

# VSBSA NEWSLETTER

September 2011 VSBSA Newsletter



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## Interesting Figures

Of the 788 vets currently registered with VSBSA

408 are male and 380 are female.

Of the 788 vets, 606 are primary registrants, and of this number

290 are male and 316 are female.

Of the vets currently registered who graduated 2000 onwards 87 are male and 203 are female.

Of the 32 graduates of 2010 registered with VSBSA 5 are male and 27 are female.

## COMPLAINTS OVERVIEW 2010/11

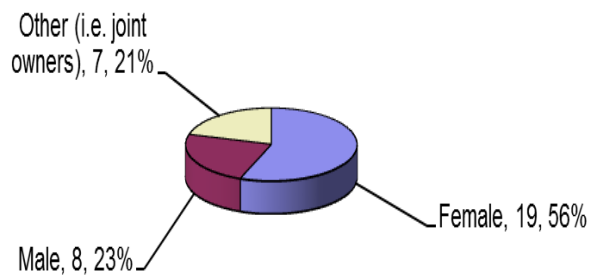
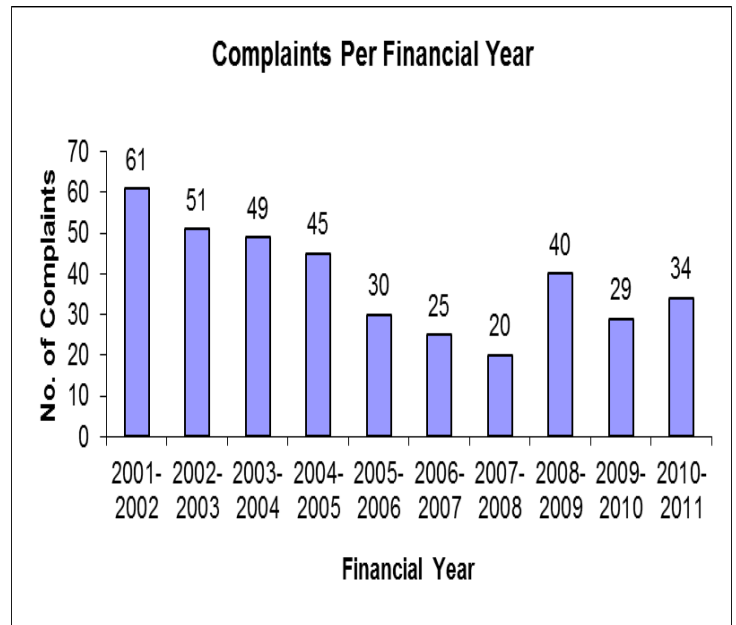
During 2010/11, **34** new (written) complaints were lodged with the Board. Of those:

- 11 complaints were not finalized
- 7 were referred to the Crown Solicitor's Office
- 4 were not finalized as at 30/6/2011

Of the remaining **23** complaints

- 6 complaints involved communication
- 7 complaints could have done better
- 3 complaints should have done differently - i.e. a mistake was made
- 7 complaints were found to have no case

The following chart 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. The average number of complaints received over the 10 year period (2001–2011) is 38.4.

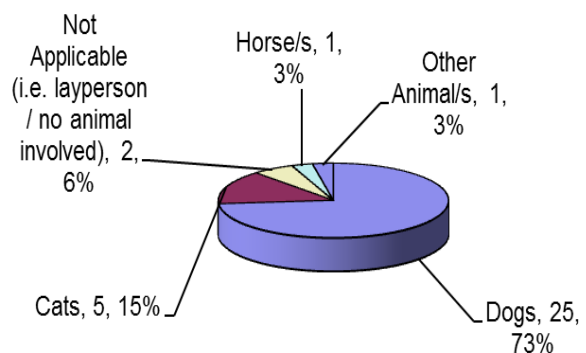


## COMPLAINANTS:

From the **34** complaints, **19** complainants were female, while **8** were male. The remaining **7** 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 (**25**), with cats the subject of **5** complaints. In **1** of the complaints a horse was involved, and the other animal/s involved was cattle (**1**). No animals were involved in the remaining **2** complaints.



### REFERRING ON

It is good business practice – and may prevent a complaint – to be open and honest with clients. If the expertise to deal with an exotic pet does not exist within your practice, it is wise to let the client know, and refer them to another practice. If the client still chooses to have you treat the animal, it is advisable to seek advice from a colleague proficient in that area.

### UNEXPLAINED DEATHS, POST-MORTEMS, DISPOSAL OF BODIES

The obligations of a veterinarian do not cease when the animal dies. Disposal of an animal's body can be a traumatic time for the owner. It is essential to gain the consent of the owner prior to disposal of the body and options should be discussed. In the case of an unexplained death, always discuss the option of a post mortem with the client.

