

BoardTalk

President's Report

The term of the previous Board ended 30 June 2024 and a new Board was appointed by the Minister 19 September 2024. At our first meeting 15 October I was honoured to be elected President.

Firstly, I would particularly like to acknowledge outgoing members from the previous Board:

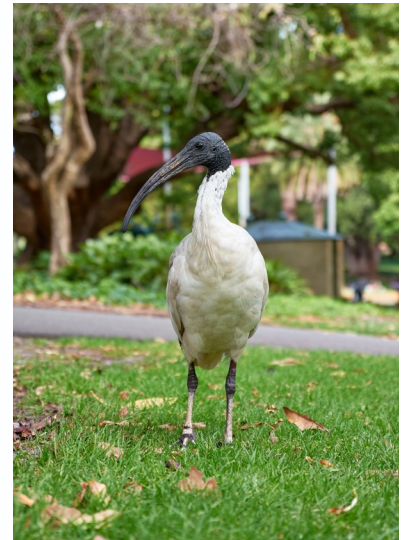
- Mrs Lisa Minogue who served on the Board as a consumer representative for four terms and was a fierce proponent for the rights of consumers and the needs of farmers and rural communities
- Dr Georgina Child who served on the Board representing specialist veterinarians for four terms and whose tremendous intellect ensured our decisions were fully informed and evidence-based
- Dr Kate Mills who served on the Board representing academics in the field of veterinary science for one term and ensured the priorities of animal welfare and professionalism were always uppermost in our deliberations
- Mrs Sarah Hunter who served on the Board as a consumer representative for one term and provided valuable contributions to strategy, governance and processes
- Dr Steven Ferguson who served on the Board as a Ministerial selection for three terms and as President from 2021 to 2024. Steve made significant contributions as a member and as President and ensured there was a strong foundation for the future work of the Board.

It was a privilege to serve with Lisa, Georgina, Kate, Sarah and Steve and I look forward to continuing to work with Peter Alexander and Paul McGreevy and with new members Allison Harker, Ellenor Nixon, Sandra Nguyen, Neil Walton and Julie Simmons.

I would also like to thank the staff of the Board for their dedication and commitment over the last 12 months. I would particularly like to add my thanks to [Mary Lydamore](#) who left the Board in July after 18 years of service.

On behalf of all Board members and staff I wish you a very merry Christmas and a happy and safe New Year.

Mags Awad
President



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Useful links

[Poisons legislation guide](#)

[AVMA Euthanasia guide](#)

[Workforce inquiry response](#)

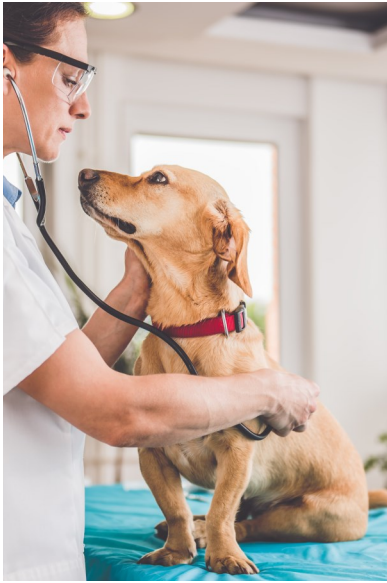
[Avian Influenza training](#)

[Wildlife rehabilitation sector survey](#)

[Wildlife H5N1 preparedness training](#)

The Board's office will close from 5.00 pm Thursday 19 December 2024 and will re-open 9.00 am Monday 6 January 2025.





Annual General Meeting

The Board held its Annual General Meeting (AGM) of the veterinary profession in Sydney on Monday 18 November at 7.00 pm.

The agenda and papers for this meeting are available from the [News section](#) of the Board's website.

The President, Dr Magdoline Awad, discussed reports on activities and fees.

In addition, Dr Sarah Britton, Director One Health at the Centre for Disease Control, presented on The One Health Framework: Integrating Animal, Human, and Environmental Health for Disease Control.

The Board presented its audited financial statements and recommended that fee increases approved last year but not yet implemented be applied this year.

