

BoardTalk

President's Report

It sneaks up on you without you even noticing.

You are fortunate enough to start work in a decent practice, and eventually you are able to start and own your own. You work hard through the difficult years of trying to build a successful business. You achieve a modicum of that success. Then you try to "give back" to the profession that has given you so much. You get involved with the AVA. Your local branch and your favourite SIG. Your tribes.

Then an opportunity to contribute in another sphere arises. The state regulatory authority requires Board members, and you see another opportunity to contribute to the profession. Cautiously you submit your application to the overseeing politician, and you are appointed. But ironically, as is often the case, when you think you are "giving back" to veterinary science, you end up gaining much, much more than you feel you are ever able to contribute.

You grow and learn about the laws and regulations that govern our profession, and the reasons they work the way they do. You learn about the history of regulation in veterinary practice and that it has been an area of some conflict in the past. You bring your perspective to the evolution of those laws and regulations. You see that it is a never-ending process with rushes and steady periods, and it reflects the changes in society and our profession as it changes over time.

You sit on committees and write reports. You read, copiously, to prepare for each meeting. You become brave enough to offer your opinion.

Then, suddenly, it is a dozen years later. And the appropriate thing for good governance of a regulatory authority is the gentle, controlled churn of succession for the Board members. Corporate memory needs to be regularly spiked with vitality and new perspectives, especially at a time of disruption and change in our profession. So like so many significant contributors before you, you approach the end of this phase of your life and reflect.

[Continued p. 20](#)

Registration and licence renewals

Please ensure you renew your veterinary registration and hospital licence by 30 June.

Registration renewal requires both payment of the registration renewal fee of \$300 and submission of the Annual Return. Both can be completed using your [Vet Login](#) and if you experience any difficulties please call or [email the office](#).

A late fee of \$50 applies to registrations renewed after 30 June and if you have not renewed by 14 July your name will be removed from the Register. Restoration to the Register in these circumstances will incur an additional fee of \$300. Don't be late!



Inside this issue

Number of veterinarians.....	2
Changes to the Board	3
Complaints Committee	4
Hospital Inspections.....	6
Managing complaints.....	7
Pain relief	8
DHAS.....	9
NSW DPI News.....	10
Rodenticide poisoning	15
Wildlife News.....	17
GWIC News	16
NSW OLG News.....	18

Please help with these surveys

- [Workforce Survey](#)
- [Sickness presenteeism](#)
- [Antibiotic use in dairy farms](#)



Number of veterinarians in NSW

The total number of veterinarians in NSW grew from 2,620 in 2008 to 4,058 in 2020. This represents a total growth of 1,438 veterinarians (55%) and an annual average growth of 3.7%.

Changes in the number of veterinarians registered each year are due to new registrations, restorations (veterinarians returning to the NSW register) and removals from the register. Generally, the number of new registrations is similar to the number of removals from the register and the resulting change in total number is similar to the number of restorations.

The growth in the total number of veterinarians registered in NSW has therefore been strong when compared with [population growth](#) (1.6%) and household number growth (1.3%) during this time (60% of households own at least one pet).

Unfortunately the Board does not (yet) collect information about employment type (full time, part-time or casual) nor average hours worked per week (except for specialists).

Until type of employment data is collected the number of Full Time Equivalent (FTE) veterinarians may be estimated from the literature.

Data collected by [Heath \(2002\)](#) examining a cohort of veterinarians 10 years after graduation found that 80% were still doing veterinary work, 60% of those were in private practice (small animal 40%, mixed 18% and equine 2%), and 63% of these were working full time.

[AVA workforce survey data](#) from 2018 suggest 25% of all veterinarians were working part time (28% of female veterinarians and 25% of male veterinarians). This reflected a possible increase from 23% of all veterinarians (26% of female and 17% of male veterinarians) in 2016.

Registration renewals

Registration renewals must be completed by 30 June 2021 for the registration period 1 July 2021 to 30 June 2022.

If you have not yet received your registration renewal notice by email please [contact the Board](#).

The easiest way to renew your registration is to use the [Vet Login](#). If you do not yet have a Vet Login click on the [Forgotten your password](#) link from the Vet Login page and details will be sent to your registered email address.

Problem submitting?

Please enter zero '0' if you have not completed structured or unstructured CPD.

Ensure your work address includes 'state' details.

Figure 1 Number of veterinarians in NSW 2008-2020

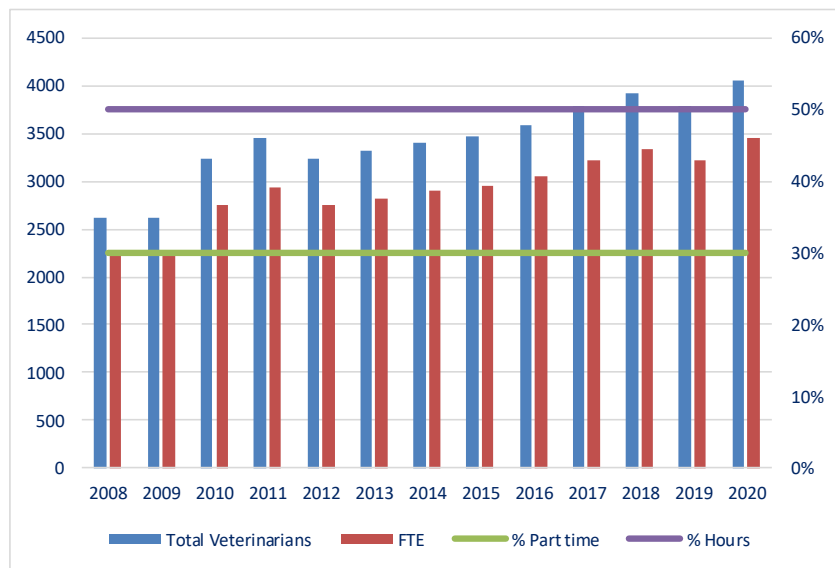


Figure 1 above assumes 30% of registered veterinarians are working part time (green line) at 50% (or 20 hours per week) (purple line). Using these assumptions the number of FTE veterinarians in NSW increased from 2227 in 2008 to 3449 in 2020 or by 1,222 FTEs (rather than 1,438 above).

A three veterinarian practice working 150-160 hours per week (not ideal) in the past is now at least a four veterinarian practice. If one (25%) or more of these veterinarians chooses to work part time that practice may now be a five, six or more person practice. If more veterinarians choose to work part time and less hours per week the increase in absolute numbers of registered veterinarians needs to be greater than 4% to fulfil demand for veterinarians.

Rather than estimate, as noted above, the Board plans to assist the profession with workforce planning by including employment type data and average number of hours worked per week in a future update to the Annual Return.

What about retention and reasons for part time work? Next issue.

In the meantime, please take some time to complete the [2021 Veterinary Workforce Survey](#).

Changes to the Board

The term of the current Board will end 30 June 2021 and a new Board will be appointed by the Minister for Agriculture and Western New South Wales [The Hon. Adam Marshall MP](#).

The Board consists of eight members; six veterinarians who represent areas of the profession and two non-veterinarians who represent consumers.

The Board and staff will farewell Mark Simpson, Kylie Parry, Jane Lord and Wendy Cochrane at the end of June. Their dedication and contributions during Board discussions have been vital to ensuring the Board continues to achieve objectives defined by the legislation.

Dr Mark Simpson

Mark joined the Board in 2009 and has been the President of the Board from 2015. Mark is one of the two veterinary Ministerial appointments and is not seeking re-appointment.

Some of you will know Mark from his work with, and one of the founding members of, the Unusual and Exotic Pet special interest group of the AVA. Even more may know him from the popular [VetGurus podcast](#).

Anyone who has had the privilege of working with Mark will know him as an empathetic veterinarian with a tremendous knowledge of our native fauna and flora. Mark's leadership of the Board reflected his compassion for others and commitment to animal welfare and these qualities enabled all members to make important contributions to Board decisions.