### PAIN MANAGEMENT

Any animal having an invasive procedure performed should be administered an appropriate level of pain relief that is effective for a reasonable amount of time, as part of routine practice. Insufficient pain relief may be considered unprofessional conduct.

*(The above information is from the VSBSA Handbook)*

## SOME RECENT CASE STUDIES

### Wound Management

2 dogs were attacked by another dog and the complainant took the dogs to a veterinarian. One had minor wounds while the other dog's wounds were more serious. The dogs were discharged the following day, and the owner was concerned that the wounds on the dog with more serious wounds did not appear to have been treated. In addition, no follow-up was offered. When the condition of the dog deteriorated, the complainant took the dog to another veterinarian where appropriate treatment was provided, including cleaning, draining, flushing and then surgery.

The vet advised the dog was treated and provided antibiotic cover, however, while the Board concurred it may have been appropriate not to perform immediate surgery on the dog with serious wounds, it agreed the wounds should have been visualised (i.e. clip the area), cleaned and flushed, tissue damage assessed, and the complainant informed on the appropriate treatment and plan, along with follow-up (i.e. debrided/surgery when appropriate).

The Board agreed the veterinarian's treatment was below the standard of care.

The Board considered referring this matter to a Tribunal but concurred that the veterinarian be issued an informal reprimand. The veterinarian was required to review the literature on dog bite wounds; undertake CPD in the general area of wound management; and to develop a protocol for the treatment of dog bite wounds.

### Health Checks

This complaint concerned the Health Check Certificate completed by a veterinarian on a 2 year old dog for its then owner, the breeder. The Certificate noted the animal was healthy and in good condition. 5 weeks later, the new owner/complainant took the dog to a different veterinarian as it required substantial treatment to its ears and teeth. The Health Certificate originally used was for a puppy, and so there was no recording for a dental score check. For this reason alone, the Form was inappropriate to use for a health check on an older dog.

While the veterinarian made a note on the clinical record that there was mild tartar present (Grade 1-2), this was not transferred to the document; it was also noted the veterinarian did not take an otoscope to the breeders, and therefore an examination of the ears was not complete. While not unusual, this was not recorded on the Certificate; nor was a weight or body score recorded. These issues added to concerns about the Health Check Certificate.

The Board agreed the Health Check Form was not appropriate, and concurred the veterinarian should not have completed the Form. It recorded that a 'thorough health check' had been performed, whereas this was not the case.

In relation to the clinical issues, the Board agreed that it was possible the dog's ears could have deteriorated to the extent they did in 5 weeks, given it was during the spring season. It also noted that the veterinarian considered a Grade 1-2 dental treatment was required (on the clinical

record – not transferred to the Health Check Certificate) and the extraction of incisors 5 weeks later was therefore not clinically unexpected.

The veterinarian was advised of these concerns, and that an appropriate Health Check Certificate should be used in future for adult dogs.



### Tips on responding to complaints

- Keep good records. Your records are your first line of defence against a complaint or claim. 'If it's not written down – it's not done' is the benchmark for record keeping. Ensure your records accurately note the treatment and discussions with the client; is made at the time; and if you need to add to it later, include the date, time and your initials.
- Keep your response to the Board professional. It will be sent to the complainant and detrimental personal comments about complainants or others involved do not assist in resolving complaints.
- Make sure you include all records and relevant documents with your response. Otherwise delays in resolution will be unavoidable, causing frustration for all.
- Send your response on the complaint to the Board within the allocated time. This will reduce delays.

## FEE INCREASE IN 2012

Unfortunately the Board will increase registration and other fees in 2012. This is due to a significant increase in the Board's legal expenses.

The Board is dealing with a number of ongoing matters, and also pursuing new investigations. This puts a significant strain on the VSBSA finances, and with the Board's income stream almost entirely derived from registration fees, there will be a significant increase in 2012.

Two of the complaints referred to the Crown Solicitor's Office in 2010/11 concern taking action against Laypersons. These matters are being fully investigated.

If sufficient evidence is obtained, the matters will be dealt with in the Magistrates Court.

## CLOSING PRACTICES

The Board reminds veterinarians that when closing practices certain arrangements should be made prior to the closure.

At times the Board receives enquiries from members of the public and the profession about practices that have closed. Concerns expressed from clients have been that the practice closed without advising them of the imminent closure, or discussing alternative arrangements for the future care of their animals. A particular concern for other practices in the area is that they get a sudden influx of clients from a closed practice, and as they are unaware of the situation, are unable to access client/patient records.

