



# VSBSA NEWSLETTER

September 2010 VSBSA Newsletter



## COMPLAINTS OVERVIEW 2009/10

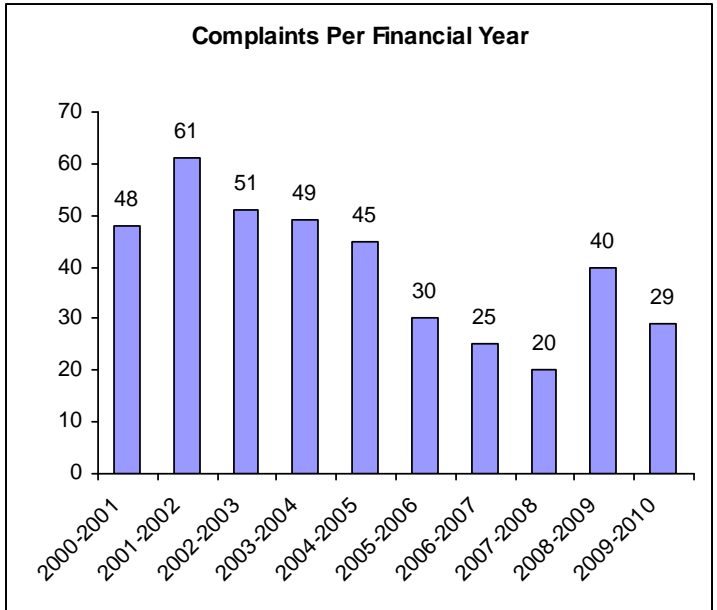
During 2009/10, 29 new (written) complaints were brought before the Board. Of those:

- 11 complaints were not finalized
  - 5 of these were referred to Crown Solicitor's Office
  - 6 others not finalized as at 30/6/2010

- 10 complaints were found
  - 4 complaints involved communication
  - 2 complaints could have done better
  - 4 complaints should have done differently - i.e. a mistake was made

8 complaints were not found

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 2008/09 significantly increased, with 2009/10 decreasing again.



### INSIDE STORIES

#### PAGE 2

- EMERGENCY SITUATIONS
- SOME CASE STUDIES

#### PAGE 3

- APVMA AND VACCINATIONS
- NATIONAL REGISTRATION
- DISCIPLINARY TRIBUNAL

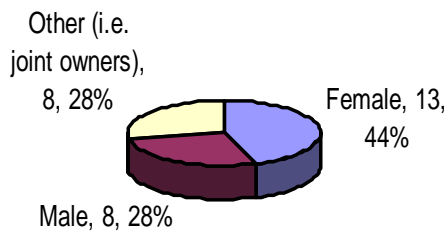
#### PAGE 4

- REPEAT PRESCRIPTIONS
- INFORMATION AND REMINDERS
- HAVE A LAUGH

### CHARLES STURT UNIVERSITY

The Board recently approved the Bachelor of Veterinary Science Degree from Charles Sturt University as a qualification eligible for registration in South Australia.

The first graduates from the course completed their degree in August 2010.

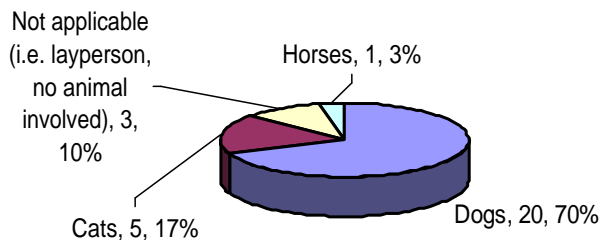


### COMPLAINANTS:

From the 29 complaints, 13 complainants were female, while 8 were male. The remaining 8 complainants were identified only as the owner of the animal, and may include joint owners.

### ANIMALS:

Dogs were the main animal which was the subject of complaints (20), with cats at a quarter of that amount (5). In 1 of the complaints a horse was involved. No animals were involved in the remaining 3 complaints.



## EMERGENCY SITUATIONS

If an animal is brought in with serious injury, requiring a procedure for which the owners are unwilling / unable to pay, or not able to effectively manage, the options for the veterinarian is to offer emergency assistance and pain relief, whilst discussing and resolving the alternatives available. These include:

- To offer euthanasia (the owner should surrender the animal to the vet for euthanasia if no payment can be made for the service and the animal is suffering);
- To negotiate payment terms with the client to enable surgery, and / or other treatment, to proceed; or
- If the owners will not cooperate, or you suspect they will not effectively manage the animal, call in the RSPCA.

