



Spring 2015

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## REGISTRAR'S REFLECTIONS

For some time I have been taking the train in the morning along with my bicycle to work to avoid the worsening traffic and to get some exercise whilst cycling home along the seashore in the evening. After some experimentation with train timetables, seating arrangements and getting tangled up with the seeing-eye dog of a lady who always takes the second last carriage, I have settled on catching the last carriage of an early morning train to Fremantle. The last carriage deposits me at Fremantle station, just opposite the bicycle locker. Perfect.

Having settled on this routine I soon noticed that a number of my fellow passengers were regulars; such as the lady who always wraps a scarf around her head, trying to snatch a last few minutes sleep; an older lady who always leaves the train at Claremont, clutching a bag with Cairns written on it, as if clutching onto memories of holidays past; a man who listens to his ipod and always sits up ramrod straight, prompting me to unconsciously correct my posture, and a primary school boy, always absorbed in his laptop. After a few weeks I noticed that they never changed; they always sat in the same seats; did the same things and got off at the same station. I wondered how they put up with doing the same things each day. Then one day I left my bicycle at home as I was going out to dinner directly after work. Surprised looks and raised eyebrows. Had they been wondering the same about me?

Is it human nature to fall into a comfortable routine and do the same thing every day until we consciously do something different?

Not long after I graduated I was given the advice, when you look back over your career make sure you have had 20 years' experience, not just one year 20 times over. How many people live up to this?

At the Board we see a number of veterinary surgeons who haven't changed the way they practise since they graduated, sometimes many years before. Their argument is 'that it has always worked for me'. That may be true but why not explore the better techniques and drugs available by attending continuing education courses, reading journals and talking to colleagues so you ensure that you are giving your patients the best care available?

Next train trip I think I might be adventurous and take another carriage to Fremantle and see what the people are like there.

## DECLINING TO PROVIDE VETERINARY SERVICES

The Board has received a number of queries from veterinary surgeons wanting to inform a client that they no longer wish to provide them with veterinary services. The reasons are varied but the most common ones are usually that the client is rude to staff or has an aggressive animal that they can't control or is a chronic bad debtor.

It is a common misconception amongst the public, as well as veterinary surgeons, that a veterinary surgeon is obliged to treat every animal that is presented to them.

In reality, except in an emergency situation where a veterinary surgeon is required to provide emergency treatment to relieve pain and suffering, there is no obligation to treat any animal. No reason has to be given. However, it is good practice for a veterinary surgeon to send the client, by registered mail, a polite letter stating that they believe their veterinary needs would be better satisfied at another veterinary practice and except in the case of an emergency the practice will not be accepting their animals for treatment.





## BOARD ELECTIONS

Voting for the two elected members to serve on the Board for its next three year term closed at noon on 4 September 2015. Votes were received from 354 veterinary surgeons.

The Acting Registrar declared the two candidates who obtained the highest number of votes, Dr Maryanne Culliver and Dr Graham Harradine, to be elected.

The Board will be recommending to the Governor that the elected members, nominated Deputy members and preferred Ministerial Appointee, are appointed to the Board for the term of office from 1 January 2016 to 31 December 2018.

The Board extends a welcome to Dr Graham Harradine who is serving as a Board member for the first time. The Board also congratulates Dr Maryanne Culliver on being elected for a second term.

The following Board members will not be continuing to serve on the Board in 2016:

- Dr Rachel Stone who has served on the Board as an elected member since 2010.
- Ms Fiona Calley who has been associated with the Board since 2003 initially as a Deputy to the Ministerial Appointment, and then the Ministerial Appointment from 2010.

Dr Stone and Ms Calley have been invaluable members of the Board, and their experience, dedication and enthusiasm will be missed. The Board wishes Dr Stone and Ms Calley all the best for their future endeavours.



## REGISTRATION RENEWALS

By now all registered veterinary surgeons and approved veterinary nurses should have received their renewal reminders for 2016. If you haven't received your renewal notice please contact the office.

This year for the first time you are able to pay online on the Board's website at [www.vsbwa.org.au](http://www.vsbwa.org.au) If you haven't received a password for your login account contact the office and one will be assigned to you.