The Board recognises that practices may need to close for a number of reasons, and sometimes at short notice.

Another complaint laid earlier concerns an unregistered veterinarian, and further evidence gathered in 2011 suggests this matter will also be heard in the Magistrates Court.

During 2010/11 an appeal was lodged in the District Court on an earlier Board decision; and a judicial appeal was lodged on a further ongoing matter.

With some recent complaints referred to the Crown Solicitor's Office, the Board anticipates that its legal expenses will continue to increase into the future.



In normal circumstances, however, the Board recommends that

- clients and surrounding practitioners are given at least 4 weeks notice of the practice closing date, and preferably longer
- clients are also given information about whether their records have been forwarded to another vet in the region
- if client records have not been made available to other practices, clients should be informed about how they may access their records.

## APPEAL BY DR G MOONEY

In July 2010 Dr Mooney was found guilty of a number of charges of unprofessional conduct. The Board imposed a 5 year period of disqualification from registering as a veterinary surgeon. At that time, Dr Mooney was not registered as a result of his failure to comply with certain Board requirements.

Dr Mooney lodged an appeal in the District Court against the penalty handed down by the Board.

The appeal was heard in the District Court in June 2011 and the decision handed down in August 2011. The penalty was reduced on appeal by 3 months.

## LABELING CHANGES

The Department of Health have advised of changes to labeling requirements for medications. This includes

- The words 'KEEP OUT OF REACH OF CHILDREN' in red;
- If the substance is for external use, the word 'POISON' or 'FOR EXTERNAL USE ONLY' must be in red;
- The total quantity of the goods in the container must be identified.

Child resistant packaging is now required for an expanded list of substances. (TGO 80 includes the list of substances— see the website [www.tga.gov.au](http://www.tga.gov.au) for the Schedule of substances.)

## NEW VSBSA BOARD MEMBERS

The Government has recently appointed Dr Elizabeth Aikenhead to the VSBSA. Dr Aikenhead replaces Dr Jane McNicholl as the large animal veterinarian on the Board in the Deputy position. Dr McNicholl resigned as Deputy in March 2011 due to a change in her work arrangements.

The Board extends its thanks Dr McNicholl for her time on the Board, in both a Member and Deputy Member capacity, over several terms.

The Government has also appointed Dr Chris Riley as the AVA-SA representative and Ms Wendy Hunt as a layperson member. Dr Andrew Carter remains a Deputy Member (AVA-SA), as does Mr Charles Goode (Deputy Lay member).

Ms Debra Lane has been reappointed Presiding Member (with Mr Paul Leadbeter as Deputy); and Ms Adele Steel was reappointed to the Animal Welfare member position (Dr Mark Peters as Deputy to Ms Steel).

## VETERINARY SURGEONS BOARD OF SA

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

### Return of prescription medicines

The Board considered a recent query concerning the appropriate protocol for clients returning unused prescription medication. It concurred that:

- Clinics can take back unused medication and offer to destroy it via their waste disposal protocols
- Clinics should not 'on-sell' the medication - even if the packaging has not been disturbed. The medication may have been stored inappropriately by the client (i.e. left in the heat etc.) and may have deteriorated
- It is up to the clinic whether it offers the client a reimbursement or refund as a 'good will' gesture

### INFORMATION & REMINDERS

#### ALPRAZOLAM

The Department of Health has advised the Board about the possible abuse of alprazolam, especially in patients who are drug dependent. (Alprazolam may be prescribed by vets for the treatment of noise phobia in dogs.)

Persons may present to multiple veterinary clinics and claim their dog has noise phobia.

Veterinary surgeons should be alert to the possibility that alprazolam can be a drug of choice for drug dependent people.

### ADVERTISING

A veterinary practice may advertise provided the information

- is not false or misleading;
- does not compare the competence of any registered person with that of any other;
- is not vulgar or sensational;
- would not tend to bring the practice of veterinary surgery into disrepute.

#### 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

#### Ten Dog Rules

1. The dog is not allowed in the house.
2. Okay, the dog is allowed in the house, but only in certain rooms.
3. Okay, fine, the dog is allowed in all rooms, but has to stay off the furniture.
4. The dog can get on the old furniture only.
5. Fine, the dog is allowed on all the furniture, but is not allowed to sleep with the humans on the bed.
6. Okay, the dog is allowed on the bed, but only by invitation.
7. The dog can sleep on the bed whenever he wants, but not under the covers.
8. Okay, the dog can sleep under the covers by invitation only!
9. Fine, the dog can sleep under the covers every night.
10. Humans must ask permission to sleep under the covers with the dog.

