

SPRING 2017

IN THIS ISSUE

Registrar's Reflections	1
Renewals For 2018	1
New Biosecurity E-Learning Course For Veterinary Surgeons	2
Resilience In Veterinary Practice Project	2
If A Client Sells Or Gives Away Prescribed Drugs	2
Who Is The Owner Part 1 – A Judgement Worthy Of King Solomon?	3
Who Is The Owner Part 2 – Avoiding A Three Ringed Circus	3
Antimicrobial Stewardship Resources For Veterinary Surgeons	3
Complaint Handling During 2016/17	4
Relocation Of Veterinary Practices	4



REGISTRAR'S REFLECTIONS

Recently I participated in an orienteering challenge in Fremantle where 50 different locations were marked on a map which we had to correctly match with one of 50 numbered photographs of items at the locations. We were split up into groups of 4 or 5 and told to submit our answers 5 hours later, after 2.00pm.

I found it a fascinating exercise, not only because I discovered all sorts of things in Fremantle that I never knew existed but due to the team dynamics in my group of four. One member was just interested in a pleasant stroll and said we should just fill in random numbers if we ran out of time and he was going dancing at 12.00pm anyway. The other two were determined to win at all costs and had diametrically opposite, inflexible views as to the best way to go about this. The exercise did not start well as it was a full 20 minutes before we took a step as the group, actually the two "determined" members, could not agree on our starting direction. When we finally set off it did not get much better for a while as there were three conflicting views on how to tackle finding each location and what the map clues meant (The dancing member didn't care which direction we went). Eventually we worked out a way to cooperate in a sort of team like way which was by a combination of splitting up, robust but

respectful debates and celebrating each time a clue was solved. A yummy lunch break on the Fremantle cappuccino strip also helped.

All this made me reflect on team dynamics in the work place and the personalities that work best. As this orientation exercise demonstrated, a mix of personalities works best; three or more "determined" team members would have brought our little team to a standstill. Three or more dancers would have been even worse!

In recent years there has been quite a bit of discussion as to whether veterinary schools are selecting for one type of personality, academic high achievers, and whether this has unintended adverse outcomes.

Massey University has now changed its selection process for its veterinary school with less of an emphasis in academic results. It will be interesting to see how the graduates fare over the years and if this changes the group dynamics in practices where they work. Or maybe the veterinary surgeons are being balanced by the other veterinary staff in practices and there will be little difference.

What do you think? Opinions are very welcome.

Oh and by the way, our disparate team came equal first in the orienteering challenge.

RENEWALS FOR 2018

By now you should have received an email notifying you that the Board website facility for paying your renewals online for 2018 is now active. If you have changed your email address please ensure that you log in to your account and update your contact details as all communication regarding renewals will be by email.

The absolute deadline for payment of renewal fees is midnight 31 December 2017.

If you do not pay by then your name will be removed from the Register on 1 January 2018 and you will not be able to legally work as a veterinary surgeon or veterinary nurse in Western Australia.

The Boards' office shuts down from 4.30pm on 22 December 2017 to 8.30am 2 January 2018. During this period you will not be able to pay by phone, but you may still pay using the online facility on the Board website, by direct debit, post or fax.





NEW BIOSECURITY E-LEARNING COURSE FOR VETERINARY SURGEONS

A practical new veterinary e-learning course, designed to improve engagement with hobby farmers and reduce peri-urban biosecurity risks, is now available for vets across Australia.

The free course – Veterinarians, hobby farmers and backyard livestock – has been developed as part of a national initiative between NSW Department of Primary Industries (NSW DPI), Animal Health Australia (AHA) and the Australian Veterinary Association (AVA).

Speaking on behalf of the initiative, NSW DPI Peri-urban Coordinator Dr Sarah Britton said the course provides veterinarians with a practical toolkit for working with hobby farmers, smallholders and clients with backyard livestock.

“Feedback from a national survey of private practitioners indicated that veterinarians required more support when dealing with hobby farmers and backyard livestock,” Dr Britton said.

“Small animal vets that practise in semi-rural areas occasionally need to treat backyard livestock they don’t see on a day-to-day basis, like chickens, cattle, sheep and goats.”



“The e-learning course will deliver information on the roles of government and private vets in disease surveillance, and provide resources for veterinarians dealing with backyard livestock to ensure they can practise with confidence.”

“Importantly, it will assist with the early detection of disease in peri-urban areas, which will greatly improve the capacity to respond to, manage and control biosecurity threats,” Dr Britton said.

The two-hour course will earn 2 CPD or VETED points, and can be completed online at any time.

Details for enrolling in the Veterinarians, hobby farmers and backyard livestock e-learning course are available at www.dpi.nsw.gov.au/biosecurity/greater-sydney-peri-urban

RESILIENCE IN VETERINARY PRACTICE PROJECT

Researchers from the University of Sydney are requesting your assistance with a research project exploring what ‘resilience’ means to mid and late career veterinarians and the factors that contribute to this.