Dr Kylie Parry

Kylie joined the Board in 2015 as the AVA's nomination to represent rural veterinarians and is she is not seeking a further term.

Kylie's longstanding commitment to rural veterinary practice ensured the Board considered this vital perspective in its decisions and her practical, wise and succinct contributions were extremely valuable.

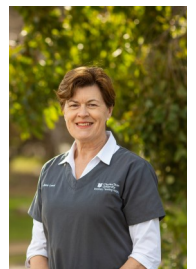


Their dedication and contributions during Board discussions have been vital to ensuring the Board continues to achieve objectives defined by the legislation.

Dr Jane Lord

Jane became the Board's representative for academics in the field of veterinary science in 2018. Jane is based at Charles Sturt University and under an agreement with the University of Sydney to alternate this position Jane will be leaving the Board 30 June 2021.

In addition to her wealth of veterinary knowledge, passion for teaching the next generation of veterinarians, and commitment to rural communities, Jane brought an assiduousness which ensured all Board decisions were thoroughly considered.



Mrs Wendy Cochrane

Wendy joined the Board in 2015 as one of the representatives of consumers of veterinary services and will not be seeking a third term with the Board.

Wendy's generosity, compassion and humility together with her broad knowledge as a consumer ensured that her contributions to discussions and decisions of the Board were greatly valued by her colleagues.



Complaints Committee Report



The Board reviewed and determined 36 new complaints against 55 veterinarians between November 2020 and April 2021. Of the 36 complaints considered, 30 were dismissed by the Board.

For the same period last year, the Board determined 31 complaints of which 25 were dismissed.

Unsatisfactory professional conduct

The Board found eight veterinarians guilty of unsatisfactory professional conduct (UPC) as a result of six complaints. These investigations revealed concerns regarding the management of cases not in accordance with current standards (Code (cl 4)), a lack of informed consent (Code (cl 7) and Code (cl 16)), and non-compliance with poisons and therapeutic goods legislation.

Current standards

One veterinarian was found guilty of UPC in relation to a stick injury that occurred in a dog. The client, who had not previously visited this veterinary hospital, requested pain relief for her dog that was lame after playing with a stick in the park. The client's regular veterinary practice was closed for the day.

The veterinarian agreed to provide a restricted substance (meloxicam) to the client. The veterinarian had not physically examined the animal nor was it under their direct care at the time. The client administered the medication to the animal, but then returned to request a consultation with the veterinarian as the dog was bleeding from the mouth.

The Board reviewed and determined 36 new complaints against 55 veterinarians between November 2020 and April 2021... Of these 30 were dismissed.

Consent to provide records

Providing records to colleagues taking over the care of an animal may be important for ongoing animal welfare.

[The Code](#) (cl 10) requires that veterinarians who have previously treated an animal must, when required to do so, and with the consent of the client, provide copies or originals of all relevant case history records directly to another veterinarian who has taken over the treatment of the animal.

There was a long wait for a consultation, so a veterinary nurse examined the dog in the client's car with a torch and noted that she could not identify any abnormalities in the dog's oral cavity. When the veterinarian was available, they failed to perform a thorough physical examination and admitted to the Board that they did not examine the dog's oral cavity, having relied on what they had been told by the veterinary nurse.

The dog had a known history of chasing a stick, falling and then bleeding from its mouth. As such, the Board was of the opinion that an examination of the mouth should have been performed. It was discovered at another veterinary hospital that a significant length of stick had penetrated the dog's retropharyngeal region. The Board issued the veterinary practitioner with a caution and a fine.

A finding of UPC was also made against a veterinarian for not investigating the possibility of an oesophageal foreign body (OFB) in a dog with signs of persistent vomiting and a history of eating bones.

An abdominal ultrasound had been performed by a specialist, but no imaging of the upper gastrointestinal tract was performed. The dog was discharged and later presented to another veterinary hospital, where radiographs identified the OFB. The Board issued the veterinarian with a caution.

A veterinarian was found guilty of UPC after discharging a surgical patient when it was not clinically appropriate to do so and for failing to ensure that the patient had adequately recovered from an anaesthetic before being discharged.

A surgical procedure had been performed in order to repair a cutaneous wound that had dehiscid. The client had declined advice to allow the wound to heal by secondary intention, so the veterinarian had arranged to perform the procedure after-hours on a Saturday afternoon as no other surgical time was available for one week.

Shortly after the patient had been extubated, the dog was discharged from hospital into the care of the client.

Unsatisfactory professional conduct (cont'd)

The patient was not fully conscious, appropriately responsive or fully ambulatory when it was discharged. The dog did not recover as expected at home and later died from suspected aspiration pneumonia (post-mortem conducted).

The veterinarian involved acknowledged that discharging the patient so soon after anaesthesia was not something they would normally do or expect of their colleagues. The veterinarian also acknowledged that they could not be assured that the patient's airway would be protected by normal physiologic mechanisms or that any other possible adverse event that occurred during the post anaesthetic period would be adequately addressed at home. The veterinarian was issued with a caution by the Board.

Another veterinarian was found guilty of UPC in relation to the management of a cat that presented with a history and clinical findings consistent with diabetes mellitus (DM). Without any further diagnostic tests being offered, the veterinarian administered a non-steroidal anti-inflammatory, corticosteroids and an anabolic steroid concomitantly.

The use of a non-steroidal anti-inflammatory drug together with corticosteroids and the use of multiple corticosteroids (short and long acting) was considered not in accordance with current standards. The use of corticosteroids and anabolic steroids without further investigation of a cat presenting with weight loss despite increased appetite was also not considered to be in accordance with current standards.

The veterinarian informed the Board that they were unable to perform any diagnostic testing at their clinic. In light of this, and given the cat's clinical signs, the Board considered that the veterinarian should have offered to refer the patient to another veterinarian with the ability to perform this testing (Code (cl 5)).

The veterinarian acknowledged that their treatment of the cat was not to current standards and advised the Board that they intended to undertake further education in small animal medicine. The veterinarian was issued with a caution and conditions were imposed on their registration requiring them to complete continuing professional development in small animal medicine within six months and restricting their practice of veterinary science in the interim.

Informed consent

A veterinarian was found guilty of UPC for not obtaining permission to extract several teeth during a dental procedure conducted on a dog under general anaesthetic. The treatment consent form signed by the client indicated that she wished to be contacted prior to the taking of any dental radiographs and before any extractions.

Once the dog was anaesthetised, the veterinarian examined the dog's teeth and determined that radiographs were indicated as several teeth were unstable. The veterinarian called the client and obtained permission for the radiographs.

Radiographs were performed and confirmed that 301, 302, 303, 401 required extraction as did 306, which had no roots. The veterinarian elected to extract the teeth as they considered it a minor procedure needed to address the animal's pain.

The client alleged that the veterinarian had not attempted to contact them for permission to extract the teeth. As the veterinarian removed teeth without permission from the client, the veterinarian was found guilty of UPC. The veterinary hospital consent form was amended as a result of this complaint and as steps had been taken to reduce the chance of a similar event occurring in the future, the Board issued a caution but no fine to the veterinarian.

Poisons and therapeutic goods legislation

Finally, three veterinarians at one veterinary practice were found guilty of UPC for failing to meet their obligations under the *Poisons and Therapeutic Goods Regulation 2008* (Regulation) in relation to S8 drugs. NSW Health conducted an investigation into possible breaches of this legislation and provided a report to the Board. Based on the findings of this report the Board raised complaints against the veterinarians involved.

As a result of this complaint and investigations by NSW Health, substantial changes were implemented at the veterinary hospital regarding procedures for S8 drugs including implementation of several tracking protocols, weekly stock checks, and the introduction of an electronic S8 register. Cautions were issued to each of the veterinarians by the Board.

Health Program

An impairment is defined in the *Veterinary Practice Act 2003* (s 4 (3)) as any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise veterinary science.

