



Summer 2014

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## REGISTRAR'S REFLECTIONS

The other day I was on my way to work and I noticed a group of secondary school students waiting for a bus. What struck me was that each one was intently staring at their phones, although a few were also typing away with their fingers. The scene was eerily quiet. It was quite a contrast to what I remembered of my own school days and the noisy times waiting at bus stops with everyone joking, laughing and swapping stories about what they had been up to.

This scene brought home to me that the internet, mobile phones and social media have changed the way everyone communicates; one can embrace the change or ignore it but it is here to stay.

My thoughts turned from the bus stop non-communication scenario to the traditional consultation communication model. The amount of information that human patients remember after a 15 minute consultation with their health care provider has been the subject of a number of studies. Results vary but most studies state that patients forget 40% to 50% of what they have been told and of what they do remember, 50% of that is remembered incorrectly. Speculation for the factors inhibiting communication has included overuse of jargon, introducing too many recommendations and generally giving too much information. Remedies suggested include using simple language, only discussing one or two issues at a time and providing written handouts. It seems likely that this situation is similar for animal owners in veterinary consultations.

How does this all relate to the Board? Well it is probably no surprise that the majority of complaints received by the Board partly or wholly involve communication issues. Animal owners, for example, may complain to the Board that a veterinary surgeon did not provide them with essential information about their animal's ailment and proposed treatment or did not provide a satisfactory explanation for an adverse outcome.

Thinking back to the bus stop encounter I wondered if the generations that are glued to their phones and have grown up with social media and the internet have communication needs that can't be accommodated in a traditional veterinary consultation.

Recently I saw the website of a veterinary practice that has developed an iPad application that is used in 99% of consultations to illustrate visually the animal's illness or injury and treatment. Within 48 hours of the consultation an individualised e-book version is sent to the owner. Is this the way of the future?

***The single biggest problem with communication is the illusion that it has taken place.***

(George Bernard Shaw)

As this is the last newsletter for the year I will take the opportunity to wish everyone an enjoyable festive season and a wonderful 2015.

*Season's Greetings*



The members and staff of the Veterinary Surgeons' Board wish everyone the very best for the festive season and a happy, healthy, prosperous New Year.

The Board's office will be closed from noon Wednesday 24 December 2014 until 8.30am Monday 5 January 2015.





## REGISTERED SPECIALISTS

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

**Dr Meng Keet Siak** – Veterinary Dermatology

**Dr Peter Harding** – Equine Surgery

**Dr Maxwell Hall** – Equine Surgery

# Congratulations!

## REGISTRATION RENEWALS

By now all registered veterinary surgeons and approved veterinary nurses should have received their renewal reminders for 2015. If you haven't received your renewal notice please contact the office.

The absolute deadline for payment of renewal fees is midnight 31 December 2014.

If you do not pay by then your name will be removed from the register on 1 January 2015 and you will not be able to legally work as a veterinary surgeon or veterinary nurse in Western Australia.

During the Board office shutdown between 25 December 2014 and 4 January 2015 inclusive you will not be able to pay by phone but you may still pay by direct debit, post or fax.



## GUIDELINES FOR PROFESSIONAL CONDUCT

The Board's guidelines for professional conduct can be found in the Board's Veterinary Surgeons' Handbook or if you received this newsletter by email you would have received a copy as an attachment.

All veterinary surgeons registered in WA are expected to be familiar with the Guidelines. The Guidelines may be used as a basis for determining whether a veterinary surgeon's conduct is appropriate. It should be noted that some items within the Guidelines are covered by the Act and in relation to these specific matters, lack of compliance could amount to a breach of the Act.

The Board's Veterinary Surgeons' Handbook can be found on the home page of the Board's website at [www.vsbwa.org.au](http://www.vsbwa.org.au).

## CLINICAL RECORDS FOR YOUR OWN ANIMALS

It has come to the attention of the Board that some veterinary surgeons routinely neglect to make a clinical record when they medicate their own animals or those of friends and family. Veterinary surgeons are reminded that they must produce a clinical record for all animals that they supply scheduled medications for, whoever they belong to. This is especially important for schedule eight medications.

## CAT HAVEN REQUEST

Cat Haven is requesting the assistance of veterinary practices that send unowned or stray cats and kittens to Cat Haven. Cat Haven is happy to accept the cats and kittens but to avoid extra pressure on their limited resources, practices are encouraged to consider performing some or all of the following treatments before surrendering them to Cat Haven:

- worming and flea treatments;
- desexing if they are old enough; and
- starting medications if required;
- vaccinating and microchipping.





## FORMAL COMPLAINTS RECEIVED BY THE BOARD

During the 2013/2014 financial year the Board received 43 formal written complaints which was one less than in the previous financial year. Over half of the complaints, 22, involved dogs.