If you have any questions or comments in relation to the AGM or from the papers please contact the [Board's office](#).

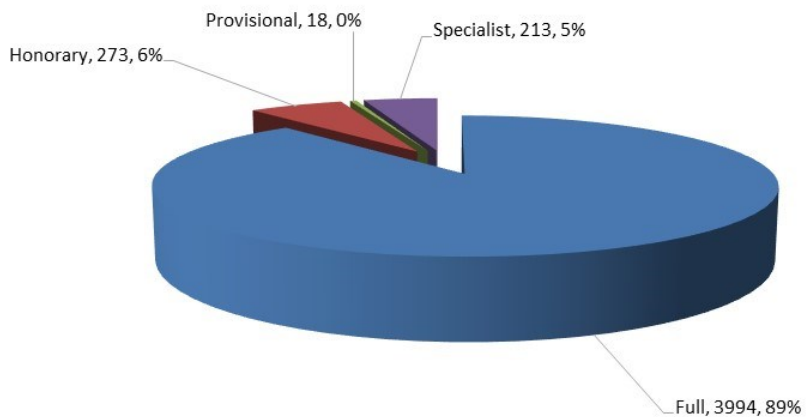
Activities of the Board

The main activities of the Board are registration of veterinarians, licensing of veterinary hospitals and investigation of complaints against veterinarians. The [Annual Report 2024](#) includes a series of graphs summarising these activities for the year ended 30 June.

Registration of Veterinarians

As at 30 June 2024, there were 4,721 registered veterinarians in NSW (see Figure 1). The total number of veterinarians in NSW grew by 3.1% annually from 2007 and by 3.9% annually over the last 5 years.

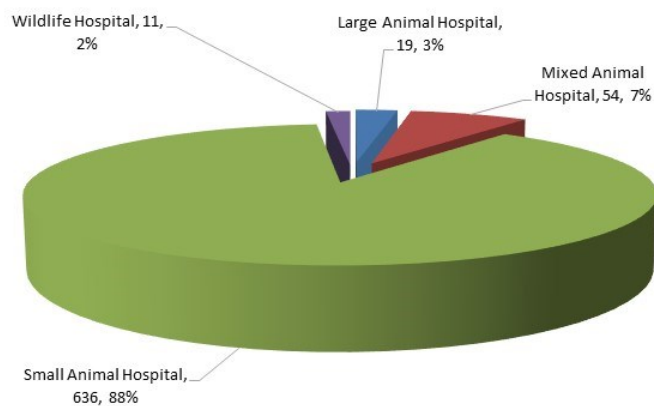
Figure 1 Registered veterinarians by division



Licensing of Hospitals

There were 720 hospitals in NSW as at 30 June 2024 (see Figure 2) and the total number of hospitals in NSW grew by 0.9% annually from 2007 and by 0.8% annually over the last 5 years.

Figure 2 Veterinary hospitals by licence type



[Continued p 16](#)

Changes to the Board

A new Board was appointed by the Minister for Agriculture The Hon. Tara Moriarty MLC for the period 19 September 2024 to 30 June 2027.

The Board consists of eight members; six veterinarians who represent different areas of the profession and two non-veterinarians who represent consumers. The five new members below have joined Drs Magdoline Awad, Paul McGreevy and Peter Alexander.

At its first meeting 15 October 2024, the Board elected Dr Magdoline Awad as President.

Ellenor Nixon

Ellenor is self-employed in beef production in the Upper Hunter Valley. She has seven years experience as a board member working in a complex and changing legislative framework. Ellenor is passionate about agriculture, animal health and stewardship of the land.

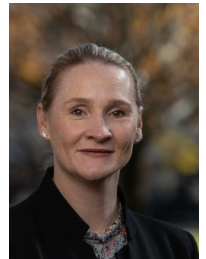
Ellenor joins the Board as a consumer representative.



Allison Harker

Allison is an experienced board and ARC chair who is committed to the prosperity of primary industries and animal husbandry. She was State Chair of Local Land Services and during this time her board developed strategic plans and spearheaded community engagement in critical areas such as animal husbandry, biosecurity, pest and weed governance, and risk management of regulated chemicals.