## SOME RECENT CASE STUDIES

### After hours consultation

The owners of a dog rang a rural veterinary clinic on Sunday afternoon because their dog was not well. They were advised to take the dog to the clinic at 5 pm later that day. On arrival, they were met by a person sitting at a computer. They were asked to respond to questions about the conditions of the dog, and medication was prescribed. The dog's condition did not improve and next day it returned to the clinic. The vet assessed the dog and suggested further medication or euthanasia. The owners then became aware that the person they had seen at 5 pm on Sunday was not a vet, but a vet nurse who was relaying information via the internet to the vet who was in another location. The owners had thought they were seeing a veterinarian who was obtaining a second opinion from another vet via the internet.

After assessing the evidence, the Board concluded that the owners should have been informed by the veterinarian on their initial telephone call that their dog would not be seen by a veterinarian at the clinic later that day, and given the option of attending another clinic where a veterinarian could assess the dog. The Board also considered that on arrival at the clinic it would have been appropriate for the owners to sign a consent form agreeing to the consultation with the veterinarian being conducted 'remotely' - i.e. via the internet. The Board required the veterinarian to apologise to the owners; and to develop a practice protocol for 'remote' consultations. That in future, clients were fully aware their animal would not be assessed directly by a veterinarian.

### Offer of post-mortem

2 complaints recently came to the Board where the offer of a post-mortem for unexplained deaths would have been appropriate.

The first involved a complex case where the diagnosis of a dog was uncertain. Symptoms changed over the course of treatment, and the owner agreed to a number of procedures including 2 sets of X-rays, medication, laparotomy and hospitalisation. However, the dog declined and the owner elected euthanasia.

The second case concerned a dog diagnosed with possible arthritis. Previcox was prescribed and administered for 3 days. The older dog declined after the first dose administered by the owner, and on the third day the dog was taken to an emergency clinic in shock. The dog died - the owner blamed Previcox, and was concerned no advice about possible side effects was given by the vet.

In both cases, a post-mortem was not offered, and consequently, the cause of death/illness of both dogs was not clear. The Board noted that unexplained deaths are difficult for owners to accept, and the offer a post-mortem, if accepted by the owner, can assist them to come to terms with the situation. The offer may not be taken up, but at least the owner was given the option.

In the second case, the Board considered the cause of death was unlikely to have been the medication; but also agreed the vet should have advised the owner of possible side effects from the medication even though it is considered to be a safe drug.

### Information to 3rd party

A complaint was lodged by a person who was a client of a practice, and whose name and address had been given out to a third party by the veterinarian without permission.

The complainant's animal had recently been treated at the clinic, and the third party was contesting ownership of the animal with the complainant. The complainant was also concerned that the vet who treated the animal at the practice did not acknowledge they had done so, saying it was a different vet who had attended the animal.

After assessing records and statements, the Board concluded that the vet who treated the animal was not the vet the owner thought they had seen. It was clear that it was another vet at the practice.

The treating vet acknowledged that the name and address of the complainant had been provided to the third person in error. The vet advised this was an honest mistake in that a copy of a letter with the complainant's name and address was inadvertently sent to the third person.

The Board requested the vet concerned to apologise to the complainant for the error; and the complainant was informed of the identity of the vet who treated the animal.



## APVMA AND VACCINATIONS

The Australian Pesticides and Veterinary Medicines Authority has recently updated its Position Statement on vaccination of dogs and cats. It is published on their website – [www.apvma.gov.au/use\\_safely/vaccinations.php](http://www.apvma.gov.au/use_safely/vaccinations.php).

The Position Statement covers a range of issues, including core and non-core vaccines in Australia, re-vaccination intervals, the decision on whether and when to re-vaccinate, and testing as an alternative to re-vaccination.

APVMA advise that the incidence of adverse experiences associated with dog and cat vaccines reported to their Adverse Experience

Reporting Program is low – less than 1 in 10,000 doses. The reported incidence of more serious reactions such as anaphylaxis is very low, and appears to be similar for initial vaccinations and revaccination. However, the APVMA acknowledges that not all adverse experiences are reported.

The Position Statement acknowledges the AVA's recently updated policy, which notes that in most cases, core vaccines need not be administered any more frequently than triennially – however local factors may dictate more frequent vaccinations. APVMA supports the AVA vaccination policy

and is working with vaccine registrants to update labels.

The APVMA notes that experts continue to debate the need for annual re-vaccination, especially in cats. It also acknowledges that in some unusual circumstances, such as communities with high prevalence of infection and incomplete vaccination records, annual revaccinations may be advisable.