During the year four complaints against one veterinary surgeon were referred to the State Administrative Tribunal (SAT). Two of the complaints were heard at a SAT hearing where the veterinary surgeon was found guilty of unprofessional conduct for each complaint. The Board is awaiting the result of a hearing on penalty for the complaints.

The Board lodged an appeal to the Supreme Court against a SAT decision to dismiss the Board's application to the SAT alleging that a veterinary surgeon had behaved unprofessionally. The Board is currently awaiting the result of that appeal.

During the year the Board held a hearing to consider an application from a veterinary surgeon to be registered in WA. On the basis of the hearing, the Board determined that it would reject the application and refuse to register the veterinary surgeon. The veterinary surgeon lodged an appeal against the Board's decision with the SAT. The matter was heard at a SAT Tribunal hearing but after two days of the hearing the veterinary surgeon withdrew his application for registration.

In recent months the Board has received a number of complaints from neighbouring practices against each other. The complaints are generally commercial in nature or simply a symptom of poor relations between veterinary surgeons. The Board is concerned that these conflicts may result in damage to the reputation of the profession, which could result in a charge of unprofessional conduct. The Board considers that its resources can be put to better use than investigating complaints of this nature, and has recommended mediation in some instances.



## SOCIAL MEDIA – FRIEND OR FOE

Veterinary surgeons are increasingly embracing social media as a means of advertising and promoting their services. Once an attractive website is set up the next logical step is to develop a strong social media presence. Posting on Facebook, Twitter, Instagram and blogs are cost effective ways of achieving this and can instantly reach hundreds, thousands, even millions of people. What could possibly go wrong? As it turns out, lots! And not just from the Board's perspective but that is what I will concentrate on.

The Board regularly receives copies of social media postings with the sender querying if a breach of the advertising regulations has occurred. The Board considers that posts on social media by veterinary surgeons or their staff is a form of advertising and therefore must conform with the Regulations on advertising. For example if you post on Facebook that your practice provides a better service than the one down the road, you could be in breach of the Regulations. The Board treats it no differently to publishing the same information in an advertisement in the local paper.

For further information on the Regulations regarding advertising visit the Board's website at [www.vsbwa.org.au](http://www.vsbwa.org.au) and have a look at the Veterinary Surgeons' Handbook.

Another area that may result in a complaint to the Board is publishing online, without the owner's permission, information about the treatment of an animal such as photographs and medical history. The Board has received several calls about such information being posted to social media such as Twitter, Facebook or Instagram. The client's permission, preferably in writing, is essential if you wish to post anything about their animal online.

Every practice should have a policy in place regarding staff posting such information on social media and remind them that this information is sensitive and confidential.

Before publishing anything online consider first whether publishing it in the local paper in a full page advertisement would be appropriate. If the answer is "no" don't post it and save yourself some angst.



## RESCHEDULING OF TYLOSIN

Since 1 June 2014 all Tylosin products have been rescheduled to schedule 4.

Previously, products containing low concentrations of Tylosin were classified in schedule 5 and could be sold in retail outlets without a veterinary prescription. These have been rescheduled to S4 (Prescription Animal Remedy) and Tylosin products will only be available under veterinary prescription.

Tylosin is a macrolide antimicrobial agent approved in Australia by the APVMA for use in poultry, pigs and cattle.

It is still available as an injection, water-soluble antimicrobial preparation and as premix, when prescribed by a veterinary surgeon.



## REMINDER - AUSTRALIAN VETERINARY WORKFORCE SURVEY FOR 2014

There is still time to take part in this important survey the purpose of which is to examine the current profile of the veterinary profession and anticipate future trends and changes. The information helps the profession, government, veterinary boards and others to understand how the provision of veterinary services may be affected by various factors, including increasing numbers of veterinary graduates, career breaks, part-time working, early retirement and veterinary surgeons choosing to work outside the profession.

The AVA has committed to making the results freely available in 2015, which will include comparisons with the 2012 and 2013 survey results.

## HEALTH DEPARTMENT FACT SHEET FOR VETERINARY HOSPITALS AND CLINICS

The Board receives regular enquiries as to the obligations of staff of veterinary hospitals and clinics under WA Poisons legislation. The Health Department has compiled a fact sheet to assist staff. A copy of the fact sheet can be downloaded from the Board website [www.vsbwa.org.au](http://www.vsbwa.org.au) under Publications

## THE VETERINARY SURGEONS' BOARD OF WA

MEMBERS OF THE BOARD

**Chair: Dr P Punch** AVA Nominee

**Dr T Higgs** Dept of Agriculture and Food

**Dr M Culliver** Elected Member

**Dr R Stone** Elected Member

**Deputy Chair: Ms F Calley** Ministerial Appointment



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