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NEW SPECIALISTS

Congratulations to the following veterinary surgeons who were recently registered as specialists by the Board

Dr Alicia Faggella

Veterinary Emergency Medicine and Critical Care

Dr Nerissa Stander

Veterinary Diagnostic Imaging

Dr Samantha Crothers

Veterinary Dermatology

REGISTRAR'S REFLECTIONS

Welcome to the Autumn 2013 edition of the newsletter. This newsletter is the first one of the new Board's three year term. At the Board's first meeting on 17 January 2013, Dr Peter Punch was elected as Chair and Dr Tony Higgs was elected as Deputy Chair of the Board.

This edition has a couple of case histories which I hope you will find illuminating. The cases are chosen to illustrate common issues that the Board sees occurring in practice when considering complaints. The cases usually generate a lot of interest and lively discussion. Any comments are very welcome.

While the Board doesn't require veterinary surgeons to have professional indemnity insurance it strongly encourages those in practice to take it out. Our thanks to the Veterinary Practitioners Board of NSW for allowing the Board to use their article detailing why you should take out professional indemnity insurance.

For something a bit lighter, make sure you have a look at the quiz "Not so cross dog breeds". If you can think of any new ones, send them in. The best ones will be published in the next newsletter.

Happy reading!

PRESCRIBING SCHEDULED MEDICATIONS FOR HUMAN USE

It has come to the attention of the Board that some veterinary surgeons have been prescribing and dispensing scheduled medications for their own use or for friends, family and colleagues.

This is a breach of the *Veterinary Surgeons Act 1960* and the *Poisons Act 1964*. Veterinary surgeons are only permitted to prescribe scheduled medications as part of their work as a registered veterinary surgeon. This does not include the treatment and medication of humans.





LOCUMS - EMPLOYER OBLIGATION TO INFORM THE BOARD

The Board reminds employers of locum veterinary surgeons that the *Veterinary Surgeons Regulations 1979* require that a veterinary surgeon who appoints a locum must give written notice to the Board of the name of the locum and the period of the appointment before, or as soon as possible, after the appointment commences.

CASE HISTORY - INTESTINAL OBSTRUCTION

An owner presented their dog to a veterinary surgeon as the dog was vomiting and lethargic following ingestion of a bone the day before.

Radiographs revealed an abdominal obstruction and an exploratory laparotomy was performed with the owner's permission. Surgery revealed that a bone fragment had perforated the intestine. A large section of the intestine was compromised and there were multiple adhesions. The compromised intestine and obstruction were removed and the dog appeared to recover well from the surgery.

Two days later, while still hospitalised, the dog began to deteriorate. The dog was transferred to a specialist surgery practice and another exploratory laparotomy was performed which revealed a dehisced section of the mid jejunum border of the anastomosis site of approximately 10cm in length.

The dog was given a poor prognosis and the owner elected to have the dog euthanased.

The owner complained to the Board that his dog had not been monitored closely enough at the first veterinary practice during the night before the second surgery, and that he had not been informed that the hospital did not provide twenty four hour monitoring and attention for inpatients.

The Board considered that the surgical protocol for the surgery performed by the veterinary surgeon performing the first surgery was appropriate. Wound breakdown secondary to peritonitis is a well recognised complication and does not necessarily reflect the quality of the surgery.

However, the Board considered that the veterinary surgeon's communication with the owner was less than optimal.

Information as to whether the dog would receive twenty four hour care and the risks and complications of the surgery may not have been sufficiently clearly conveyed to the owner.

The Board concluded that the veterinary surgeon was not guilty of unprofessional conduct but brought to their attention the issues with communication.

Comment

There seems to be a widespread assumption by clients that animals will be monitored regularly by a veterinary nurse if they are hospitalised overnight. This assumption can lead to a complaint to the Board by an owner if their animal's treatment outcome is not what they expected and they were not fully informed of practice protocol for the care of animals overnight.

While it is standard practice to hospitalise stabilised animals overnight without providing twenty four hour monitoring and care, the Board expects veterinary surgeons to make it clear to owners what level of monitoring and care will be provided overnight and explore with them any concerns.

Without this information, the death or deterioration of an animal overnight may result in an owner believing that if the level of monitoring had been greater the adverse result would not have occurred.