The Board appreciates the difficulties faced by a veterinarian suffering from an impairment and is committed to assisting these veterinarians through the establishment of its [Health Program for Veterinarians](#).

The goal of this program is to enable veterinarians to work their way through their health issues with the support of suitably qualified professionals and the Board.

The Board has adopted the procedures outlined in the Doctors' Health Program provided by the Medical Council of NSW to achieve this goal.

Importantly, it is the Board's preference that issues of impairment or possible impairment are addressed outside of the Board's complaints processes and disciplinary powers where possible.

The Board also appreciates that stressors associated with the performance of the professional duties of a veterinarian may also be increased during a complaint investigation process.

Hospital Inspections Report



Hospital inspections re-commenced in February this year with the appointment of our new [Hospital Inspector John Rota](#).

There are approximately 700 veterinary hospitals (licensed premises) in NSW and with a 3 year cycle that equates to around 20 inspections each month. The [inspection process](#) remains similar to previous years but John is also keen to seek your feedback and suggestions for improvement.

The inspection process consists of the following steps:

1. The superintendent is contacted at least 7 days prior to inspection to arrange an appointment
2. The [self-assessment checklist](#) for hospital superintendents should be completed prior to the inspection
3. The inspection focuses on items in the checklist and any issues are identified and a timeline for addressing these issues is agreed upon
4. Follow up confirmation of the inspection and issues to be addressed where appropriate

It is pleasing to report that there have been minimal issues identified in the first round of inspections and the self-assessment checklist has been greatly appreciated by superintendents as a way of effectively ensuring inspection requirements are met and the process is efficient.



Hospital renewals

Hospital licence renewals must be completed by 30 June 2021 for the registration period 1 July 2021 to 30 June 2022.

Renewal notices are generally sent to the licence holder(s) or an accounts contact provided to the Board.

If you have not yet received your hospital licence renewal notice by email please [contact the Board](#).

You can renew your licence either by using your [Vet Login](#) or by going to our [payments page](#) and entering your hospital licence number.

If you do not yet have a Vet Login click on the [Forgotten your password](#) link from the Vet Login page and details will be sent to your registered email address.

Storage of S4s in consult rooms

One issue that has been identified is the storage of S4 medications in consult rooms. Most commonly these are S4 vaccines in refrigerators .

The Board previously sought advice from NSW Health, the government body responsible for administration of poisons and therapeutic goods legislation, regarding the issue of storage of S4 vaccines in refrigerators in consult rooms. NSW Health has advised that the storage of any S4 (or S8) medication in a consult room is in breach of *Poisons and Therapeutic Goods Regulation 2008* (cl 29) as this is considered an area accessible by the public.

Accordingly, the Board has determined that all restricted substances (S4 and S8 medication) must not be stored in any area to which the public has access, including consult rooms, to ensure compliance with poisons and therapeutic goods legislation.

The Board appreciates that this has not been identified in previous inspections but it is important for veterinarians to comply with all relevant legislation. If you are currently storing your vaccines or other S4s in consult rooms please create a plan to move these medications to an area which is not considered accessible by the public.

If you have any questions regarding hospital requirements or items in the self-assessment checklist please contact the office or John.

Un-announced inspections and unlicensed practices

In addition to our programmed inspections John will continue with un-announced inspections as required by the Board when issues of concern are raised by the public or other regulators.

Whilst premises where a general anaesthetic is not performed are not required to be licensed John is also available to assist owners of unlicensed premises in complying with their legislative obligations. A [self-assessment checklist for house call and on-site veterinary practices](#) is available for veterinarians providing these services.

Managing complaints

Christie Boucher
Risk Services Manager

Understanding how and why complaints happen, and being prepared to deal with them, is important for any business.

Guild Insurance has been insuring veterinarians and their businesses for over 20 years. This means we understand that receiving a complaint can be very challenging and stressful. We also know that, unfortunately, any vet can experience a complaint, so please don't think it can't happen to you.

Why do people complain?

Emotional suffering – in many cases, it's the family pet being treated. Seeing your animal unwell is quite distressing for many pet owners. This distress, and therefore the potential for a complaint, is compounded if treatment doesn't go as planned and the animal has suffered further.

Financial loss – if a client makes a living from their animals, they may complain about a poor outcome simply to recoup losses. However clients also complain about finances when pets are being treated if they don't feel they got the outcome they paid for and additional treatment is needed.

Expectations – Your clients will see you as a highly trained and qualified professional and this can lead to high expectations about the service and outcomes they anticipate. And unfortunately, it's possible that some clients will have unrealistic expectations about treatment outcomes.

To inform and be heard – clients sometimes state that they've made a formal complaint about an incident because when they attempted to discuss their displeasure with the clinic directly, they weren't listened to or acknowledged. Sometimes people just want to be heard.

How to manage a complaint

The first key step when you've received a complaint is to seek support. Guild Insurance expects those insured with us to contact us (1800 810 213) as soon as a complaint has been received; we'll provide advice and support to assist you to deal appropriately and professionally with the situation.

Listen to the person who's complaining, give them time to express their concerns. Make the effort to hear what they have to say and take this on board. You may not agree with all they're saying, however it helps if you can understand the situation from their perspective.

Avoid being defensive or taking the complaint personally as this usually inflames the situation. Instead, show sympathy for how the person is feeling. You can apologise when doing this, however this should be done without admitting any fault or blaming anyone else.

Finally, it's advisable that every veterinary practice has a complaints policy. This means that the practice will have an agreed-to process for dealing with a complaint which allows all complaints to be dealt with in a fair and consistent manner.



Guild Insurance Limited ABN 55 004 538 863, AFS Licence No. 233 791. This article contains information of a general nature only, and is not intended to constitute the provision of legal advice. Guild Insurance supports your Association through the payment of referral fees for certain products or services you take out with them.

Board perspective

Christie Boucher from Guild Insurance has provided a similar message in presentations to the profession.

The Board hopes that sharing this advice may further assist veterinarians in managing complaints such that there is an optimal outcome for animal welfare, the public and the profession.

A summary of [complaint data](#) from 2020 revealed 81 new complaints to the Board involving 111 veterinarians.

There are about 4,000 veterinarians on the register in NSW with just under 3,000 working in clinical practice and therefore most likely to be the subject of a complaint to the Board.

Hence, the rate of complaints against veterinarians in NSW is just under 4% or 1 in 25.

If the complaint does come to the Board it is vital that requested responses are received in a timely manner so the complaint can be resolved as soon as practicable. Complaints are stressful for all parties.

BoardTalk, [statistics](#), publications, [presentations](#) to students and the profession, the sharing of detailed reports of investigation with veterinarians the subject of a complaint, and our inspection program [processes](#) hopefully assist veterinarians and hospitals in minimising incidence of complaints.



Have your say on antibiotic use in dairy farms

Production animal veterinarians who work with dairy cattle are invited to participate in a short 8 to 10-minute [questionnaire](#).

This study is being conducted by Murdoch University PhD student Michele Tree to investigate perception and attitude towards antimicrobials among veterinarians in the Australian dairy industry.

It is an essential part of a larger study investigating antibiotic resistance in animals and humans and your responses to this anonymous questionnaire are greatly appreciated.

Please feel free to share with your colleagues.

All completed questionnaires will provide an opportunity to enter a draw to win an iPad. For any questions please contact m.tree@murdoch.edu.au.

[The survey](https://tinyurl.com/ft7t7jyp) can be accessed via <https://tinyurl.com/ft7t7jyp>.

Pain relief for routine animal husbandry procedures

The [Veterinary Practitioners Code of Professional Conduct](#) (Code (cl 20)) requires that a veterinarian must only supply a restricted substance (S4 or S8 medication) under the following circumstances:

- (a) to a person responsible for the care of an animal that the veterinary practitioner has physically examined or has under his or her direct care, and only in respect of that animal, or
- (b) to a person responsible for the care of an animal, with the written authority of another veterinary practitioner who has physically examined the animal concerned or has it under his or her direct care, and only in respect of that animal.