Please note that the survey is only for veterinarians, living in Australia who are working in veterinary practice, and who graduated in the year 2011 or earlier.

Participation will involve completion of a brief online survey which should take approximately 15 minutes of your time. Your participation is voluntary and anonymous and all data collected will be strictly confidential. At the end of the survey you will be invited to participate in a follow-up interview study aimed at exploring resilience in detail in mid and late career veterinarians. You can also elect to go into the draw to win one of five \$20 direct debit cards.

You will find a more detailed information sheet available when you click <https://www.surveymonkey.com/r/Resilientvet2017>

If you have any questions about the project, please feel free to contact Dr Michelle McArthur, the Chief Investigator for this project, on +61 8313 3040 or by email at michelle.mcarther@adelaide.edu.au

IF A CLIENT SELLS OR GIVES AWAY PRESCRIBED DRUGS

Recently the Board received a phone call from a veterinary surgeon who was concerned because a client had allegedly been given Oxytocin by a farmer friend to administer to her bitch which was experiencing difficulties whelping and not progressing. The farmer had been supplied with the drug by another veterinary surgeon for his cattle. Unfortunately by the time the veterinary surgeon was contacted by the owner for assistance the bitch had suffered a ruptured uterus and could not be saved.

A veterinary surgeon’s privilege to prescribe and dispense scheduled drugs includes a responsibility to ensure that the scheduled drugs are used correctly and for the intended purpose. If a client asks for more of a scheduled drug than necessary, or a veterinary surgeon dispenses or prescribes excessive amounts of a scheduled drug, it may not be going to just the intended animal or animals. Reportedly, this behaviour is occurring with a variety of scheduled drugs and a variety of major species.

If a veterinary surgeon is enabling this situation, it may be considered unprofessional conduct.





WHO IS THE OWNER PART 1 – A JUDGEMENT WORTHY OF KING SOLOMON?

The Board has received several complaints alleging that a veterinary surgeon is at fault for not taking appropriate action where the ownership of an animal, usually a cat or dog is in dispute. Unfortunately it is not uncommon for a veterinary surgeon to find themselves caught in the middle of disputing parties who both claim ownership of an animal. A recent viral Judge Judy video shows a unique method of settling a disputed pet ownership issue <https://www.youtube.com/watch?v=bG0a6Oy7rfA>. Interestingly, a while ago a veterinary surgeon informed the Board of a similar situation he had in his practice where an astounding four people were claiming ownership of a dog. This was eventually resolved by letting the dog 'identify' by his behaviour his true owner. However, this method is not recommended as a standard procedure.

So what is the recommended method of dealing with pet ownership disputes? This can be reasonably straight forward if the animal is registered with the local council. In that case the person who is listed as the registered owner, is the owner. If the animal is not registered but microchipped then the person

recorded as the owner in the microchip database is the owner.

You may have seen some recent news articles calling for veterinary surgeons to scan for microchips every animal that they see. The Board considers that it is imposing too onerous a burden on registered veterinary surgeons to require them to perform microchip scans to confirm ownership before providing any veterinary services on an animal.

On the other hand, if a veterinary surgeon has reason to believe, or suspect, a person requesting the veterinary services may not be the owner of the animal, it would be appropriate and in order in those circumstances for the registered veterinary surgeon to perform a scan to confirm ownership and to refuse to provide the requested services if ownership cannot be established. Having said that, a registered veterinary surgeon is justified in performing a lifesaving procedure on an animal or in an emergency situation even if ownership of the animal is questionable. Elective services, however, can await proof of ownership.

WHO IS THE OWNER PART 2 – AVOIDING A THREE RINGED CIRCUS

It is common for veterinary practices to provide veterinary services to animal rescue services, pet shops or wildlife rehabilitation centres on a regular basis and often at a discounted rate. The Board has dealt with several complaints where it was unclear who would be responsible for paying the account for the animal's treatment and who could authorise that treatment.

The situation can become complicated when the person or group responsible for paying and authorising the veterinary treatment of the animal is not the person who is caring for or owns the animal. This can arise when a rescue group or wildlife centre has foster carers or when a pet shop states that it will pay for veterinary services for an animal for a set period after

purchase. Foster carers and new owners become emotionally attached to the animals in their care and may want more extensive and costly treatment than the organisation or person responsible for payment will sanction.

To avoid being caught in an unpleasant three ring disagreement, veterinary surgeons are advised to make sure that agreements with caring organisations or pet shops clearly set out who can authorise veterinary treatment, who is responsible for payment and what the limitations are. The agreement should also state what happens if the owner or carer wishes to pay for and be responsible for veterinary treatment over and above what the caring organisation or pet shop will sanction.