Allison is currently a partner in her family's mixed farming business based in Yass and joins the Board as a consumer representative.



Neil Walton

Neil is lecturer in anaesthesia at Charles Sturt University and was previously a partner at Agnes Banks Equine Clinic in Richmond NSW. He has served as editor of Australian Equine Veterinary Journal, lecturer in equine studies at Western Sydney Institute of TAFE, and as president of the Anaesthesia and Critical Care Chapter, ANZCVS.

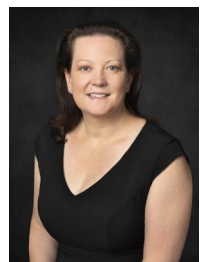
Neil joins the Board as a representative of academics in the field of veterinary science.



Julie Simmons

Julie is the Manager at the Centre for Digestive Diseases, a day hospital and centre of excellence for the treatment of gastrointestinal disorders and director of Gastrotech, a company that specialises in formulating and manufacturing medical foods for digestive illnesses such as Crohn's Disease, Ulcerative Colitis and Irritable Bowel Syndrome. She has previously worked as a veterinarian, tax analyst, and paralegal.

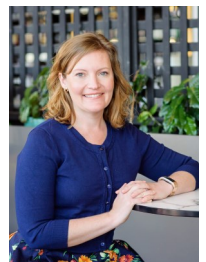
Julie joins the Board as one of two veterinarians selected by the Minister.



Sandra Nguyen

Sandra is Hospital Director, Small Animal Specialist Hospital Western Sydney and a registered specialist in veterinary oncology. She has previously held positions as an oncologist at the Animal Referral Hospital and Assistant Professor of Oncology and Haematology at Ohio State University USA.

Sandra joins the Board as a veterinarian representing specialist practitioners.



Complaints Committee Report



Due to delays in the appointment of the Board there were no meetings of the Complaints Committee from July to October.

For the period May to November the Board processed 28 complaints and 22 of these complaints were dismissed (84%). The number of complaints processed was much less than the same period last year (57) but similar to the number to April this year (26). The percent dismissed is greater than the long term average (72%).

Unsatisfactory professional conduct

Findings of unsatisfactory professional conduct were made against six veterinarians; two were cautioned; two were cautioned and required to undertake continuing professional development; another was cautioned and required to submit clinical records for review.

Current standards (cl 4)

The Veterinary Practitioners Code of Professional Conduct (Code) (clause 4) requires veterinarians to maintain knowledge of and always carry out professional procedures in accordance with current standards of practice.

A veterinarian administered meloxicam by injection to a patient with a 2-day history of inappetence, followed by oral meloxicam. The veterinarian was concerned that the patient's inappetence was due to oral pain after a dental procedure.

The veterinarian later re-dispensed oral meloxicam in response to a phone request from the client. There was no evidence in the clinical record that the veterinarian had appropriately reviewed the case before re-dispensing the meloxicam and there was evidence that the client should have had sufficient medication still available when the request was made.

The administration and repeat dispensing of meloxicam to an inappetent patient was considered not in accordance with current standards of veterinary practice.

The veterinarian was issued with a caution and was required to complete continuing professional development in relation to the indications, monitoring, and potential complications of the use of NSAIDs in small animals.

Informed consent (cl 7)

The Code (cl 7) requires that, where it is practicable, a veterinarian must obtain informed consent from the client before providing veterinary services. Informed consent includes discussion of the likely extent and outcome of veterinary services (Code (cl 16)).

Two veterinarians were found to have breached the Code (cl 7).

In both cases, the Board was not concerned with the technical expertise of the veterinarians involved but found deficiencies in communications with the client. Appropriate communication is intimately entwined with informed consent. Clear, thorough and **timely** client communication is essential to informed consent. If the likely extent and/or outcome of the procedure changes, new consent should be sought.