The absolute deadline for payment of renewal fees is midnight 31 December 2015.

During the Board office shutdown from noon on 24 December 2015 to 8.30am on 4 January 2016 inclusive 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 up until 31 December 2015.

If you do not pay by 31 December 2015 your name will be removed from the Register and you will not be able to legally work as a veterinary surgeon or veterinary nurse in Western Australia.

## SCHEDULING AND REGISTRATION OF VETERINARY MEDICINES

The Board regularly receives queries about what schedule a veterinary drug is or whether a drug is registered for veterinary use in Australia.

Information about the current scheduling of veterinary medicines can be found at the APVMA pubCRIS database <https://portal.apvma.gov.au/pubcris>

Alternatively you can download the APVMA app from iTunes. The app description says, 'the APVMA puts the databases of Australian registered agricultural and veterinary chemical (agvet) products including minor-use and off-label permits in your hand with this free resource'.

## VETERINARY PRACTICE BREAK-INS



The Board has been advised by the Department of Health that there appears to be an increase in veterinary practice break-ins. You are reminded that any break-ins where scheduled drugs are stolen, especially Schedule 8 drugs, must be reported to the Department of Health.

A number of practices do not have safes for the storage of Schedule 8 drugs that are compliant with the Poisons Act 1964. In light of the apparent increasing number of break-ins it would be advisable to check that your safes for Schedule 8 drugs are compliant.





## EUTHANASIAS USING INTRA-PERITONEAL INJECTIONS OF BARBITURATES

The Board regularly receives complaints about the way veterinary surgeons have euthanased animals. In particular the Board has received complaints about euthanasias of conscious dogs or cats being performed using intra-peritoneal injections of barbiturates which have resulted in vocalisation, struggling and other signs that indicate that the injection was painful.

Barbiturates are well known for being highly irritant if injected perivascularly or if administered intra-peritoneally. For this reason the Board considers that it is unacceptable to euthanase a conscious adult dog or cat using an intra-peritoneal injection of a barbiturate. This method of euthanasia should only be used as a last resort, after all other alternative methods have been exhausted, and once the patient is verifiably unconscious or anaesthetised.

Furthermore, in recent years a two-step process for routine euthanasia is being adopted by many veterinary surgeons whereby the dog or cat is profoundly sedated or anaesthetised prior to an overdose of barbiturate being administered intravenously. This seems a much more peaceful process for the owner than the once standard one-step protocol of administering an intravenous overdose of barbiturate into a fully conscious dog or cat that may struggle and appear to resist. The one-step protocol is also more likely to go wrong as the animal may move suddenly.

The one step intravenous overdose of barbiturate method is still considered humane and many veterinary surgeons find it works well for them. However, veterinary surgeons, as professionals, need to be open to considering using new techniques and methods that may result in better outcomes than the 'tried and true' ones they have always used.

## DEPARTMENT OF HEALTH AUDITS OF VETERINARY PRACTICES – COMMON ISSUES

The Department of Health has advised the Board of a number of issues that have been commonly found during their recent audits of veterinary practices. These include:

- **Inadequate safes for the storage of S8 poisons**  
Schedule 8 drugs must be stored in a safe. The safe described in the Poisons Regulations is larger and heavier than many veterinary clinics and hospitals will require. Veterinary clinics and hospitals may apply to the Pharmaceutical Services Branch for an exemption from the requirements of Appendix M of the Poisons Regulations to allow use of a smaller safe.  
  
An exemption will be granted if the total stock holdings at the clinic or hospital are 7.5 grams of S8 drugs or less. Details of an acceptable safe for small quantities of S8 drugs can be found in the 'Guidance Note on Safes' available on the Pharmaceutical Services Branch website. Approved veterinary nurses may only access Schedule 8 drugs under the supervision of a veterinary surgeon.
- **More than permitted quantities of S8 poisons being stored in safes**  
When an exemption has been granted to use a smaller safe, no more than 7.5 grams of S8 poisons can be stored in that safe. A 50ml bottle of ketamine for example is 5.0 grams. It doesn't appear to be well known that ketamine is also available in 20ml bottles which would allow two bottles of ketamine to be kept in a smaller safe and be compliant.
- **Multivet practices with no poisons permit**  
An individual veterinary surgeon may order scheduled drugs for use in their professional practice at their registered veterinary clinic or hospital. However, if the veterinary practice or hospital (as a business entity) wishes to purchase scheduled drugs on behalf of all veterinary surgeons working at the practice, a poisons permit is required. A poisons permit authorises the holder of the permit to purchase Schedule 4 and 8 drugs on behalf of the veterinary clinic or hospital.

