



Winter 2014

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REGISTRAR'S REFLECTIONS

Recently I attended the annual face to face meeting of the registrars of Australian and New Zealand registration boards. To my surprise I realised that due to several recent retirements I am now the longest serving registrar in the group. Hopefully I restrained myself from saying "well in my day we used to..." too often!

Much has changed in the nearly eight years I have been registrar; National Recognition of Veterinary Registration has been implemented in most jurisdictions, legislation and compliance is more demanding and complaints against veterinary surgeons in all jurisdictions have increased out of proportion to the increase in registered veterinary surgeons.

What hasn't changed is the co-operation and enthusiasm of the registrars. We are all passionate about what we do, willing to learn from each other and provide advice or assistance where we can. It reminds me very much of my days in small animal practice and the support and collegiality I enjoyed from my colleagues in my veterinary work. Thankfully this seems to be the experience of the large majority of veterinary surgeons.

However, here at the Board we see what happens when veterinary surgeons don't cultivate this sort of collegiality. Tempers fray, stress levels rise and at worst the Board receives "tit for tat" complaints from veterinary surgeons against each other. Veterinary work can be stressful enough without veterinary surgeons making it harder for each other!

Next time you are aggrieved by the behaviour of a colleague, why don't you suggest a get together over coffee, a beer or whatever so you can discuss the issues you have with one another? You never know, you may well be starting a friendship that you will value for the rest of your life.

I will leave you with a quote from Bernard Melzer, a popular US radio host in the 1980's:

"If you have learnt how to disagree without being disagreeable, then you have discovered the secret of getting along – whether it be business, family relations or life itself."

REGISTERED SPECIALISTS

Congratulations to the following veterinary surgeons who have recently received specialist registration

Dr Devon Thompson
Veterinary Diagnostic Imaging

Dr Russell Muse
Veterinary Dermatology

Dr Eleanor Drynan
Veterinary Anaesthesia

Dr Mark Glyde
Small Animal Surgery

Dr John Punke
Small Animal Surgery

Dr David Murphy
Equine Surgery

Dr Neil Gibson
Small Animal Surgery -
Orthopaedic

Dr Maxwell Hall
Equine Surgery





DEPARTMENT OF HEALTH AUDITS

The Board has been advised that in the near future Department of Health inspectors will be commencing unannounced regular audits of scheduled medications at veterinary hospitals and clinics and mobile veterinary practices to ensure that the Poisons Act 1960 and Poisons Regulations 1979 are being complied with.

WILDLIFE CARE - INFORMATION FOR VETERINARY SURGEONS IN PRIVATE PRACTICE

Veterinary surgeons in private practice are often called upon to examine sick, injured or orphaned native animals. Often members of the public who bring wildlife in for examination are not willing to pay for the animal's treatment.

The Veterinary Surgeons' Board of Western Australia Handbook provides guidance as to the appropriate actions to be taken for injured stray animals, where the accompanying person is unwilling or unable to pay. Wildlife can be considered to be "stray" and the advice is equally applicable. However in contrast to a stray animal, the desired outcome for an injured wild animal is the release of a healthy individual back into its habitat. To achieve this, the basic recommended steps are:

- Offer emergency assistance and pain relief;
- Triage and organise timely referral to another veterinary surgeon or registered wildlife rehabilitator where appropriate;
- Offer euthanasia.

Veterinary surgeons can provide further treatment or, where appropriate, utilise the skills of colleagues by consultation or referral. If further treatment has been agreed upon, it should be clearly communicated who will cover the costs for materials and services.

Wildlife which require long term treatment and rehabilitation should be transferred to trained rehabilitators who are registered with the Department of Parks and Wildlife (DPaW). Veterinary surgeons should consult with registered rehabilitators and/or DPaW officers in determining plans for the rehabilitation and release of sick, injured and orphaned wildlife.

Veterinary surgeons are referred to the following text books to assist with drug dose rates and initial veterinary assessment of wildlife cases:

- Medicine of Australian Mammals. Larry Vogelnest and Rupert Woods. CSIRO Publishing 2008.
- Avian Medicine and Surgery in Practice. Bob Doneley. Manson Publishing 2011.
- Reptile Medicine and Surgery, Second Edition. Douglas Mader. Saunders Elsevier 2006.

For urgent or complex cases, veterinary staff at the Perth Zoo can be consulted regarding treatment and prognosis (contact details below).

Contacts:

1. Wildcare Helpline of the Department of Parks and Wildlife: 08 9474 9055
2. Clinical veterinarians of the Perth Zoo Veterinary Department: labresults@perthzoo.wa.gov.au or 0439 953 026.