However, it recognises that the aim should be to ensure that all susceptible animals are vaccinated, rather than that already well-immunised animals are re-vaccinated.

## NATIONAL RECOGNITION OF REGISTRATION (NRVR)

All Boards have agreed to the model for recognising registration of vets across Australia. Vets with 'general' or 'primary' registration will be recognized, as well as specialist veterinarians. Vets with Limited Registration (or the equivalent of Limited Registration in other States/Territories) will not be recognized under NRVR.

Some States have already passed legislation enabling NRVR in their jurisdiction. Other States/Territories have drafted legislation or are in the process of doing so.

Victoria has passed their legislation and expects to implement NRVR from January 2011. Vets with primary registration and specialist registration will be recognized in that State in 2011. All vets intending to practice in Victoria should contact the Victorian Board before doing so to ensure you are eligible.

NSW has drafted legislation however it cannot implement NRVR until the legislation is passed by the NSW Parliament and proclaimed in that State. All vets will need to register in NSW until advised otherwise.

Other States and Territories are in the process of reviewing their Act and/or drafting legislation to amend their Act. All vets intending to practice in WA, Queensland, Tasmania, ACT, and NT will need to register in that jurisdiction until advised otherwise.

Legislation has been drafted in South Australia and is expected to go before the SA Parliament before the middle of 2011.

If you have any queries about practicing in another State or Territory of Australia, please contact the office of the Registrar.

### National Database

Part of the agreement for national recognition of registration includes the establishment of a national database of registered vets in Australia.

The Australasian Veterinary Boards Council (AVBC) will hold the database. States and Territories will upload an extract of their Register to the national database.

States and Territories will continue to register veterinarians whose place of residence is in their respective jurisdiction. States and Territories will also continue to maintain the Register of Vets in their jurisdiction.

Vets will be asked to consent to the uploading of their details to the national database at the time of renewing registration.

## DISCIPLINARY PROCEEDING DR GJ MOONEY

In 2009 Dr GJ Mooney was charged with 2 counts of unprofessional conduct. One count involved a criminal conviction for the supply of controlled substances; the other count concerned the euthanasia of a dog.

Dr Mooney entered a guilty plea on the first count; and contested the second matter. In June 2010 the Disciplinary Tribunal of the Board found Dr Mooney guilty on both counts.

The penalty applied was disqualification from applying for registration as a veterinary surgeon for a period of 5 years. Dr Mooney was also required to undertake Board approved training before applying for reinstatement. In addition, Dr Mooney was ordered to pay costs of \$15,000.

In August 2010, Dr Mooney filed a Notice of Appeal against the penalty in the District Court. A date is yet to be set down for the appeal to be heard.

## VETERINARY SURGEONS BOARD OF SA

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[www.vsbsa.org.au](http://www.vsbsa.org.au)

### REPEAT PRESCRIPTIONS

The Board recommends that practices institute a protocol when providing repeat prescription only medicines for animals with chronic conditions. The protocol should include the vet assessing the animal at least every 6 months before dispensing medication, to make sure the animal is okay (e.g. type of medication, dosage rate, condition and weight of the animal etc).

A copy of a protocol notification is available from the website ([www.vsbsa.org.au](http://www.vsbsa.org.au)), and 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.

This protects the animal, the client and the vet.

### INFORMATION & REMINDERS

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.

### LICENSE TO OPERATE X-RAYS

Under the Radiation Protection and Control Act 1982 all registered veterinarians in SA must have a license from the Environment Protection Authority (EPA) to operate an X-ray machine. You should contact the EPA, Radiology Branch, if you do not have a license. Further details and forms are available from their website [www.environment.sa.gov.au/epa/radiation](http://www.environment.sa.gov.au/epa/radiation)

### 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.

### 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.

### HAVE A LAUGH: How Many Dogs Do You Need to Change a Light bulb?

Labrador Retriever: Oh, me, me, me!!!! Pleeeeeeeze let me change the light bulb! Can I? Can I? Huh? Huh? Can I? Pleeeeeeeze? Please, please, please?

Golden Retriever: The day is young. The sun is shining. We've got our whole lives ahead of us. And you're inside the house worrying about a burned out bulb?

Jack Russell Terrier: I'll just pop it in while I'm bouncing off the furniture and walls.

Rottweiler: Try and make me.

German Shepherd: I'll change it as soon as I've led these people out of the dark, checked to make sure I haven't missed anyone and made one last perimeter patrol to see that no one has tried to take advantage of the situation.

Dachshund: You know I can't reach that lamp!



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