The first complaint involved a breakdown in communication between the veterinarian who had conducted the initial consultation and a second veterinarian who ultimately completed a dental procedure. This second veterinarian extracted two incisor teeth for which consent for extraction had not been obtained by either veterinarian. The need to extract the teeth was not in question and the patient recovered uneventfully. The hospital undertook to introduce new protocols for patient handover and client communications.

The Board has previously issued advice regarding consent for dental extractions and veterinarians are encouraged to review BoardTalk ([June 2021](#), [December 2018](#), [December 2014](#)) for the further advice on the matter.

Another veterinarian failed to obtain informed consent in circumstances where a patient had been admitted for a bilateral elbow arthroscopy. During the procedure, it was noted that the left elbow joint was difficult to access with the arthroscope, so the veterinarian elected to convert the procedure to an arthrotomy.

Consequences of a breach

Where a veterinarian is found guilty of unsatisfactory professional conduct or professional misconduct, the Board may issue a caution or reprimand, fine, or impose conditions.

The Board may also refer serious matters to the NSW Civil and Administrative Tribunal (NCAT) for a determination.

The Board generally looks to determine whether a finding relates to performance, conduct or health.

Performance matters may lead to CPD requirements whilst conduct matters may lead to a caution and/or a fine.

Health matters typically lead to referral to the Board's Health Program.

Unsatisfactory professional conduct (cont'd)

Whilst arthrotomy is a recognised treatment for the condition that had been diagnosed (medial coronoid fissure), the Board determined that the veterinarian had not obtained informed consent for an arthrotomy.

There was no evidence that any attempt had been made to contact the client when it was discovered that good visualisation could not be achieved with the arthroscope and before the arthrotomy was performed. The client was not given the opportunity to provide consent for the extent and outcome of the veterinary service (clause 16).

Supply of restricted substances (cl 20)

A veterinarian was found guilty of unsatisfactory professional conduct for supplying restricted substances to a patient that they had not physically examined or was not under their direct care (Code (cl 20)).

Direct care requires that a physical examination is performed at the time of consultation or that the veterinarian has performed this examination previously, is continuing treatment for a previously diagnosed condition, and the veterinarian has a thorough understanding of the animal's history, environment and husbandry. Interpretation of a diagnostic test alone does not imply direct care.

This patient had never been seen at the veterinary practice before. As the patient was suspected of having feline panleucopaemia, a veterinary nurse took a history from the client in the car. The nurse collected also a faecal sample for parvo testing. The veterinarian interpreted the faecal test and dispensed restricted substances to treat the kitten. The client never spoke with the veterinarian directly and the veterinarian never physically examined the patient.

The veterinarian also failed to label the restricted substances supplied in accordance with poisons and therapeutic goods legislation. Please see the [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#) provided by NSW Health for further information.

The veterinarian was issued with a caution and required to submit copies of their restricted substances labels to the Board.

Lack of adequate knowledge, skill, judgment or care (s 35(k) of the *Veterinary Practice Act 2003*)

The Board found that a veterinarian had showed a lack of adequate knowledge, skill, judgment or care in the practice of veterinary science (*Veterinary Practice Act 2003 (Act) (s 35(k))*) in relation to a home euthanasia.

The patient was an elderly dog with multiple co-morbidities. The veterinarian visited the client's home with a veterinary nurse assistant but was unable to place an intravenous catheter after several attempts. The veterinarian had not brought any form of sedation for the home-visit euthanasia to help facilitate placement of the catheter.

The veterinarian appropriately suggested to the client that they could return the following day with sedation, or the client could transport the patient to the veterinary hospital for euthanasia that day. The client elected to transport the patient to the veterinary hospital.

The patient was noted by the veterinarian to be very reactive and resentful of restraint. The veterinarian recommended inhalational anaesthesia to allow an intravenous catheter to be placed. The Board considered that this recommendation demonstrated a lack of judgement given it was likely to cause increased stress and significant anxiety in a dog that was already noted to be stressed and anxious.

The veterinarian was required to undertake continuing professional development in relation to facilitating euthanasia in both home and clinic environments.

