



# VSBSA NEWSLETTER

May 2010 VSBSA Newsletter



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## New VSBSA Board Member

The Government has recently appointed Dr Jim Smith and Dr R Rahaley to the VSBSA. Dr Smith replaces Dr Jane McNicholl as the large animal veterinarian on the Board; Dr Rahaley replaces Dr R Baker. Dr McNicholl has been appointed Deputy Member to Dr Smith.

Board Members are:

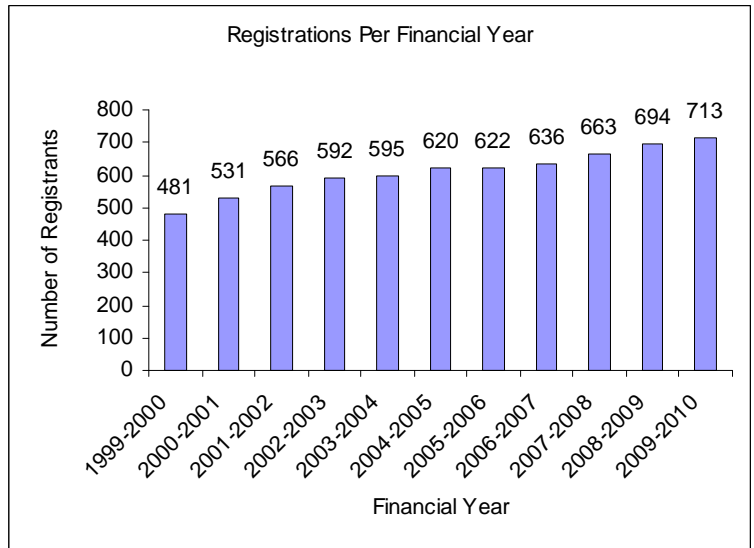
- Debra Lane, LLB (Presiding Member)
- Dr Karen Hunter
- Dr Andrew Carter (AVA rep)
- Dr Jim Smith
- Dr Rob Rahaley
- Charles Goode
- Adele Steel

## REGISTRATION DATA: 2010

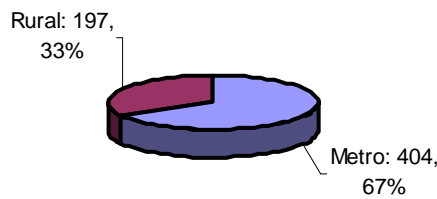
As with each passing year, the number of veterinarians registered with VSBSA has again increased in 2010.

As at 13 April 2010 there are 713 registrants. Of this number there are:

- 551 Primary registrants
- 101 Secondary registrants
- 11 Limited registrants
- 50 Non-practicing registrants



VSBSA 2010 Registrants located in SA: Metro vs Rural



The pie chart on the left identifies the number of 2010 registrants located in SA in metro versus rural areas.

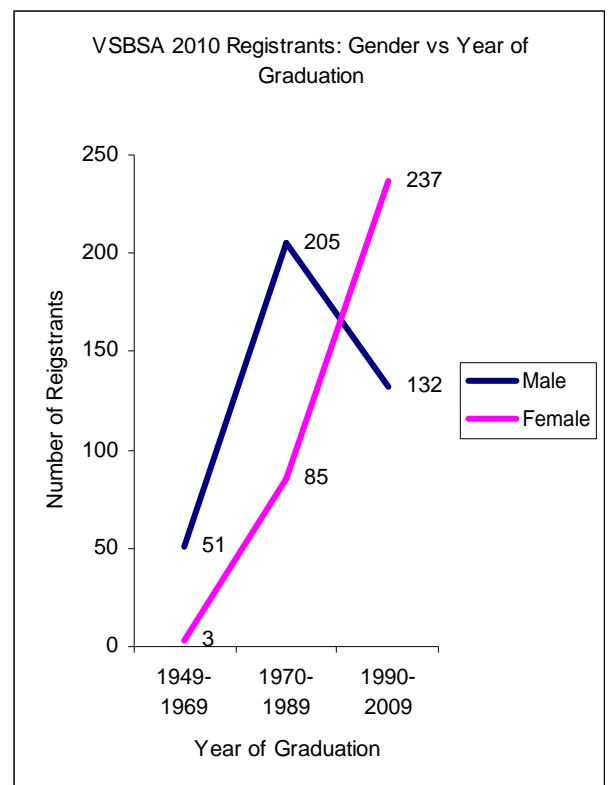
Two thirds of veterinarians are located in the metropolitan area of Adelaide – or 404 veterinarians. The remaining one third (197) are located in rural and regional areas of South Australia.

