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REGISTRAR'S REFLECTIONS

One of the most enjoyable aspects of my role is that I get to interview and meet a wide variety of interesting veterinary surgeons applying for registration in WA. It is a bonus to hear about where they have travelled and the exciting things they have done since graduating while we discuss the finer points of working in WA as a veterinary surgeon and complying with our legislation.

Sometimes, especially during the busy summer season when a steady stream of locums need to be interviewed, I will interview two or more at a time. Usually it doesn't take long for them to strike up a rapport in the reception area and be talking like old friends as they exchange experiences.

I remember in particular an interview where I was interviewing a recent graduate and a veterinary surgeon who had graduated some years before. The recent graduate asked a number of questions and the more experienced veterinary surgeon provided, in addition to my responses, information and tips which the recent graduate enthusiastically soaked up.

It made me realise how valuable collegiality in the profession is and what a positive effect it has when it works. Working in practice is stressful at times and support from your colleagues, even if they work at another practice, makes all the difference.

However, here at the Board we also see what happens when veterinary surgeons don't cultivate this sort of collegiality. Tempers fray, stress levels rise and at worst the Board receives "tit for tat" complaints from veterinary surgeons against each other.

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

REGISTRATION FEE INCREASE FOR 2018

Due to increasing Board costs, particularly legal costs, the Minister for Agriculture and Food, the Honourable Alannah MacTiernan MLC has approved an increase in fees for 2018.

On average, the fees for registration, approval and authorisation will rise by 13.5%. In particular, the renewal registration fee for veterinary surgeons will be \$465.00 per annum and the renewal approval fee for veterinary nurses will be \$74.00 per annum.

If you wish to provide feedback regarding the fee increase, please call the office on (08) 9317 2353.



COMMUNICATION BY THE BOARD USING EMAIL ONLY

The Board no longer uses the postal system for written communications.

Veterinary surgeons and veterinary nurses are requested to ensure that they have a current email address lodged with the Board.

This will ensure that you receive Board documents such as newsletters and registration renewal reminders.

SPECIALIST REGISTRATION

Congratulations to Dr Timothy James Pearson who has recently been granted specialist registration in Small Animal Surgery.





NEW VETERINARY PREMISE GUIDELINES AND PROTOCOL FOR REGISTERING NEW PREMISES

Earlier this year, the Board's protocol for inspecting and registering new veterinary hospitals and clinics changed. It is now a requirement that all veterinary hospitals and clinics are inspected by a Board inspector before registration is granted.

The Board has issued Premise Guidelines to assist veterinary owners applying for registration of veterinary hospitals and clinics. The Premise Guidelines also apply to all registered veterinary hospitals and clinics. As the requirements for registration as a veterinary hospital or clinic have changed, practice owners will, on application to the Board, be given reasonable time to upgrade their premises and comply.

The Premise Guidelines are available on the Board's website at www.vsbwa.org.au/vets/guidelines

THINKING OF EMPLOYING AN INTERSTATE LOCUM?

If you are considering employing a locum you need to ensure they are aware that they are required to register as a veterinary surgeon in WA before they can practise veterinary surgery here. As yet National Recognition of Veterinary Registration (NRVR) does not apply in WA. The Board is aware of several locums arriving in WA believing that as they are registered elsewhere in Australia they do not need to register in WA, only to find they are not permitted to work and their employer is about to leave on holiday. The Board has fast tracked these applications but as standard documentation, provisional registration approval and an interview are required before registration is granted, there is some unavoidable delay.

FROM THE INSPECTORS PEN

Over the last 10 years the Board's inspectors have visited every registered veterinary premise in WA at least twice. Below are some recommendations on practice management and design gleaned from over 600 practice inspections and discussions with veterinary staff.

- the inspectors are aware of three practices out of the approximately 260 registered with the Board that have had fires. One was a ceiling fan and two involved lint in the clothes dryer igniting. It is a good policy to remove lint before a drying cycle and to open the door of the dryer after a run, particularly if blankets are involved.
- a separate locked pharmacy room with no window, which only approved veterinary nurses and registered veterinary surgeons can enter is ideal but not mandatory at this stage.
- it is mandatory to have washbasins in the consultation rooms. This may be a problem if you are considering leasing a veterinary premise at a shopping centre unit where plumbing is at the back. The shopping centre body corporate may not be happy with you excavating the floor to install plumbing and the cost may be prohibitive.
- it is a good idea to try and locate the toilet in the waiting room so that clients do not enter the practice areas.



- in regard to drains and gutters it is worth acquiring a spirit level to see which way fluids flow before you part with any money.
- an isolation room is mandatory for clinics and hospitals so please incorporate this in your plans and try to site it away from the dog and cat ward. Also consider an outside door which is useful if a client wishes to take an infectious case such as parvovirus to another veterinary surgeon in the course of treatment.

RESULTS OF THE 2016 AUSTRALIAN WORKFORCE SURVEY

The results of last year's Australian Veterinary Workforce Survey have been finalised. A copy of this report is publicly available on the AVA website at www.ava.com.au/workforce-data





CASE STUDY – PRE-ANAESTHETIC BLOOD TEST

Ms K presented her cat, Buffy to Dr P at ACME Veterinary Clinic due to his inappetence. Dr P advised her that the cat had a “rotten tooth as well as an abdominal blockage...” and he “recommended removing the tooth as well as a 5-day course of laxatives.”

Five days later, Buffy was admitted for surgery to remove the rotten tooth. Ms K consented to, and signed off on, a pre-anaesthetic screening blood test. The screening pre-anaesthetic blood profile was taken which demonstrated a significant elevation in total bilirubin of 97 umol/L (Normal range 0-15 umol/L). Dr P wrote in his clinical record that a:

“Pre-Anaesthetic blood profile was taken and run – please see attached for blood results. Note all within normal limits, except bilirubin which was elevated. Given liver and kidneys were OK...we proceeded with an uneventful anaesthesia ...”