Complaint decisions

The Board advises that in late 2024 and early 2025, communication of complaint decisions is likely to take longer than in previous years. The newly appointed Complaints Committee is working hard to finalise the decision-making of approximately 20 complaints paused due to the delay in appointment of 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 who have an impairment and is committed to assisting these veterinarians through its [Health Program for Veterinarians](#).

The goal of this program is to support veterinarians whilst they work through their health issues with 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.

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

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.

Guidelines on compounding of medicines

The Pharmacy Board of Australia has recently updated its [guidelines on compounding medicines](#).

These guidelines provide guidance to pharmacists to support good practice when compounding medicines. If there is conflict between the guidelines and the law, the law takes precedence.

To assist the profession in interpreting the relevance of these guidelines to veterinary practice, the Board will consult with other regulators.

Advice to veterinarians will then be provided to ensure veterinarians continue to comply with legislative requirements.

As previously, the Board notes the following:

- Compounded medications must only be prescribed when a suitable registered product is not available
- Unlike registered products, compounded medications are not required to be assessed for quality, safety, efficacy or stability
- Supply for multiple animals of food producing species on a property is in breach of [Stock Medicines Act 1989 \(s 39A\)](#)
- Prescriptions for compounded medications (S4) must comply with the [Poisons and Therapeutic Goods Regulation 2008 \(cl 35\)](#) and it must be [provided in hard copy](#) (no digital signatures) to the compounding pharmacist.

Hospital Inspections Report

Under the current 3 year inspection cycle, only a few hospitals remain that require an inspection and for a number of hospitals the cycle has recommenced. The Board expects all hospitals to be inspected approximately once every 3 years.

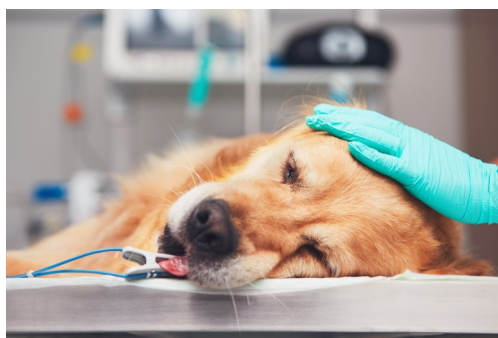
Controlled substances

It is vital that veterinarians, and in particular hospital superintendents, ensure that all S8 medication transactions are recorded accurately and in a timely manner. An inventory of every S8 medication and stock on hand must be completed every March and September or more frequently as required.

When taking on the role of superintendent a veterinarian must also conduct an inventory of S8 medications at this time.

An electronic drug register may be used but must be compliant with [standards issued by NSW Health](#). At a veterinary hospital, the superintendent is responsible for confirming the electronic drug register conforms with the system standards (see [Framework for use of an electronic drug register requiring single signature](#)).

As noted previously, the Board's inspectors have authority under NSW Health to destroy S8 medications (controlled substances) when inspecting veterinary hospitals. If you have expired S8 medications these can be destroyed by the inspectors or these medications can be taken to a local pharmacy (see disposal of pharmaceutical waste).



Monitoring of anaesthesia

The Veterinary Anaesthesia and Analgesia (VAA) Chapter of the Australian and New Zealand College of Veterinary Scientists (ANZCVS), has developed guidelines for monitoring anaesthesia in companion animal practice.

The Board recommends the approach outlined in the Chapter's position statement:

"During anaesthesia of healthy dogs and cats there must be a person dedicated to the role of monitoring and recording the physiological status of the animal and any events related to the safe conduct of anaesthesia. This person must be appropriately trained and experienced or must work under direct supervision of someone who is appropriately trained and experienced.

In addition to clinical observations of the animal (palpation of a peripheral pulse, measurement of pulse rate and respiratory rate, observation of mucous membrane colour/capillary refill time and subjective assessment of depth of anaesthesia), monitoring of anaesthesia should be complimented (sic) by the use of equipment including a pulse oximeter, capnograph, blood pressure monitor, and thermometer.

A record of anaesthesia must be created in every case. Animals must always be observed from the time that drugs are first administered to the time that adequate recovery from the procedure has been confirmed."