REMINDER: As with any other animal, veterinary surgeons must keep appropriate clinical records for any wildlife they treat.

REPORTABLE ANIMAL DISEASES

Veterinary surgeons are reminded that there are a number of animal diseases that you are legally required to report to the Department of Agriculture and Food. For a list of the diseases and the contact numbers visit the following website <https://agric.wa.gov.au/n/2511>





VETERINARY SURGEONS' BOARD HANDBOOK

If you have any questions about registration, professional conduct, common complaints, legislation and standards, you should be able to find the information you are seeking in the Veterinary Surgeons' Board Handbook. The Handbook is on the homepage of the Veterinary Surgeons Board website www.vsbwa.org.au/

If you still have questions please contact the Board staff by email admin@vsbwa.org.au or by phone 9317 2353.



PRESCRIPTIONS

The Board regularly receives queries from veterinary surgeons about their responsibilities regarding writing prescriptions. A summary of the main points is below:

- A veterinary surgeon is not permitted to fill a prescription on behalf of another veterinary surgeon. Only a registered pharmacist may do this;
- A veterinary surgeon may decline to provide a prescription to a client;
- The provision of a prescription is a professional service and it is up to the individual veterinary surgeon as to whether they charge a fee for this service
- If a client uses the prescription for purchasing medications from overseas there may be ramifications that could impact on the veterinary surgeon. See <http://www.apvma.gov.au/veterinarians.php> ; and
- Any prescription must comply with the requirements for prescribing and record keeping in the *Veterinary Surgeons Regulations 1979* and the *Poisons Act 1964* and the *Poisons Regulations 1965*.

RESCHEDULING OF ALPRAZOLAM (XANAX)

Not all veterinary surgeons appear to be aware that alprazolam (Xanax) as of 1 February 2014, is included in schedule 8. This means that it must now be stored in a Department of Health approved safe and included in the HA14 drug of addiction register. The link below gives guidance on safes for schedule 8 poisons.

www.public.health.wa.gov.au/cproot/4204/2/guidance_note_safes.pdf



OCCUPATIONAL HEALTH AND SAFETY – MSDS SHEETS

The Board has received queries from a number of owners of veterinary practices who are concerned about their obligations regarding Material Safety Data Sheets (MSDS).

Advice from the Department of Commerce is that employers and self employed persons have a legal responsibility to obtain adequate information about the hazardous substances used in their workplaces. This information is contained in MSDS which can be obtained from the manufacturer, importer or wholesale supplier. The MSDS should be made available to all employees in a veterinary hospital or clinic.

For further information visit <https://www.commerce.wa.gov.au/publications/guidance-note-material-safety-data-sheets-msds> or contact Worksafe on 9327 8838



EUTHANASIA, DEPRESSION AND SUICIDE IN VETERINARIANS RESEARCH UPDATE

Tran, L., Crane, M. F., & Phillips, J. K. (2014, March 17). The Distinct Role of Performing Euthanasia on Depression and Suicide in Veterinarians. *Journal of Occupational Health Psychology*.

Advance online publication: <http://dx.doi.org/10.1037/a0035837>

In this paper, we report on the association between euthanasia-administration frequency over the previous 12 months and depressed mood and suicide risk in Veterinarians.

Our results found that the more euthanasia performed in a typical week, the greater the risk of depressed feelings. While this might initially sound alarming, euthanasia frequency actually only explained a very small amount of depressed mood.

This indicates that the performance of euthanasia is a very minor player in depression experienced by veterinarians and other factors are likely to make much more of a contribution. With regards to suicide-risk, a greater amount of euthanasia performed in a typical week actually reduced the risk of suicide in depressed veterinarians.

Thus, rather than contributing to greater suicide-risk in depressed veterinarians, the highly frequent



(>11 in a typical week) performance of euthanasia may be a protective factor against suicide risk in depressed veterinarians.

Our work highlights that the relationships between performing euthanasia, depression and suicide-risk is more complex than previously anticipated, and that strategies used by veterinarians to manage the emotional impact of euthanasia are generally effective (e.g., emotional distancing).

Our work also indicates that there are therefore other very important factors that are critical determinants of wellbeing in veterinarians, which is part of our ongoing research.

THE VETERINARY SURGEONS' BOARD OF WA

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Chair: Dr P Punch AVA Nominee

Deputy Chair: Dr T Higgs Dept of Agriculture and Food

Dr M Culliver Elected Member

Dr R Stone Elected Member

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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