The cat recovered uneventfully from the surgery.

Two days later, Ms K presented Buffy to Dr P as the cat had deteriorated, was not eating and was lethargic. Dr P recommended that the cat be hospitalised, placed on intravenous fluids and that further tests be undertaken, which Ms K declined.

Buffy was subsequently treated at two other practices. The cat died five days later following a blood transfusion at an emergency veterinary hospital where further tests indicated that the cat was likely to have lymphoma.

The Board referred the matter to the State Administrative Tribunal where it was agreed at mediation that Dr P had behaved unprofessionally by recommending to Ms K that

a pre-anaesthetic blood profile be performed but failing to have regard to the results and failing to discuss the results with Ms K before anaesthetising Buffy. Further Dr P failed to consider whether in light of Buffy’s history, the unknown cause of the elevated bilirubin and the non life threatening nature of Buffy’s dental condition whether it was appropriate or necessary to administer anaesthesia to Buffy and perform the non-emergency dental procedure.

It was ordered that Dr P:

- pay a fine of \$1,000.00;
- pay the Board’s costs of \$5,000.00;
- have his registration as a veterinary surgeon suspended for four weeks; and
- sit the examinations for membership with the Australian & New Zealand College of Veterinary Scientists (Small Animal Medicine or Small Animal Surgery) within two years of the order.

DISCUSSION

Veterinary surgeons recommending to clients that their animal has a pre-anaesthetic blood screening profile appears to be an increasing trend. Opinions in the veterinary profession vary as to the value of performing routine blood screening tests prior to giving an anaesthetic and it is unlikely that a unified profession wide opinion on this can be agreed.

However, if a veterinary surgeon recommends and performs pre-anaesthetic blood tests, then the results of that testing **MUST** guide whether they proceed with the anaesthetic or not.

MEDICINES AND POISONS ACT 2014

The newly enacted Medicines and Poisons legislation has created much discussion amongst stakeholders and the Department of Health is grateful for all the feedback received;

For any queries about the legislation, the Department of Health website is the first stop. Information on the website has been organised to be straightforward and easy to navigate. The main link for information is www.health.wa.gov.au/pharmacy

The Department of Health will continue to add more information to their website in response to feedback.

In particular the above link will provide information on the following topics:

- Dispensing medicines, including prescriptions requirements, record keeping and information on specific medicines;
- Disposal of medicines;
- Storage of medicines; and
- Working with medicines, which include information on individual authorities for health practitioners.

If you can’t find what you’re looking for on the website, you can contact the Department of Health by email who aim to provide a response within 24 hours.

Their contact details are:

Medicines and Poisons Regulation Branch
Public Health Division | Department of Health
T: +61 8 9222 6883 | F: +61 8 9222 2463
E: poisons@health.wa.gov.au | www.health.wa.gov.au





WHAT TO DO WHEN A CLIENT HAS FINANCIAL RESTRAINTS



In clinical practice veterinary surgeons are often limited in both diagnosis and treatment options by the owner's inability or unwillingness to pay for those veterinary services. When optimal animal care is not possible due to these constraints and the animal does not respond well the

owner may seek to blame the veterinary surgeon. This may take the form of a complaint to the Board, especially if the animal dies or subsequently needs to be euthanased.

So how can this distressing scenario be avoided and the likelihood of unwarranted complaints to the Board be minimised? As with many of the complaints received by the Board, excellent client communication is the best preventative measure.

CLINICAL RECORDS – DIGITAL IMAGES OF DISEASE OR INJURY

The Board recently received a complaint where an owner was aggrieved that a photograph of a lesion on their cat's tongue taken when the cat was under anaesthetic was shown to them but not kept as part of the animal's clinical record. The cat subsequently needed further treatment and the owner requested that a copy of the photograph be forwarded to another practice. Unfortunately the locum veterinary surgeon who took the photograph on her phone did not leave a copy at the practice and deleted the photograph after she left.

The Board took no action in this case as photographs of lesions are not considered to be an essential part of the clinical record. However, the Board recommends that if a photograph of an injury or lesion is taken a copy is kept with the clinical record.

PENTOBARBITONE STORAGE

As you may have been aware, the Therapeutic Goods Administration recently reviewed the scheduling of pentobarbitone injection (Lethabarb, Valabarb for example) with a view to up-scheduling these drugs to S8. However, after the review it was decided that pentobarbitone will remain an S4 medicine.

While pentobarbitone euthanasia solution is to remain an S4 drug, the Board strongly recommends that it is stored in a locked receptacle attached to the premises. This additional precaution reinforces the need for care and accountability when using this drug.

Conversations, phone calls and emails should be documented on the clinical record and on a consent form, especially if a treatment is recommended but not taken up by the owner.

Options for payment, diagnosis and treatment should be clearly explained, seeking acknowledgement that the owner understands. Conversations, phone calls and emails should be documented on the clinical record and on a consent form, especially if a treatment is recommended but not taken up by the owner.

If there is a concern that the owner may become contentious then any witnesses to the conversation should be noted down.

Referral should be offered if the veterinary surgeon believes more effective treatment options are available, even if the owner is likely to decline. If the owner does refuse this should also be noted in the clinical record



VETERINARY SURGEONS' BOARD OF WA

MEMBERS OF THE BOARD

- Chair: Dr Peter Punch – AVA nominee
- Deputy Chair: Ms Catherine Carroll – Ministerial appointee
- Dr Graham Harradine – Elected member
- Dr Tony Leeftang – Elected member
- Dr Michael Paton – Dept of Agriculture and Food nominee

HOW TO CONTACT US

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