**Additional information is available at the following link:**  
[ww2.health.wa.gov.au/Corporate/Articles/F\\_1/Information-for-vets-requirements-of-the-WA-poisons-legislation](http://ww2.health.wa.gov.au/Corporate/Articles/F_1/Information-for-vets-requirements-of-the-WA-poisons-legislation)

**For further information contact the Pharmaceutical Services Branch:**

**Website**  
[health.wa.gov.au/pharmacy](http://health.wa.gov.au/pharmacy)

**Email**  
[poisons@health.wa.gov.au](mailto:poisons@health.wa.gov.au)

**Phone**  
(08) 9222 6883 and follow the prompts





## FILLING OUT PRESCRIPTIONS FOR ANOTHER VETERINARY SURGEON – DON'T DO IT!

Recently the Board received a phone call from a veterinary surgeon who was asked to fill out a prescription written by another veterinary surgeon by a new client who was travelling around Australia with her pets. The client had already received two lots of Schedule 4 drugs from veterinary surgeons at two different practices in WA who supplied them on the strength of the prescription and did not examine the animals. The client became irate with our caller when she refused to provide the drugs on the prescription without examining the animals.

The caller was assured that she had done the right thing. To clarify, a veterinary surgeon is not permitted to fill out a prescription written out by another veterinary surgeon or a medical practitioner as this breaches the Poisons Act 1964. Only a registered pharmacist may fill out a prescription on behalf of a veterinary surgeon or medical practitioner.

### CASE STUDY – SAT TRIBUNAL HEARING



In 2013, four complaints alleging unprofessional conduct by the same veterinary surgeon were referred to the SAT. Mediation at the SAT failed to resolve the matters and all four were listed for Tribunal Hearings.

In July 2014, two of the complaints were heard at a two day Tribunal Hearing. In the first complaint the veterinary surgeon administered the drug Covenia to a guinea pig. The guinea pig subsequently died. Covenia is a cephalosporin and the use of cephalosporins is contraindicated for guinea pigs. The Tribunal was of the view that the veterinary surgeon should have been aware of this. The Tribunal found that the veterinary surgeon had engaged in professional misconduct.

In the second complaint the veterinary surgeon was found to have performed castration surgery on three guinea pigs at the home of their owner. The veterinary surgeon left the premises before the guinea pigs regained consciousness. Two of the guinea pigs failed to recover from the anaesthetic and subsequently died.

The veterinary surgeon did this despite knowing that his actions were contrary to the guidelines published by the Veterinary Surgeons' Board on mobile practices which require that surgery be undertaken in a registered veterinary hospital or clinic and an animal must be at least in sternal recumbency before they can be left unattended. The Tribunal found that the veterinary surgeon had engaged in professional misconduct.

In December 2014, the Tribunal ordered that the veterinary surgeon's name be removed from the register and he pay the Board's costs of \$20,000. The Board withdrew the outstanding two remaining complaints that were lodged with the SAT.

### REGISTERED SPECIALISTS

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

- Dr Mark Glyde - Small Animal Surgery
- Dr Fleur James - Small Animal Medicine
- Dr Louise Bass - Veterinary Anaesthesia
- Dr Marikka Frances - Veterinary Radiology
- Dr Mary Thompson - Small Animal Medicine
- Dr David Reese - Veterinary Diagnostic Imaging



### THE VETERINARY SURGEONS' BOARD OF WA

MEMBERS OF THE BOARD

- Chair:** Dr P Punch AVA Nominee  
**Deputy Chair:** Ms F Calley Ministerial Appointment  
 Dr M Paton Dept of Agriculture and Food  
 Dr M Culliver Elected Member  
 Dr R Stone Elected Member

### HOW TO CONTACT US

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