It is also strongly advised that adequate security monitoring for temperature and fire be installed, especially if animals will be on the premises unattended for any length of time.





CASE HISTORY - CAESAREAN OPERATION

In this complaint, the complainant presented her bitch for an elective caesarean to a veterinary hospital. An employed veterinary surgeon performed the caesarean while the principal veterinary surgeon assisted.

During the surgery two puppies were removed from the bitch's left uterine horn and one puppy was removed from her right uterine horn. Both veterinary surgeons agreed that the principal veterinary surgeon was responsible for the task of checking that all puppies had been removed from the bitch before the employed veterinary surgeon closed the uterus and abdominal wall.

Five days after the caesarean was performed, the complainant found a fourth dead puppy in the bitch's basket.

The Board considered that when performing caesarean operations on dogs, a veterinary surgeon must, after removing puppies from the bitch, thoroughly check the bitch's uterine horns and body of the uterus to confirm that no puppies remain inside and, only after having confirmed that no puppies remain inside, suture all incisions that were made in the performance of the caesarean operation.

While the principal veterinary surgeon stated that they had checked the uterus twice, the Board considered that the checking procedure had not been performed to the required standard as the principal veterinary surgeon did not detect the remaining puppy before the incisions made during the caesarean operation were sutured.



The Board alleged to the State Administrative Tribunal (SAT) that the veterinary surgeon was guilty of unprofessional conduct.

At the SAT the principal veterinary surgeon agreed that their conduct in failing to check the bitch's reproductive tract thoroughly for further puppies warranted a finding that they were guilty of unprofessional conduct as a veterinary surgeon.

The principal veterinary surgeon agreed to the following sanctions:

1. The principal veterinary surgeon be reprimanded pursuant to section 23(2aa)(a) of the Act,
2. The principal veterinary surgeon pay the applicant's costs of the application agreed in the sum of \$30,000.

VETERINARY WEBSITE TOOLS

Below are addresses for veterinary education websites that may be of interest

<http://www.noviceproject.eu/>

http://en.wikivet.net/Veterinary_Education_Online



Answers 1. News Tzu 2. Go Gold 3. Three Springs 4. Fox Trot 5. Great Scot 6. Pompeii 7. Poinsettia 8. Sky Lab



PROFESSIONAL INDEMNITY INSURANCE

Professional Indemnity (PI) insurance provides financial and legal cover for conduct, acts, errors or omissions that give rise to a claim against you as you practise your profession. The aim of the policy is to shield your business and personal assets.

The aim of this article is to give a brief overview of PI insurance, and how it can affect your professional life.

South Australia is the only Australian jurisdiction that requires that veterinary practitioners hold a current PI policy if they are to be registered to practice.

In the Australian Capital Territory it is a requirement that each practice must have a PI policy that covers principals and employees. In all other states, and the Northern Territory, it is up to the veterinarian to decide whether they should acquire a PI policy.

What does a PI policy cover

A PI policy covers you (subject to the specific terms of each policy) for claims for compensation for loss caused by an alleged breach of your professional duty in the provision of your professional services.



That is, your act falls below the level of competence and skill usual amongst those in the profession who do that work. The policy covers the principals and employees of a practice and directors if the practice has a company structure. Damages, settlements and legal costs are typically covered by the policy.

When does a PI policy not cover you.

When applying for a policy you have a duty to fully disclose anything that may be material to the risk, or the magnitude of the risk, for which you seek cover. For example, possible future claims, previous claims made against you, or if you or your associates have been subject to disciplinary proceedings. Non-disclosure may result in cancellation of the policy.

PI policies will not cover you for claims directly or indirectly arising from dishonest, fraudulent or malicious acts, wilful breaches of any statute, contract of duty, or for conduct with a reckless disregard for its consequences.

Employed veterinarians

A PI policy held by the principal(s) of a veterinary practice will cover employed veterinarians. However, before accepting employment, veterinarians should check to ensure the practice PI policy is, and remains, current.

Employed veterinarians are not covered for acts outside the scope of their role as an employee. For example giving advice or an opinion at a party, vetting at a show or treating an animal owned by a friend or neighbour; nor does an employer's policy cover employed veterinarians for legal costs that might be incurred defending a complaint made by a client against the employed practitioner to the Veterinary Surgeons' Board.