Disposal of pharmaceutical waste

In the December 2023 issue of [BoardTalk](#), we discussed disposal of clinical waste. In this issue, we specifically discuss the disposal of pharmaceutical and chemical waste.

Pharmaceutical waste includes expired or unused pharmaceuticals and/or items contaminated by pharmaceutical products ([WHO, 2017](#)) (e.g. fluid bags or compounded medications containing restricted substances).

Chemical waste includes laboratory reagents, expired disinfectants, batteries and thermometers.

Education and training should be provided to all staff about how pharmaceutical and chemical waste should be segregated and subsequently disposed of, and practices should ensure that the [appropriate waste receptacles](#) are available for use.



The Commonwealth Government provides financial support for the [Return of Unwanted Medications](#) scheme (RUM). Veterinary pharmaceuticals are eligible for disposal under the RUM scheme.

This scheme allows practitioners (and their clients) to return eligible veterinary medications to their [local participating pharmacy](#) where they will be appropriately disposed of at no cost.

For larger quantities of veterinary pharmaceuticals and agricultural chemicals, AgSafe's [ChemClear](#) and [drumMUSTER](#) programs may be accessible to veterinarians.

Empty pharmaceutical packaging, vials or containers may be disposed of in general waste. Some types of empty chemical containers may be eligible for return through [drumMUSTER](#).

Radiation licences

The NSW EPA regulates the use of radiation through recently updated legislation—the *Protection from Harmful Radiation Act 1990* and the *Protection from Harmful Radiation Regulation 2013*.

Under this legislation the EPA issues licences for radiation users and radiation management licences.

Radiation user licence

User licences are issued to individuals to permit them to use [specific regulated materials](#) such as ionising radiation apparatus for veterinary diagnostic radiography. The individual is only able to use the regulated material for which they have been found competent and only for that particular use.

Veterinarians, veterinary nurses (Certificate IV and Certificate III in Equine Nursing) and veterinary technologists are eligible to [apply for a user licence](#). There are one year and three year user licences.

Workers with a valid and current radiation user licence in another state or territory (except Queensland) may be entitled to work in NSW under [automatic mutual recognition](#).

Radiation management licence

A person responsible for regulated material must hold a radiation management licence. A management licence to possess, store, sell or give away regulated material must be renewed annually.

If this person is an individual who also uses the apparatus (for example a sole trader) they must also have a user licence. Companies may hold this licence in the name of the legal entity, that is the name of the company or individual, not a trading name, partnership or private trust.

[Apply for a radiation management licence](#).

Radiation for veterinary oncology purposes compliance

The NSW Environment Protection Authority (EPA) is pleased to report that it observed a high level of compliance during the recent campaign for its radiation user and management licence holders.

The EPA conducted the compliance campaign from August to October 2024.



The campaign consisted of inspecting sites that hold equipment for veterinary oncological practices and utilise ionising radiation for oncology.

The EPA appreciates the level of cooperation and professionalism of the licence holders that were involved in this campaign.

Whilst additional work was needed by some licence holders to address low risk non-compliances, each site was prompt in rectifying these.

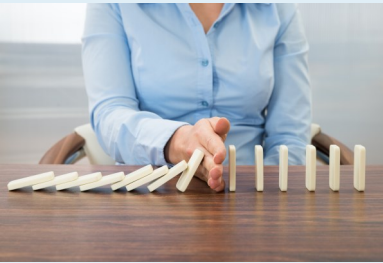
The EPA looks forward to working with licence holders again in the future.



Teamwork

Currently, veterinary legislation focuses on individual veterinarians when investigating complaints.

One of the best ways to ensure compliance with legislation and minimise the likelihood of a complaint being lodged against an individual veterinarian is for all members of the veterinary team to help each other to minimise errors and adverse events.



[Other professions](#) and industries have realised the value of focusing on processes rather than individuals in the workplace, developing processes as a team, and ensuring everyone is aware of and well trained in these processes.

This is also a great way to support your staff and individual veterinarians and veterinary nurses.