Registrants located outside of South Australia total 112; these registrants reside interstate or overseas.

## Gender

The chart to the right identifies the current number of VSBSA registrants divided into categories of gender versus year of graduation. The increase in female graduates can clearly be seen, especially over the last 20 years.

In 2010 (as identified in the chart below), the number of 2009 graduates who registered with VSBSA was 35; 26 were female and 9 were male.



### New Complaint Handling Procedures

From January 2010, the Board instituted a new procedure for handling complaints.

All complaints will now be assessed by a Sub-Committee prior to being considered by the Board.

The Complaints Sub-Committee will include at least one veterinarian on the Board, another Board member, and the Registrar.

The Complaints Sub-Committee will advise the Board on the following:

1. The basis of the complaint as articulated by the complainant
2. Any further information that may be required to assess the complaint
3. If there is any evidence of deficiencies in clinical care
4. Whether there is evidence of deficiencies in the practitioners conduct (e.g. communication etc)
5. If any Code has potentially been breached
6. Whether there is evidence of deficiencies in the conduct of any other vets
7. Whether the matter is of a serious enough nature for it to be referred to a Disciplinary Tribunal.

### Some recent case studies

#### Second opinions/records

A cat was brought to a clinic by its owner for treatment to repair damage to its paw and jaw, probably the result of some trauma. The vet took X-rays, discussed options with the owner, and then removed the cat's second toe and repaired other damage. The owners were asked to return the cat in 3 days to change the bandage and reassess, but the cat didn't return for 6 days. By this time, the cat's foot had deteriorated. Discussion again took place about treatment options and costs, and the owner decided to take the cat home without treatment, advising the neighbour would put the cat down. The vet offered euthanasia at no cost (refused), and so replaced the bandage with a 'vetwrap'. The owner subsequently decided to take the cat to a second vet, who treated the animal. Repairs were made to the injured foot. The owner complained to the Board that the first vet had charged excessively and not treated the cat appropriately.

The Board concluded the cat had been treated appropriately. The owner had declined both further treatment to the cat's foot and euthanasia on the second visit, and so the vet applied a 'vetwrap' bandage only, understanding the owner was going to put the cat down. In this respect, the bandage applied to the cat's foot was sufficient for the purpose. The Board noted the second vet had not sought the cat's clinical record from the first vet. This should have been obtained, as the second vet would have seen the options already offered to the owner. The reason for applying 'vetwrap' would then have been clear to the second vet, as would have been the first vet's discussion with the owner about all treatment options/costs.

#### Obtaining Consent

A kitten was brought to the clinic with a broken leg. The vet advised either external stabilisation (by cast), or more costly internal fixation (plate/pin). The cast was chosen, and a consent form/estimate was signed by the owner. 8 days later, the kitten was taken to a second vet who recommended that internal fixation should have been performed, as the cast had not been effective. The kitten's leg required amputation. The person paying for the treatment (who was related to the owner) complained to the Board that the cast was inappropriate: and the consent form did not include the foreseeable total cost of treatment, as it did not include the costs to regularly change the cast..

After assessing the records, the Board noted that the owner had been informed about the additional costs involved in changing the cast. However it appeared this was not relayed to the person responsible for the payments. Of concern to the Board was the fact that the Consent Form/Estimate did not include the ongoing costs however. In this case, these should have been included as the kitten was growing and the cast needed regular attention.

The Board recommended the clinic change their Consent Form/Estimate so that all foreseeable costs were included. The Board also suggested that the clinic should make their best endeavours to ensure both owners and persons responsible for payment, if known to be different, were aware of estimates. The Board also concluded that the option of external casting was a reasonable option, and noted the owner did not return the kitten to a vet for 8 days. By this time, the cast had deteriorated.