With respect to 'under his or her direct care' the Board has previously noted that this inclusion by the legislators enables a veterinarian to physically examine a representative sample of animals on a property, establish a diagnosis and then supply a restricted substance for other animals within that herd or flock (i.e. animals which the veterinarian has not physically examined).

The Code (cl 4) requires that the establishment of a diagnosis is in accordance with current standards and this aligns with the requirement for a physical examination prior to the supply of a restricted substance.

The Board appreciates that the performance of routine animal husbandry procedures by animal owners and carers does not involve the diagnosis of a physiological or pathological condition and this creates a second option for supply of a restricted substance to an animal under his or her direct care.

Specifically, if a veterinarian has previously attended a property within 12 months and is aware of conditions in which animals are held, and is reliably aware of the number of animals present, the veterinarian may supply a restricted substance (S4) for the relief of pain in these animals to a client when he or she is performing routine animal husbandry procedures.

The Board stresses that this supply of a restricted substance is only for pain relief in animals undergoing routine animal husbandry procedures.

In summary, in order to supply a restricted substance (S4) for pain relief in animals undergoing routine animal husbandry procedures:

1. The veterinarian must have attended this property within the previous 12 months and be reasonably satisfied the conditions and number of animals have not changed
2. The veterinarian must be aware of the nature of the specific animal husbandry procedure and the number of animals to be treated
3. The medication supplied must be registered for this purpose in the species being treated and the medication and quantity supplied must be in accordance with current standards and specifically not in excess of that required for the number of animals being treated
4. Each individual container must be labelled in accordance with requirements under poisons and therapeutic goods legislation
5. The veterinarian must take reasonable steps to ensure the owner or carer has sufficient knowledge, skills and experience to administer the pain relief appropriately and safely
6. The veterinarian must ensure a record of this supply is maintained for at least 3 years and in sufficient detail to enable another veterinarian to continue the treatment of these animals.

Under poisons and therapeutic goods legislation veterinarians are authorised to possess and supply restricted substances (S4 and S8 medication) for the treatment of animals. Clients and owners of animals may only have access to these medications if lawfully supplied by a veterinarian.

Doctors' Health Advisory Service

The [Doctors' Health Advisory Service in NSW](#) (DHAS) offers support and advice to doctors and medical students. In New South Wales, this service is also offered to veterinarians and veterinary students via a phone helpline.

At DHAS, we offer confidential and independent advice and we operate independently of all medical and veterinary professional organisations, including registration boards.

If you are a vet or veterinary student, we would encourage you to call the DHAS Helpline at any time if you think we can help you or a colleague.

Some calls to DHAS relate to mental health conditions, workplace stress, substance misuse and career concerns. Our on-call doctors are nonjudgmental, empathetic and experienced.

When you phone the DHAS helpline, your call initially goes to an answering service and your phone number is relayed to the DHAS. The DHAS doctor on call will phone you as soon as possible, usually within a couple of hours. You do not need to leave your name, just a phone number to enable the return call.

We encourage all veterinarians and veterinary students to have a GP, and can assist you to find one in your local area.

Depending on the nature of your concern, the DHAS doctor may help you to access other relevant services and/or resources.

The DHAS helpline is not a crisis or emergency service – in case of emergency callers are advised to phone 000.

DHAS HELPLINE – (02) 9437 6552

www.dhas.org.au

AVA Workforce Survey

Every two years, the AVA prepares and administers a [Veterinary Workforce Survey](#). The purpose of this 2021 survey is to prepare a current profile of the Australian veterinary profession to assist with planning workforce capabilities and needs.

The information collected will be useful for AVA to understand current trends and future challenges faced by the profession, and accordingly plan for these via AVA activities, including advocacy to government.

For that reason, we are aiming to achieve a high rate of response to enable the collected data to be representative.

Your interest and participation is vital.

The results will be made freely available to the profession via a report - reports on past surveys are available from the [AVA website](#).

We encourage everyone who has a veterinary qualification registrable in Australia, and is currently permanently residing within Australia, to respond. You could be working in clinical practice, other industries, retired, or not currently working. You do not need to be registered with a veterinary board to respond.

We hope that you will contribute to this survey. You have the option of completing the survey anonymously if that is preferred.

Privacy and confidentiality of information received is ensured - all information will be de-identified.

The survey will take up to 10-20 minutes to complete and by participating, you can enter the draw to win a \$250 Coles Myer card.

We are grateful for your response in undertaking this survey.

Survey link - <https://www.surveymonkey.com/r/7T3HSWK>

Sickness presenteeism in veterinarians

Veterinarians, like members of the general public, suffer from illness, including influenza-like illness, from time to time. This study aims to examine the behaviour of veterinarians with influenza-like illness, specifically in relation to attending work.

[This survey](#) is completely anonymous, and we estimate it will take no longer than 10 minutes.

This survey is open to veterinarians registered in NSW and have been practicing for the past 24 months. All participants must be over 18 years of age.

You can choose to withdraw from the study at any time until you press the SUBMIT button at the end of the survey.

For further information including a participant information statement and to access the link, please copy and paste the following link into your browser, or [click here](#):
<https://redcap.sydney.edu.au/surveys/?s=NC4RXRNJ9A>

The study is being undertaken by DVM Research and Enquiry student Katie Pasfield.

For inquiries about this study, please [contact](#) Anne Quain at the Sydney School of Veterinary Science:
anne.quain@sydney.edu.au



THE UNIVERSITY OF
SYDNEY

Ehrlichia canis messaging



Guide to poisons and therapeutic goods legislation

Did you know NSW Health has a Guide for veterinarians explaining your obligations under poisons and therapeutic goods legislation?

[The Guide](#) is available from the Board's website under Resources, Legislation, Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners.

The Guide covers prescriptions, record keeping, labelling, packaging, storage and disposal and what to do with out of date stock.

NSW currently has nine dogs known to have been infected with *Ehrlichia canis*. None of the dogs was infected in NSW and there is no evidence that the disease is established in NSW.

The dogs either moved from or travelled to the Northern Territory or Western Australia, including a NSW-origin dog that travelled with its owner to the Northern Territory for 3 months and was infected before returning to NSW.

All dogs are in the care of private veterinarians and a local District Veterinarian (DV).

NSW DPI continues to work with other state and territory governments with messaging targeting high-risk populations such as the dog adoption agencies who rehome dogs to the east coast of Australia, 'grey-nomads' who are retirees that often travel in caravans to the north of Australia with their pet dogs, and other people who routinely travel interstate with their dogs.

The key messages are to:

- maintain an effective tick prevention and control program, including:
 - keep at-risk pets (such as those travelling to the NT, WA or the northern part of SA) on tick prevention that kills ticks before they attach
 - avoid taking their dog into tick-infested areas and regularly inspecting their dog for ticks and removing if found
- ask questions about the origin and disease status of their dog if they are adopting a pet, and
- have their animal tested for *E. canis* if they are seeking to adopt dogs from the NT or WA.

NSW DPI advises owners of any dogs with a diagnosed history of *E. canis* of their General Biosecurity Duty to maintain continual tick prevention to minimise the risk of the disease establishing in NSW.

The NSW DPI and the DV team are supporting private veterinarians through the provision of the latest information on the disease which is found on the [DPI Website](#) and an excellent treatment guide for veterinarians located on the [Northern Territory government website](#) (also linked to the NSW DPI page).

In the April [CVO Bulletin](#) we asked that veterinarians follow and share the social media updates about *E. canis* from the [NSW DPI Biosecurity Facebook page](#) and the [NSW DPI Twitter feed](#) with dog owners who have signed up to their business social media channels.

And a final reminder that Ehrlichiosis is a notifiable disease and should be reported to the **Emergency Animal Disease Hotline on 1800 675 888**.



Variant Hendra virus strain

The 'Horses as sentinels for emerging infectious viral disease research' program, undertaken by the University of Sydney and CSIRO, aims to identify emerging and novel pathogens in horses.