ANTIMICROBIAL STEWARDSHIP RESOURCES FOR VETERINARY SURGEONS

Antimicrobial resistance is a major global threat of increasing concern to human and animal health. It is estimated that it will be the leading cause of human deaths by 2050 and has implications for both food safety and food security and the economic wellbeing of millions of farming households. Antimicrobial resistance can be spread directly, or indirectly, through food or the environment.

Veterinarians and human health professionals play a very important role in fighting antimicrobial resistance at every opportunity. In June 2015, the Commonwealth of Australia released the National Antimicrobial Resistance Strategy 2015-19 aimed at addressing the issues of antimicrobial resistance in Australia. One of the objectives was to implement effective antimicrobial stewardship practices across human and animal care settings, to ensure the appropriate and judicious prescribing, dispensing and administering of antimicrobials.

To help the veterinary profession continue to improve antibiotic prescribing practices and demonstrate responsible stewardship of antimicrobial drugs, a number of resources have been developed. This includes:

- AIDAP Antibiotic prescribing guidelines for dogs and cats
- AIDAP Infection Control Guidelines
- Veterinary use of antibiotics critical to human health - fact sheet, April 2017
- Agriculture Victoria - resources, September 2017
- Resources on Australian Veterinary Association Antimicrobial Resistance webpage <http://www.ava.com.au/amr>

Further resources will be available in 2018.

Author: Sarah Britton, NSW Department Primary Industries, Project Manager for VSANZ and AVA/AMA projects





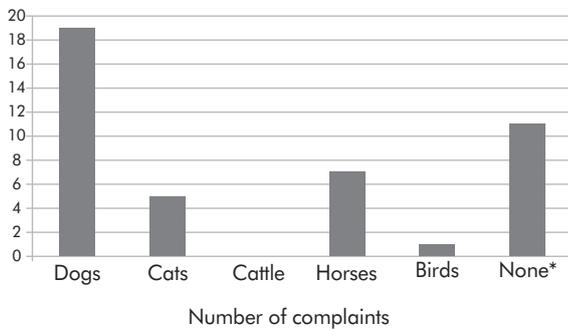
COMPLAINT HANDLING DURING 2016/17

During the last financial year the Board received 43 written formal complaints and finalised 44 complaints.

Consistent with previous years, complaints involving dogs accounted for almost half of the complaints received by the Board. Seven complaints involved horses which was an unusually high number.

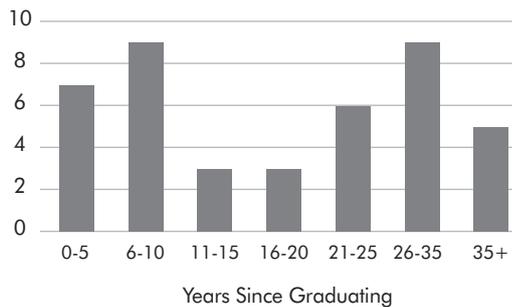
Also consistent with previous years, is that the majority of complaints against veterinary surgeons are against those early or late in their careers with a dip in the middle career years.

Species of animal involved in the complaint



*Statutory matters with no animal involved

Complaints against veterinary surgeons



During the year seven complaints were resolved at the State Administrative Tribunal (SAT).

For 38 complaints against veterinary surgeons, the Board determined that the evidence did not warrant the Board making a complaint of unprofessional conduct to the SAT. (Note: as some complaint investigations span more than one financial year the number of complaints received and the number resolved in any one year may differ)

In some instances, the Board suggested that the veterinary surgeons examine their communication or other practice protocols, or drew the veterinary surgeon's attention to Board guidelines and protocols or sections of the Act or Regulations.

RELOCATION OF VETERINARY PRACTICES

The Board advises that the registration of a veterinary hospital or clinic pertains to a particular premise and is not transferrable to a new premise. If a veterinary surgeon wishes to relocate their premise to a new location then a completely new application, including floor plans must be submitted to the Board. Registration of the new premise as a veterinary hospital or clinic will not be granted until the building has been inspected by a Board inspector and found to be compliant with the Board premise guidelines. The guidelines are available here <http://www.vsbwa.org.au/wp-content/uploads/2014/10/GUIDELINES-FOR-THE-DESIGN-AND-EQUIPPING-OF-VETERINARY-HOSPITALS-AND-VETERINARY-CLINICS.pdf>



VETERINARY SURGEONS' BOARD OF WA

MEMBERS OF THE BOARD

- Chair: Dr Peter Punch — AVA nominee
- Deputy Chair: Ms Catherine Carroll — Ministerial appointee
- Dr Graham Harradine — Elected member
- Dr Tony Leeftang — Elected member
- Dr Michael Paton — Department of Primary Industries and Regional Development nominee

HOW TO CONTACT US

- Registrar: Dr Sue Godkin
- Postal Address: PO Box 1721 Melville South WA 6156
- Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156
- Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363
- Email: admin@vsbwa.org.au Web: www.vsbwa.org.au