Employees should consider obtaining a non proprietor PI policy to cover these possibilities.

Locums

Contracted locums, that is, those who submit a tax invoice for their work and are exposed for the treatment they provide, should have and maintain a current policy.

The practice contracting a locum should make sure that the locum has a policy in place, and view the certificate of currency of that policy.





Contracted locums differ from employed veterinarians in that they submit a tax invoice, don't have tax deducted from their pay and don't have entitlements such as sick leave and holiday pay.

Contracted locums, thinking they are covered by a practice's policy, may find that they are exposed if a claim is made against them after their period of employment has ceased. Locums who do take out a PI policy should ensure that they maintain run-off insurance to cover this possibility when they stop doing locum work.

If a locum works as a part time employee, has tax deducted from their pay and appears on the practice payroll, then they are covered by the practice policy.

Overseas veterinarians doing locums on working holidays should ensure that they have adequate and continuing PI cover.

Claims Made Policies

PI policies will only cover claims made and notified to the insurer during the period of currency of the policy, irrespective of the date when the wrongful act, which led to the claim, occurred.

Most policies will cover claims, if notified in writing during the period of cover, of circumstances that may give rise to a claim. It is strongly recommended that you notify your insurer immediately of any claims made, or circumstance that may lead to a claim within the policy period. Give full particulars.

The policy may not cover claims made prior to the inception of the policy, or respond to claims or circumstances notified or made after the expiry of a policy.

Run off cover

If you cease trading, sell your practice or cease doing locum work, it is necessary to ensure that you have "run off cover", for claims relating to any actual or alleged wrongful acts occurring prior to the sale/cessation of your practice. It is suggested that cover should be maintained for at least six years.

Retirees

Some policies will provide continuing cover for policy-holding veterinarians who retire and do no further work in the profession.

However, should the retiree decide to resume work as a veterinarian, for however short a period, they may not be covered.

Veterinarians are advised to acquire a new PI policy to protect against claims made relating to acts committed prior to their retirement.

Cost and Cover

Insurance companies assess their exposure to risk based on the information provided in your proposal form. Key rating criteria are the experience of veterinarians providing the service, type and value of animals treated, practice turnover, numbers of employees and the practice demonstrating an adherence to risk management policies and procedures.

Thus, premiums range from several hundred dollars to over \$20,000 per annum for practices engaged in thoroughbred stud work.

Guild Insurance has reported a 33% increase in claims since mid-2008, meaning that 1 in 12 practitioners insured by Guild are subject to a claim in any one year. Guild insurance also reports that the average cost of civil claims (demands for compensation plus legal costs) have increased at a rate of two to three times as fast as general price inflation over the past 7 years. The Veterinary Surgeons' Board strongly recommends that veterinary practitioners are covered by a suitable professional indemnity policy.

This summary of PI insurance has been compiled using information provided by Guild Insurance, Jardine Lloyd and Thompson, Risk Consultants and Insurance Brokers, AON Risk Services, AXIS Insurance and APESMA.

The Veterinary Surgeons' Board thanks the Veterinary Practitioners Board of NSW for their permission to use the information in this summary.





NOT SO CROSS DOG BREEDS

Most people have heard of Labradoodles (cross between a Labrador and a Poodle) but can you guess the names of these more unusual crosses? The first one is done for you, the rest you have to work out yourself. If you are really stuck the solutions are on page 3.

1. A cross between a Shih Tzu and a Newfoundland belonging to Ms Susannah Carr.
Answer - News Tzu
2. The Australian Olympic team for 2012 had this cross between a Dingo and a Golden Retriever as its mascot.
3. If you cross a Springer Spaniel with another dog, and then again and again you get a dog popular in this town.
4. Fans of Dancing with the Stars favour this cross between a Fox Terrier and a Rottweiler.
5. This is the surprising product of a cross between a Great Dane and a Scottish Terrier.
6. These crosses between Shar Pei's and Pomeranians were popular in this ancient town until a volcanic eruption engulfed it.
7. Father Christmas' canine helper is this cross between a Pointer and a Setter.
8. During the 70's NASA had this cross between a Skye Terrier and a Labrador as its mascot.



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