The research into the discovery of new pathogens will help increase Australia's preparedness for emerging infectious diseases, and in doing so improve horse and human health and Australia's biosecurity.

In March the team provided communication regarding their recent detection of a variant Hendra virus strain in a retrospective horse sample from 2015.

Hendra is rare zoonotic disease in humans which sporadically affects horses and causes severe illness with high case fatality rate. Hendra virus infection can be passed to horses through the virus's normal wildlife host, the flying fox (fruit bat).

This research group has identified a variant Hendra virus in a single horse from a 2015 case of fatal equine disease in south-east Queensland that was found negative to Hendra virus by routine PCR testing in a State laboratory. The horse was euthanased at the time of sampling and no autopsy undertaken.

An almost identical variant has also been detected by CSIRO scientists in grey headed flying foxes on a number of occasions. Further research to determine the prevalence of this variant in various flying fox species in Australia is ongoing.

The initial findings of the research have been reviewed by all Chief Veterinary Officers (CVO's) and expert scientists nationally, with consideration given to national surveillance (including diagnostic testing) and additional research.

Diagnostic tests to detect the new variant virus have been in use at Australian Centre for Disease Preparedness (ACDP) for many years and the research assay has been adopted by [NSW DPI EMAI, the State Veterinary Diagnostic Laboratory](#).

The finding is a timely reminder of measures that horse owners and people that work closely with horses can put in place to reduce the risk of infection with Hendra virus and other henipaviruses and reinforces standard protocols that veterinarians should be using when examining suspect Hendra cases.

Vaccination of horses is the most effective way to help manage Hendra virus disease and provides a public health and workplace health and safety benefit by reducing the risk of Hendra virus transmission to humans and other susceptible animals. Expert opinion suggests that the current vaccine is likely to provide immunity against the variant strain as well as the normal Hendra virus strain.

It is also a reminder that flying foxes can carry a number of diseases transmissible to humans and animals. People handling flying foxes should be vaccinated against Australian bat lyssavirus, trained in their safe handling and always wear personal protective equipment.

Flying foxes are protected species. They are critical to our environment because they pollinate our native trees and spread seeds. Without flying foxes, we wouldn't have our eucalypt forests, rainforests and melaleucas.

Flying foxes are a natural host of Hendra virus, although they do not show any signs of illness when infected. There are four species of flying-fox on mainland Australia – the black flying-fox, spectacled flying-fox, little red flying-fox and grey-headed flying-fox and serologic evidence of Hendra virus infection has been found in all four species.

Direct infection from flying foxes has only been observed in horses, with human and dog infection associated with infected horses.

Hendra virus causes vague symptoms early in infection in horses, such as restlessness, depression and fever. The virus can be spread by infected horses for up to three days before they show any clinical signs of infection.

Research on Hendra virus is ongoing and continues to help us learn more about the disease and allows activities to reduce the risk of infection to be applied. For more information, visit NSW DPI [Hendra virus webpage](#).



Telemedicine

The Board has produced a guideline for veterinarians on telemedicine called [Technology Based Patient Consultations](#).

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 20) requires that a veterinarian must only supply a restricted substance (S4 or S8 medication):

(a) to a person responsible for the care of an animal that the veterinary practitioner has physically examined or has under his or her direct care, and only in respect of that animal, or

(b) to a person responsible for the care of an animal, with the written authority of another veterinary practitioner who has physically examined the animal concerned or has it under his or her direct care, and only in respect of that animal.

Under his or her direct care provides an option for veterinarians to treat a group of animals without having to examine every individual animal.

If you have previously examined an animal and a repeat of medication is required a veterinarian may use telemedicine to assess whether a repeat supply of medication is possible without a repeat examination.

This decision must be aligned with current standards of veterinary practice and poisons and therapeutic goods legislation.

For further information please see the [Guideline](#) and [Presentations](#).

Has an unusual non-native animal been handed in to your clinic?

Because veterinary practitioners are often involved in looking after the health and well-being of people's pets, they are occasionally asked to treat unusual non-native (or non-indigenous) species. Certain non-native animals are classed as '[prohibited dealings](#)' and are regulated in NSW under the [Biosecurity Act 2015](#) (the Act), to ensure their biosecurity risks are appropriately managed.

For this reason, if you become aware of unusual animals in the wrong place or illegal activities such as the unlicensed movement, keeping, breeding and sale of prohibited dealing non-native animals, it is important that the NSW Government is notified as soon as possible.

Your action could help to protect the NSW environment, economy and your local community from the negative impacts of introduced pest animals.

What are the risks?

On mainland Australia, at least 73 non-native animal species have established wild populations including 25 mammal species, 20 species of birds, four species of reptiles, one amphibian species and at least 23 freshwater fish species. Notable examples of non-native pest animals that have established invasive populations in Australia include the cane toad, fox, cat and rabbit.

The impact of established non-native animals on Australian agriculture alone is estimated to be greater than \$1 billion per annum through impacts including disease transmission, predation and competition for resources. However, there are many other less common non-native animals which can have adverse biosecurity impacts on our environment, economy and communities so, effective management of these animals is crucial.



Prohibited dealings

The list of non-native animal species classed as prohibited dealings includes mammals, reptiles, amphibians and some birds. It is illegal to keep prohibited dealing species in NSW without an appropriate licence and penalties for breaches include heavy fines and imprisonment. A comprehensive list of prohibited dealing non-native animals, details on their management and information relating to licensing is available from the [NSW DPI Non-native animals website](#).

Balancing a vet's responsibilities and obligations

Veterinarians often have to balance a variety of responsibilities and obligations when determining the most appropriate course of action to take with respect to the animals in their care. The Veterinary Practitioners Code of Professional Conduct covers responsibilities including professional conduct and client confidentiality whilst legislation such as the *Biosecurity Act 2015* includes obligations for vets to inform authorities of notifiable diseases.

Under the *Biosecurity Act 2015* ([s 152](#)), it is an offence for a person, (including a vet) to keep, have possession, care, or otherwise deal with a prohibited dealing animal. For this reason, vets are asked to balance their professional and legal obligations when becoming aware of or treating prohibited dealing non-native animals.

Options for appropriate action from a vet include:

- Informing the client of the need to be appropriately licensed to keep prohibited dealing animals
- Providing notification NSW Department of Primary Industries (DPI) of animals with known or suspected [notifiable animal diseases](#)
- Providing confidential notification to NSW DPI of known or suspected prohibited dealing animals where client confidentiality will not be breached e.g. where the information provided is not obtained during the course of a veterinarian's professional practice.

For further guidance in managing incursions at a veterinary clinic please refer to the '[Instructions for vet clinics](#)' guide.

Report prohibited dealing non-native animals to NSW DPI

Movement, keeping, breeding and sale of any prohibited dealing non-native species without the appropriate authority can be reported to NSW DPI via the following online report form: www.dpi.nsw.gov.au/biosecurityreport or alternatively by telephoning 1800 680 244. Protecting wildlife, agriculture and the community from invasive pest species is crucial for the long term health of the environment and the NSW economy.

Further information

If you would like to request hard copies of [posters](#) and [brochures](#) to be sent to your vet hospital, please email: invasive.species@dpi.nsw.gov.au

Zinc phosphide poisoning in non-target species and pets

With a mouse plague currently impacting a number of states in Australia, Zinc Phosphide poisoning in non-target species is on the rise.

Zinc Phosphide is the active ingredient in Mouseoff® Zinc Phosphide (ZP) rodenticide bait, when exposed to moisture or acidic conditions it produces phosphine gas which is toxic to a variety of animal species including sheep, cows, goats, horses, dogs, cats, birds and humans.

It is therefore only registered for outdoor use and can be extremely dangerous in confined spaces.

Mouseoff® ZP bait is registered for use in grain crops, nut crops and pasture and for commercial and industrial premises (external to buildings).