#### Pain Management / X-rays

A young dog was brought to a vet after falling off a 'ute'. The vet examined the dog and took X-rays. He concluded the dog had a cracked pelvis, and advised the owner to confine the dog. 1ml Cartrophen was injected and 10 x 50 mg Norocarp tablets prescribed for pain relief. The following day, the dog was still in pain and unable to stand and was taken to a second clinic. Further X-rays (including a number of views) revealed multiple serious fractures of the pelvis. The animal was euthanased at the owners request.

The owner complained to the Board about the misdiagnosis.

The Board examined the X-rays taken by the first vet, and concluded they were not of a diagnostic quality. The vet confirmed that the development fluid had not been changed recently, and agreed the X-rays were difficult to read. The Board also concluded different views should have been X-rayed, as this would have revealed the extent of the injuries suffered by the dog. The Board was also concerned at the pain relief provided, noting that the vet recorded in the clinical notes that the dog was in pain while the X-rays were taken.

As a result of the complaint, the vet acknowledged the extent of the dog's injuries were not diagnosed. An undertaking was given by the vet to undertake CPD in X-ray techniques and pain management during 2010. The Board viewed another X-ray taken by the vet 3 months later and agreed the quality had improved.



## Who is a 'bona fide' client

The Board recently reviewed its definition of a 'bona fide' client.

A 'bona fide' client is one where:

- The veterinarian has a demonstrated professional relationship with the animal/flock and/or client within the last 12 months
- The veterinarian can demonstrate 'on farm' visits have been regular to attend the animal/flock/property, at least once every 12 months.
- The bona-fide client is responsible for the animal husbandry and day to day

management of the animal/flock. This is likely to be either the owner of the animal/flock, or a 'Responsible Agent' - i.e. the farm manager/ stud manager.

### *Owner*

The owner should have regular day to day involvement with the animal/flock and make decisions on the management of the animal/flock

### *Responsible Agent*

The 'Responsible Agent' must have management responsibility for the animal/flock. A 'Responsible Agent' is not a person who pro-

vides either an irregular or regular service to the animal/flock (i.e. a shearer, farm contractor and so on).

The definition of a 'bona fide' client is relevant to all veterinarians, including rural practitioners and vets in small animal practices. The definition has particular relevance if you are supplying medications to the client for an animal, or require the client's consent to perform a procedure etc.

If you have queries, call the VSBSA office and discuss it with the Registrar.

## Emergency – Disaster Management

The VSBSA is working with the SAVEM Group (SA Veterinary Emergency Management) in the Draft Plan to handle veterinary emergencies. The plan establishes guidelines to respond to, and manage, the needs of companion animals, wildlife and livestock in disasters and emergencies in SA.

Examples of an emergency could include natural disasters, social or community emergencies, acts of terrorism or war, and emergencies of biosecurity.

The SAVEM Group was formed in November 2009, and is working under the auspices of AVA SA. Other participating agencies include VNCA, RSPCA, AVL, Fauna Rescue and Native Animal Network. Government agencies including Dept Family and Community Services, Department for Environment and Heritage and PIRSA are involved.

A key concept of the SAVEM plan is the establishment of Regional Co-ordination Centres. These are chosen according to the State's uniform boundaries so aligning the regional centres with other services.

At the local level, the plan will enable the provision of resources on the ground at the disaster location to effectively carry out required tasks. The flow of communication between SAVEM state, regional and local control, will enable a flexible and adaptable response.

The VSBSA's role in the plan is to collect a database of all veterinarians in SA willing to assist in an emergency or disaster. (The 2010 Renewal Form asked vets to 'opt in' to the emergency database).

Vets opting in will be initially contacted via an SMS message sent to their mobile phone, in the event of a disaster or emergency.

The SAVEM State Controller will instruct the VSBSA to activate the SMS message in an emergency or disaster situation.

