the inexperienced vet had not performed the procedure. After stabilising the dog, it was taken to another emergency service but the prognosis was poor and the dog was euthanased.

The owner complained about the delays at the first practice. The Board noted this was a difficult case for an inexperienced vet. It agreed it was likely that the length of time it took for the dog to be assessed, Xrayed, diagnosed, discussed with the practice owner, stabilised and then transferred—though unavoidable—was critical time lost.

The Board was particularly concerned that the inexperienced vet was not provided with sufficient back up in this emergency situation. Support from the senior vet should have included the option to attend and perform surgery, or detailed advice about stabilising the dog before transferring.



Registration checks for new vets

Vets must have their registration approved before commencing practice in South Australia.

You should contact the Registrar's Office if you have any doubt about the progress of your registration application, or registration status.

Employers are also advised to check registration status when employing new veterinarians. Vets with provisional registration will have a certificate issued (to enable them to commence practice before the Board formally approves the application). Other vets will have current primary, secondary, or limited Registration.

Drugs of Dependence Unit—Misuse of drugs: by Dr Susan O'Neill

The Drugs of Dependence Unit is responsible for administering some parts of the *Controlled Substances Act 1984 (SA)*, relating to drugs of dependence and other controlled substances. This Unit is aware that as part of a veterinary surgeon's clinical role, they may prescribe and/or administer drugs of dependence and other medications which have the potential to be abused.

The Drugs of Dependence Unit is available from Monday to Friday during the hours of 9:00am-5:00pm and welcomes any enquires from veterinary surgeons whom may hold concerns over the prescribing or the administration of certain medications. Such concerns may include the veterinary surgeon holding fears that the medication prescribed may be misused by the owner of an animal or another person resulting in the

medication being withheld thus potentially causing the animal unnecessary pain or distress. This Unit may be able to assist in allaying such fears by providing appropriate advice or information in relation to drug abuse and/or known drug seekers.

Medications which may be abused by some persons include, but are not limited to; ketamine, morphine, codeine phosphate and pseudoephedrine. Pseudoephedrine containing preparations are sometimes targeted by illicit drug manufacturers to produce methylamphetamine. The NSW Crime Commission advice is that one 60 mg pseudoephedrine tableted can produce about \$30 worth of illicit methylamphetamine.

Methylamphetamine, known also as metham-

phetamine, is sold illicitly in a range of forms under names including "ice" with misuse emerging as a significant medical and social issue over the last decade.

This Unit appreciates the effort veterinary surgeons make to minimise the potential for abuse of prescribed medications and encourages veterinary surgeons to contact the Drugs of Dependence Unit on 1300 652 584 if suspicious of a owner of an animal, to report drug seeking behaviour or to seek further information regarding legal controls over drugs.

For more information on veterinary surgeons' legal obligations, please contact the duty officer of the Drugs of Dependence Unit on telephone number 1300 652 584 or visit our website at www.dassa.sa.gov.au/goto/ddu



Responding to a complaint

Vets must respond
In some recent complaints, the Board has received a response that has not been from the vet involved in the complaint. When a complaint is received by the Board, a letter is sent directly to the vet involved, if this information is known. A call may be made to the practice to confirm the name of the treating vet/s if not indicated by the complainant.

The Board expects the veterinarian will respond to the complaint—not the practice owner, practice manager, or another party responding on the vet's behalf. Under the Veterinary Practice Act complaints are laid against veterinarians; and consequently the treating vet must take

professional responsibility. It is therefore the responsibility of the veterinarian to respond to complaints.

Employers/employee
The Board suggests that where the vet is an employee and a complaint has been lodged against them, the vet advise their employer of the complaint.

Documentation and records
When responding to complaints, you should ensure that all relevant documentation is included. Copies of records should always be provided, along with other documentation requested or which you consider will assist in resolving the complaint.

Records should always be accurate and complete
Some recent records sent to the Board have incorrectly identified the gender or breed of an animal. These details should always be accurate.