It is currently permitted for use in cotton PER90579, labelled crops at higher application rates PER90793 and in fallow situations (including bare ground) under PER90846.

Mouseoff® ZP is made of wheat grains coated in zinc phosphide and mixed with oil attractants. It is therefore important to ensure pets and livestock do not have access. A condition of use for PER90846 in fallow situations is to apply the bait late in the day to minimise the risk of birds feeding on the bait.

It is also a requirement that users of zinc phosphide under this permit must report any bird kill incidents to NSW DPI or NSW EPA; we would ask that any vets who become aware of any such incidents to please report this so exposure and impacts on birds in bare ground situations can be monitored.

Phosphine gas production is highest under acidic conditions. Therefore, animals that have recently eaten and have food in their stomachs are at greatest risk as they are secreting gastric acid into the stomach for digestion.

Clinical signs of toxicity can occur acutely (within 15mins to 4 hours) and may include loss of appetite, lethargy, vomiting (often bloody), abdominal pain and progress to anxiousness, ataxia or uncoordinated movements, weakness, laboured breathing, thrashing, muscle tremors, convulsions or sudden death. Once clinical signs of poisoning are observed, the prognosis is guarded at best.

If there is no food in the stomach, zinc phosphide can be absorbed systemically; this can delay onset of clinical signs for up to 12 or more hours (subacute toxicity). An animal may appear fine at this time but become unwell or die from organ failure within 5–14 days. Organs with the greatest oxygen requirement (*e.g.* brain, liver, lungs, heart, kidneys) are the most sensitive to this oxidative damage, and long-term monitoring of their function is necessary.

As Zinc phosphide does not accumulate in an animal's tissues and breaks down rapidly in the bodies of animals that have ingested it, the risk of secondary poisoning is considered low. However, secondary poisoning can and does occur. Death caused by eating animals poisoned with zinc phosphide results from direct ingestion of zinc phosphide remaining in the GI tract of the dead animal.

The low risk of secondary intoxication with zinc phosphide can also be attributed to:

- The strong emetic action of zinc phosphide
- Refusal of most animals to eat the GI tracts of poisoned animals
- Mammalian predators being less susceptible to zinc phosphide than rodents (due to a rodent's inability to vomit and also thought to be due to their continuous secretion of gastric acid).

Angela Warrian
Farm Chemicals Officer | Biosecurity and Food Safety
22 April 2021



NSW Department of Primary Industries Farm Chemicals Team

New veterinary permits are available for poultry and birds, cattle, pigs, native animals and apiculture.

Information about these products including permit issue and expiry dates is available from the [News section](#) of the Board website.



Emergency Animal Disease Bulletin

Did you know you can now subscribe to receive the [Emergency Animal Disease Bulletin](#) as a newsletter?

The benefit of subscribing is receiving email notification whenever a new bulletin is published.

Each bulletin covers the aetiology, distribution, spread, transmission, clinical disease presentation, diagnosis and control methods of an Emergency Animal Disease (EAD) (either aquatic or terrestrial).

Bulletins also advise on the risk of the disease to Australia, what's being done to prevent an incursion to Australia, and what Australian vets can do to help. Most bulletins also provide clinical or post-mortem images to assist with recognition of the disease.

To subscribe, simply visit the department's [Subscription Centre](#), provide your details and select 'Emergency Animal Disease Bulletin' (from under the heading 'biosecurity').

If you have any feedback or would like to submit images or other content, or assist with drafting a bulletin, please contact adpr@awe.gov.au

Please note that the bulletins provide information which may assist vets with EAD recognition.

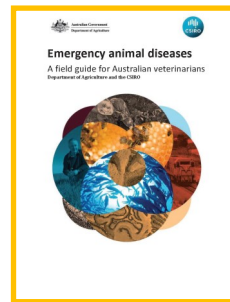
See the Outbreak.gov.au website for information on outbreaks and how Australia prepares for and responds to disease outbreaks.

Have you used the field guide for emergency animal diseases?

What are the clinical signs of an emergency animal disease? And who do you contact if you suspect an emergency animal disease?

Whether tending poultry or pampered mini-pigs, Australian vets need to know how to take appropriate action if presented with signs of emergency animal diseases, which are often overlooked during diagnosis because they are exotic or rare to Australia.

To help vets identify, diagnose and control the spread of emergency animal diseases, animal health authorities published a new veterinary field guide in 2019.



Developed with expert animal health advice from government veterinarians, laboratory and research staff, the updated *Emergency Animal Disease Field Guide for Veterinarians* is Australia's most authoritative guide on the subject. It also provides over 50 colour photographs of clinical signs of emergency animal disease and common post-mortem findings.

Produced by the Department of Agriculture, Water Resources and the Environment in collaboration with the Australian Centre for Disease Preparedness, the free 270 page resource is available on the [Outbreak website](#).

The field guide provides information on 26 important animal diseases (and several syndromes) which are not found, or are rarely found, in Australia.

A year has now passed since the publication of the field guide, and we'd like to know whether you've used the guide and how it could be improved.

The field guide covers many emergency animal diseases, but more will be added, along with additional images and descriptions to assist vets in identifying priority risk diseases to Australia.

"We know vets play a critical role in biosecurity by protecting the environment and human health from problems associated with pests and diseases of animals" said Narelle Clegg from the Department of Agriculture, Water Resources and the Environment.

"That's why we're keen to find out how well the guide is serving the needs of vets when it comes to identifying emergency animal diseases in the field. Does the guide help them to consider priority diseases when conducting diagnosis? Or to take appropriate action when an emergency animal disease is suspected?"

Tell us what you think by using the short online survey [here](#). Your feedback will help ensure the field guide remains a useful and relevant resource for veterinarians.

Even if you've never heard of or used the guide before, let us know, because that's feedback, too!





Reporting of rodenticide poisonings

The [Australian Pesticides and Veterinary Medicines Authority](#) (APVMA) is the Australian Government Statutory Authority responsible for the assessment, registration and regulation of agricultural and veterinary chemical products from importation to the point of sale.

As parts of Australia are experiencing the worst mouse plague in decades the Australian Pesticides and Veterinary Medicines Authority (APVMA) is seeking information regarding suspected poisoning of companion animals with rodenticides.

The APVMA encourages veterinarians to report incidences of primary and secondary poisoning through the Adverse Experience Reporting Program (AERP).

Reports can be submitted through any of the following avenues:

[AERP online reporting form](#)

[Email](mailto:AERP@apvma.gov.au) (AERP@apvma.gov.au)

Phone (1800 700 583)

Information that is particularly of relevance with these reports includes:

- Location (postcode level)
- The number of animals affected
- Type of exposure (primary vs secondary poisoning)
- Details of the chemicals suspected/confirmed to be involved; and
- Outcomes in affected animals

The provision of this information assists the APVMA in assessing the risks associated with rodenticides and facilitates the continued monitoring of the safety, efficacy and suitability of label directions for end-users.

More generally, an adverse experience may involve:

- Risks to safety in animals
- Risks to safety in humans using or exposed to the product/s
- Lack of efficacy, when the correct label dose is used
- Other unintended or unexpected side effects.

The APVMA encourages veterinarians to report adverse experiences, including those where a product has been used off-label. Highlighting concerns with products of particular pharmacological significance, such as antimicrobials, is also strongly encouraged.

All adverse experiences reported to the APVMA are assessed to determine causality. Where it is observed that a product or active constituent has an incidence rate that would lead us to question its safety or efficacy, or in other certain circumstances, the APVMA may pursue regulatory action such as batch testing, label variations or product recalls.

As everyday users of these products, veterinarians are well placed to report any observed adverse effects or notify the APVMA about non-compliant or unregistered veterinary chemical products.

Recall of veterinary products

The APVMA is responsible for the recall of veterinary medicines from the market. Participation in a recall, whether it's initiated by the manufacturer or the APVMA, is mandatory.