Vets opting in are asked to ensure their mobile telephone is correctly recorded with the VSBSA. In particular, if your mobile number changes, please let us know as soon as possible.

If you want further information about the SAVEM Group, contact Dr Rachel Westcott, the volunteer co-ordinator of the group.

## NSAIDs and Gastro-intestinal symptoms

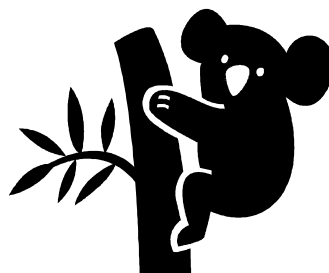
The Board recently sought the advice of an interstate specialist on a matter involving the administration and prescribing of NSAID for a dog with a history of vomiting and other non specific symptoms. In this case NSAIDS were likely to have been a contributing factor in the death of a dog suffering from hypoadrenocorticism.

The specialist advice to the Board was that NSAID medication including the newer generation drugs - is contra-indicated for patients exhibiting gastro-intestinal signs. He advised the Board that without a clear diagnosis, the administration of NSAID in a patient with gastro-intestinal symptoms can severely compromise the outcome for the patient.

In general, the Board recommends vets should not use NSAID medication if there is a suspicion of

- Hypoperfusion states
- Liver disease
- Kidney disease
- Gastro-intestinal disease

You should consider your selection within the different NSAID classes or use alternative forms of pain management.



## VETERINARY SURGEONS BOARD OF SA

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Monday to Friday

Visit the website for regular  
news items and information  
[www.vsbsa.org.au](http://www.vsbsa.org.au)

### Expressions of Interest – VSBSA

The Board is seeking expressions of interests from veterinarians interested in being appointed to the Board.

A vacancy will exist in September 2010, and the term of appointment will be for a 3 year period (October 2010-October 2013). The SA Government will make the appointment.

If you have an interest in the work of the Board, and have at least 5 years experience in small animal practice, please contact the Registrar to discuss the role; or alternatively, submit a short letter addressed to the Registrar enclosing a summary copy of your CV.

### INFORMATION & REMINDERS

#### GRADUATES: COPY OF DEGREE

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. Please contact the office on 8331 9433 if you have any queries.

#### ADDRESS OR NAME CHANGE

It is vital that you update us of any changes in your details such as new address and / or change of name. If not, you may miss out on receiving important information from the Board, such as your renewal notice, and other news.

#### MICROCHIPPING

It is important that vets always check whether an animal brought to the clinic by a new client has a microchip. Similarly, if the vet is uncertain about any animal's background, a scan for a microchip should also be done.

This is especially important if either or both the above circumstances apply, and the animal has been brought to the clinic for a surgical procedure, such as desexing.

### NATIONAL RECOGNITION OF VETERINARY REGISTRATION

The next meeting of the Australasian Veterinary Boards Council (AVBC) will be held in May 2010. A key topic will be the introduction of the National Recognition of Veterinary Registration.

All States and Territories have agreed to the model where primary and specialist registration in the 'home' state/territory will be recognized in other states and territories.

Legislation has to be amended in each state and territory to enable the recognition of registration. In SA the amendments to the Veterinary Practice Act 2003 have been drafted and it is anticipated the amendments will go through the SA Parliament in 2010.

Victoria has passed amendments to their legislation and expect to introduce national recognition of registration in 2011. However, before practicing interstate, you should always contact the Registrar's office in the respective State. Vets can keep informed of progress on national recognition of registration through the VSBSA website ([www.vsbsa.org.au](http://www.vsbsa.org.au)) and from July 2010 the AVBC website ([www.avbc.asn.au](http://www.avbc.asn.au)).

### Have a Laugh!

A man was riding out in the bush and fell from his horse breaking his leg. He was a long way out, so the situation looked pretty grim.

Surprisingly, the horse grabbed the man's belt in his teeth and dragged him to the shade of a nearby tree. He made the man as comfortable as he could before galloping off to get help.

The man survived and was discussing the incident a few weeks later with a friend, who -- very impressed -- praised the horse's intelligence.

"He's not so smart," said the animal's owner. "He came back with a vet!"



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