Records should also include all relevant notations, including recordings of vital signs—even if normal.

All notations on the clinical record should be made at the time of the consultation, or as soon as possible thereafter.

The Board's standard for record keeping is 'If its not written down, its not done'. Accurate and complete records are your first line of defence if a complaint is made.

The Drugs of Dependence Unit is available from Monday to Friday during the hours of 9:00am-5:00pm and welcomes any enquires from veterinary surgeons whom may hold concerns over the prescribing or the administration of certain medications.

Vaccinations

All vets are reminded that vaccination certificates can only be signed by a registered veterinarian.

Under the Livestock Act, only registered vets can obtain and use vaccinations in SA. Nevertheless, the Board acknowledges that a vet nurse or others may vaccinate an animal, under the direction of a registered veterinarian. In this case, the veterinarian must still sign the vaccination certificate.

VETERINARY SURGEONS BOARD OF SA

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

REPEAT PRESCRIPTIONS

THE VETERINARY SURGEONS BOARD OF SA
RECOMMENDS THAT PRACTICES INSTITUTE A PROTOCOL
WHEN PROVIDING REPEAT PRESCRIPTION ONLY MEDICINES
I.E. ANIMALS SHOULD BE SEEN REGULARLY WHEN
SUPPLYING REPEAT PRESCRIPTIONS FOR CHRONIC CONDITIONS.

THE BOARD RECOMMENDS THE VETERINARIAN ASSESS THE ANIMAL
AT LEAST EVERY 6 MONTHS TO MAKE SURE EVERYTHING IS OKAY
(E.G. TYPE OF MEDICATION, DOSAGE RATE, CONDITION
AND WEIGHT OF THE ANIMAL ETC).

THIS PROTECTS THE VET, THE ANIMAL AND THE CLIENT.

You can download a copy of the above protocol notification from our website (www.vsbsa.org.au). The Board suggests the notification is put in your waiting room or another public area of the clinic to inform clients of the importance of regular checks for animals with chronic conditions.

Advertising a 24 hour Service or After Hours Service

All practices need to take care not to mislead the public when advertising the out of hours services available from the practice.

“24 hour service” means that the client has access to a veterinarian at any hour of the day. If advertising a 24 hour service, a telephone message should direct the caller to a veterinary surgeon on call. The message should also advise the caller of the contact details of the nearest other practice offering a 24 hour service (if practical), in case the veterinarian is already on a call and unable to attend.

“After Hours Service” is one where the practice does not have a vet on call. It will refer callers to another practice known to offer a 24 hour service—i.e. one where a veterinarian is available on the premises or is on call.

Where a caller is referred to another practice offering a 24 hour service, it is preferable that there is an agreed understanding be-

tween practices that callers will be referred.

All practices should have on display the name, telephone number and days and hours of attendance of the veterinary surgeon, as well as arrangements for obtaining out of hours service.

Hospitals

The same requirements for advertising out of hours services applies to Hospitals.

Hospitals must also provide housing and nursing care on a 24 hour per day basis for medical and surgical cases. (If no-one is on the hospital premises overnight to monitor animals in care, client must be advised in writing.)

This service should not be confused with offering a “24 hour service” to clients; this service can only be offered if a vet is available on call or on the premises.

Attention New Graduates

New graduates are reminded that you need to provide a certified copy of your degree certificate for the Board’s records. If you have not yet done this, please do so as soon as possible. If you are unsure whether you have already provided a certified copy, please contact the office on 8269 3216.

Have a Laugh

A man takes his Rottweiler to the Vet. “My dog’s cross eyed. Is there anything you can do for him?”

“Well,” says the vet, “lets have a look at him.” So he picks the dog up and examines his eyes, then checks his teeth.

Finally, he says “I’m going to have to put him down”.

“What?” says the owner—“because he’s cross eyed?”

“No, because he’s really heavy” said the vet.



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