There are a number of reasons why a product (or a particular batch) may be recalled, those most relevant to practicing veterinarians include:

- Risks to safety
- Lack of efficacy
- The product is unregistered
- Labelling or manufacturing errors.

The majority of recalls are initiated and managed by the manufacturer.

However, in certain situations the APVMA may compulsorily require the recall of a product.

The easiest way to be kept informed of recalls is to subscribe to the APVMA's listing of recalls notices.

To be notified of recalls via email, veterinarians are invited to [complete a subscription form](#) and select 'recall notices.'

Any queries or comments regarding a particular recall or stop supply notice can be submitted directly to recalls@apvma.gov.au.

Raceday treatment rules

The Greyhound Welfare Integrity Commission (GWIC) would like to remind those veterinarians treating greyhounds of the relevant [Greyhound Racing Rules](#) pertaining to raceday treatments.

GWIC also wishes to advise veterinarians that there is currently short supply of some exempt substances for oestrus control and for topical treatment of pannus. Veterinarians seeking advice on suitable replacement treatments should contact the Commission's regulatory racing veterinarians via email at vets@gwic.nsw.gov.au. Beware of prescribing alternatives which may result in a positive swab result in racing greyhounds.

From Greyhound Racing Rules (as at 12 November 2018):

R83A Raceday Treatment:

- (1) No person without the permission of the Stewards may administer or cause to be administered any treatment to a greyhound **at any time on the day of the meeting** until that greyhound is no longer presented for an Event. (NOTE- this includes exempted substances both topical and systemic administration)
- (2) The Stewards may order that any greyhound that has been administered a treatment in contravention of sub-rule (1) of this Rule be withdrawn from an Event.
- (3) In addition to sub-rule (1) of this Rule, no person without the permission of Stewards may administer or cause to be administered **any injectable substance to a greyhound at any time on the day prior to the day of an Event** that it is nominated to compete in.

For the purposes of this Rule "treatment" includes:

- a) All Controlled Drugs (Schedule 8) administered by a veterinarian
- b) All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4)
- c) Any injectable substance not already specified in this Rule
- d) All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines
- e) All veterinary and other substances containing other scheduled and unscheduled prohibited substances.

"day" means the 24- hour period from 12:01am to 12 midnight on any calendar day.

(NOTE: for injectable treatments, this means that the final treatment is Midnight Thursday, for a Saturday event)

Exempted substances (therapeutic use exemption) include the following, in NSW:

"**Exempted substance**" includes the following substance(s) that are exempted from being prohibited substances:

- (a) Ethyloestrenol or norethisterone when administered orally to a female greyhound
- (b) Antimicrobials (antibiotics) and other anti-infective agents with the exception of procaine penicillin
- (c) Antiparasitics approved and registered for the use on canines, with the exception of Levamisole and its metabolites when detected in a sample taken from a greyhound.
- (d) Vaccines against infectious agent

LR1B Exempt prohibited substances (NSW Local Rule):

- (1) The prohibited substance prednisolone and its metabolites are exempted substances when present in samples taken from greyhounds registered with the Controlling Body as greyhounds affected by chronic superficial keratitis or superficial stromal keratitis (Pannus)
- (2) The prohibited substance Procaine is an exempted substance when detected in samples taken from greyhounds at a concentration equal to or less than 1,000 nanograms per millilitre in urine.

Wildlife rehabilitation resources

The NSW National Parks and Wildlife Service (NPWS) are developing a range of resources on wildlife rehabilitation that will also be useful for veterinary hospitals that admit injured, sick and orphaned native animals.

Their purpose is to improve standards of wildlife care in the wildlife rehabilitation sector and include:

- Guidelines for the initial treatment and care of a range of species. These documents have mostly been written by wildlife veterinarians and aim to guide the assessment and first aid treatment given to native animals presenting for care. They are intended to provide a current, consistent best practice specialist resource for volunteers
- Codes of Practice outline the minimum standards of care that must be given to wildlife from their point of rescue through rehabilitation and release. They also include standards for when and how to euthanase animals where required and minimum reporting requirements. Required consultations with veterinarians are specified in each Code.
- Training standards and trainers guide set mandatory learning outcomes for volunteers who are trained to rehabilitate wildlife. They are intended to ensure all volunteers are competent in their application of each Code of Practice.

Published documents are/or will be available for a range of species including koalas, macropods, wombats, sea turtles, possums and gliders, birds of prey and birds (general) by end June 2021 on the [Department of Industry Planning and Environment](#) website.

NPWS has also recently published a [wildlife rehabilitation data dashboard](#). This interactive dashboard shows data from wildlife rehabilitation providers around New South Wales. It can be used to explore trends in wildlife rescues for selected species, including threatened species.

For further information contact Ron Haering senior project officer (NPWS) on ron.haering@environment.nsw.gov.au.

Wildlife treatment and care professional development course

Applications for the third intake of the [Taronga Veterinary Professional Training in Wildlife Treatment and Care](#) course open Monday 21 June to Monday 2 August with the online component commencing Monday 23 August and concluding Sunday 21 November 2021.

Onsite Workshop dates: Commencing at the end of November 2021, running on various dates until the end of January 2022 (TBC).

The cost course will be \$695 per student for both the online and workshop component (decreased from the original cost of \$2,530):

- The online component - \$200
- Onsite workshop participation - \$495

This decision was made in consultation with the NSW Government to increase the accessibility of the course to veterinary professionals.

For applications and more details [visit the website](#).

Client confidentiality and wildlife care

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 12) requires veterinarians to maintain the confidentiality of information obtained in the course of professional practice.

Disclosure of this information is possible if it is authorised by the Code or a law of this State, the Commonwealth or another State or Territory.

If confidential information such as contact details is collected from clients or members of the public presenting wildlife and this information will be shared with wildlife carer organisations please ensure the client or member of the public is aware their information will be shared and that consent is obtained.

The best option is for clients and members of the public to provide these details and consent directly to the wildlife carer organisation through their form, website or app.



Course subsidised by the NSW Government

TARONGA VETERINARY PROFESSIONAL TRAINING in WILDLIFE TREATMENT and CARE

This new course presented by Taronga will support veterinarians and veterinary nurses to develop knowledge and skills in native wildlife triage, including first aid, initial treatment and emergency care.

APPLY NOW!
tarongaprofvet@zoo.nsw.gov.au
taronga.org.au/vet-professional-training

- Online Course (20 CPD points)
- Hands-on Workshop (12 CPD points) delivered at Taronga Zoo Sydney or Taronga Western Plains Zoo Dubbo

NSW GOVERNMENT
TARONGA
ENVIRONMENTAL SCIENCE & HORTICULTURE
For the Wild



Cat management requirements for councils

The OLG has issued a circular to remind councils of their cat management responsibilities under the *Companion Animals Act 1998* (Act), including:

- cats may be lawfully seized in specific circumstances and, where that is the case, the cat must be delivered to its owner, a council pound or other approved premises
- it is implicit from the Act that a council must have a pound in order for it to properly carry out its responsibilities under the Act
- a council must accept a cat that was lawfully seized by a member of the public under the Act and must accept cats from approved premises in the circumstances set out in the Act (s 63A).

A council must also take into consideration the Guidelines on the Exercise of Functions under the Act issued by the OLG. Section 6.5 of these guidelines states:

- the provisions of the Act (s 64A) apply to surrendered animals
- council pounds should not refuse to accept surrendered animals and that with specific reference to the Act (ss 62 & 63), councils are obligated to accept animals that are lawfully seized.

More information is available at: www.olg.nsw.gov.au/council-circulars/21-05-cat-management-requirements-for-councils

Additional functionality and improvements to the NSW Companion Animals Register and NSW Pet Registry

A round of improvements and additional functionality for the NSW Companion Animals Register (CAR) and NSW Pet Registry (Registry) was released on 12 April 2021.

Additional CAR Functionality

- Since 1 July 2020, the date of desexing is a required field in the CAR. This desexing date now appears on all animal records and certificates.
- If an animal has been flagged by a vet as temporarily not recommended for desexing, the date this exemption to the desexing requirement expires is now displayed on all relevant screens and certificates.
- Councils now have the option to apply a late fee to lifetime registration payments that are made more than 28 days after a companion animal turns six months old. Late fees cannot be applied to the registration of animals sold by a pound or approved rehoming organisation, animals from interstate or certain categories of dogs.

Where relevant, these changes are reflected in the NSW Pet Registry and the [NSW Pet Registry User Guide – Veterinarians & Authorised Identifiers](#) – has been updated.

More information is available at: www.olg.nsw.gov.au/council-circulars/21-03-additional-functionality-and-improvements-to-the-nsw-companion-animals-register-and-pet-registry/

Reminders from the NSW Pet Registry helpline

After a record number of phone calls and emails in 2020, the NSW Pet Registry helpline team are continuing to handle over 800 calls and 1,000 emails each week supporting pet owners and vets to manage companion animal records on the CAR and Registry.

In this edition, we have covered some of the common topics being raised by vets.

The importance of updating an animal's desexed status

Since the introduction of annual permits for non-desexed cats on 1 July 2020, the date of desexing is a required field in the CAR and Registry.

It is important that vets update the desexed status and date (including where desexing is not recommended) as soon as possible following the procedure so that pet owners aren't then liable for additional fees/permits imposed for non-desexed animals when they visit the Registry or a council to pay.

Additional fees apply for companion animals desexed after the relevant age

Vets are reminded that desexing a dog after six months does cause the registration fee for that animal to be higher in most circumstances. Desexing a cat after four months will still require the owner to pay for an annual permit for the first year only, in addition to the one-off lifetime registration fee.

For animals that can't be desexed by the relevant age for medical reasons, the additional fee or annual permit will not apply if a vet has specified in the Registry, by using the 'Desexing not recommended' function (DNR), before the animal reaches the relevant desexing age that it is not recommended for desexing either temporarily or for life.

Further information about how to use the 'DNR' function is available in the NSW Pet Registry User Guide for Veterinarians and Authorised Identifiers at www.petregistry.nsw.gov.au/#/faq.

Reminders from the NSW Pet Registry helpline

Pet owners need to provide desexing certificates to councils

Before processing a registration payment, councils must ensure that an animal is recorded on the Registry as being desexed, or if relevant, sight proof of desexing, such as a letter, certificate or clear receipt from a veterinarian showing the microchip number and date of desexing.

Vets are encouraged to remind pet owners to keep a copy of this proof so that they can provide it to councils when registering. This record of desexing is also important should the animal transfer to a new owner in the future.



Clarification of regulatory issues arising from the introduction of annual permits and the desexing date requirement for animal records in the CAR

Since the introduction of annual permits on 1 July 2020, vets and councils have sought guidance on the implementation issues explained below.

Cats desexed prior to 1 July 2020

If a cat was desexed prior to 1 July 2020 then an annual permit is not required, even if the desexing procedure took place after the cat turned four months old.

Animals sold by pounds/shelters/approved rehoming organisations

To encourage the adoption of pet cats and dogs, the annual permit fee (cats) or the additional registration fee (dogs) does not apply if the new owner purchases the animal from a pound/shelter/approved rehoming organisation. A late fee also cannot be applied.

Exemptions from the additional registration fee and late fee for certain dogs:

Interstate animals

- If an animal is desexed but was desexed interstate after the relevant desexing age for NSW, then the owner is not liable for the additional fee/annual permit when they register the animal in NSW because they were not subject to NSW legislation at the time.
- An animal can now be marked by a vet/authorised identifier/council officer as having come from interstate. If marked as such then relevant messaging will appear when it comes to processing lifetime registration. This also makes it clear that the vet identifying the interstate animal did not implant the microchip.

New owners of the following categories of dogs are not required to pay the additional registration fee (as long as the dog is desexed at the time of registration by the new owner) because they did not own the animal until after the relevant desexing age had been reached and therefore were unable to comply with the desexing requirement. Often these dogs are not desexed by six months of age.

- Ex-service of state dogs (police and correctional dogs)
- Ex-racing greyhounds rehomed outside the racing industry
- Ex-working dogs
- Ex-assistance animals
- Ex-breeding dogs kept by recognised breeders.



Pensioners

Eligible pensioners whose pet cat or dog is desexed at the time of registration are not required to pay for an annual permit (cat) or the additional registration fee (dog) even if they had the animal desexed after the relevant desexing age.

Accordingly, the requirement to enter a desexing date will no longer apply for pensioners in the CAR in order to process an eligible pensioner registration. However, it is recommended to still enter this date, where it is known.

Council staff will be able to apply the pensioner discount even when a pensioner's pet is desexed after the relevant desexing age.

Veterinary Practitioners Board

The object of the *Veterinary Practice Act 2003* is to regulate the provision of veterinary services in NSW to promote animal welfare and protect the public.

Board members:

Mark Simpson (President)
Magdoline Awad
Georgina Child
Wendy Cochrane
Steven Ferguson
Jane Lord
Lisa Minogue
Kylie Parry

Veterinary Practitioners Board
Suite 7.09 247 Coward St
Mascot
NSW 2020

Phone: +61 2 8338 1177

Fax: +61 2 8338 1077

E-mail: admin@vpb.nsw.gov.au

Web: www.vpb.nsw.gov.au

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board (Board) and the current NSW legislation.

Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors.

President's Report (cont'd)

You reflect on the way that regulation can appear somewhat removed from day to day clinical practice, but how absolutely foundational it actually is. You contemplate how, despite intense ongoing communication about the processes of the Veterinary Board meant to reassure the profession and to minimise the unreasonable stress felt by veterinarians who interact with the Board, any interaction with the Board IS in fact still very stressful for veterinarians.

Most of all, you dwell on the successes, the management of change, and the adaptability of the Board in evolving situations, most recently during the coronavirus pandemic. The list of things to be proud of is long and includes the Hospital Inspection Program, the refined Complaints process, more expansive communications and then ongoing development of an online ecosystem, the stable financial situation of the Board, and our leadership role in the AVBC. But before becoming too personally proud you realise that all these things are the result of more significant contributions by many other people.

Being a clinician with a problem-oriented approach, you also focus on those issues that you have not resolved and those issues that you wish you could have made a more profound difference. You are fortunate that there are not many.

Then comes the time to pass the baton, and you feel acutely the sense of loss of such an important part of your life. But you are more than consoled that though you won't be there, the culture that you have played a small part in developing for the Board will persist and that the succession is smooth and orderly, and to the ongoing benefit of our profession.

So I take this opportunity, on the occasion of my final President's report, in the dusk of the final of my four terms as a Board member, to give thanks to the circumstances that have given me the extreme privilege of serving on our New South Wales Veterinary Practitioners Board. I have had the immense honour of sitting at the Board table and working in the Board office with the smartest, wisest and most compassionate leaders of our profession. These traits are so intense that you can not be with these people and not absorb some of their positive characters by some form of osmosis. Not all of them have been veterinarians, but they all think and care like veterinarians. Their devotion to the best for our profession, and each animal and person affected by our profession, has been genuinely inspirational. Their company has lifted me every meeting over the last 12 years and I celebrate their understated achievements.

I can not put into words how privileged I feel to have been afforded this experience, and how much I have genuinely valued and enjoyed it. I will miss it immensely.

So I sincerely thank everyone involved with my experiences on the NSW Board. I am a better version of myself as a direct result of those experiences.

It really does sneak up on you without you even noticing.

[Back to p. 1](#)

Who's looking after you?

DHAS offers an **independent & confidential** advice service for doctors and medical students

Work related stress • Clinical competence • Concern for a colleague • Relationship issues
Psychological disorders • Alcohol or substance misuse • Financial difficulties
Legal or ethical issues • Physical impairment

NSW Helpline 02 9437 6552 (7days)
www.dhas.org.au