This presentation from the Board on [Problems in Practice](#) provides some more background and advice about developing processes to reduce your likelihood of a complaint.



Euthanasia

Pepper et al (2023) explain the way euthanasia is performed can impact the welfare of:

- companion animal patients
- the client and
- the veterinary team.²

Interestingly, “the original meaning of the term euthanasia related more to the experience than to the act of ending life”.⁶ It seems that this ethos rings true in 2024, with clients contacting the Board with concerns about the way they and/or their pet *felt* during euthanasia.

Examples of concerns that are expressed to the Board include:

- the veterinarian not listening to the client’s wishes (feeling rushed to make a decision about euthanasia, not being offered triage and transfer to their regular veterinarian in emergency settings)
- misunderstandings about what could/would occur during euthanasia (including whether sedation would be used)
- distress that the treating vet showed a lack of compassion (communication before, during or after euthanasia or handling of the pet’s body after euthanasia)
- allegations that pets were mishandled during the euthanasia process (including concerns about multiple attempts to gain venous access, lack of sedation or ineffective sedation, perceived lack of care when handling patients).

A similar pattern of concerns was noted by the Veterinary Surgeons Board of Queensland in their [recent newsletter](#).¹

The Board acknowledges that there are many approaches to the way in which euthanasia is performed. This is reflected in recent publications discussing euthanasia methods in Australia including those by [Pepper et al](#) and [Chan et al](#) and by [Gates et al](#) in New Zealand.



The Board does not intend to prescribe specific euthanasia methods that must be followed by practitioners. However, it hopes that veterinarians will take the opportunity to explore contemporary reference material that is available on the subject.

The AVMA released [guidelines for the euthanasia of animals in 2020](#). Veterinarians may also wish to review the AAHA/IAAHPC’s [End of Life Care Guidelines](#). In that document, the authors explain that end of life care (EOL) should “focus on maximising patient comfort and minimising suffering while providing a collaborative and supportive partnership with the caregiver client.”³

This collaborative and communicative approach should extend across the patient’s EOL care, including in relation to recommendations for euthanasia made by veterinarians and during the euthanasia procedure itself.

The AAHA/IAAHPC EOL Guidelines include some helpful client support principles and suggest phrases to avoid when supporting clients through grief and loss.³ This document also provides step by step guidance on how veterinarians and the hospital team can manage the euthanasia process (p 353 ff).

Natural death

Some clients prefer their pets to experience a natural death. This can be confronting for veterinarians as, in Western societies, euthanasia is the main method by which companion animals die and is the focus of veterinary training in relation to EOL care.

However, it should be noted that “*hospice-supported natural death*” is considered medically and ethically acceptable.³ Veterinarians should therefore “support a pet owner’s EOL decision for their pet, accepting that their values and beliefs may be different....”³

In saying this, animal hospice principles “do not accept a pet owner’s decision to allow a pet to die without euthanasia and without effective palliative measures...”³ Appropriate relief of pain and suffering must be provided in any EOL plan that involves natural death.

More on the topic of hospice facilitated natural death can be found in the AAHA/IAAHPC’s EOL Care Guidelines (p352ff).

The Australian Palliative Care Advisory Council (APCAC) is also an excellent source of information about EOL care and euthanasia for veterinarians and veterinary hospitals. Veterinarians and veterinary nurses can access resources through [registration with the APCAC](#) .



References

1. Qld Veterinary Surgeon’s Board, Euthanasia of Companion Animals, VETREGISTER, April 2024, Accessed 5 November 2024, [VetRegister - April Edition](#)
2. Pepper, BM, Chan, H, Ward, M and Quain, A (2023), ‘Euthanasia of Dogs by Australian Veterinarians: A Survey of Current Practices’, *Veterinary Sciences*, 10(5), 317, accessed 5 November 2024, <https://www.mdpi.com/2306-7381/10/5/317>
3. Bishop, G, Cooney, K, Cox, S, Downing, R, Mitchener, K, Shanahan, A, Soares, N, Stevens, B and Wynn, T (2016), ‘2016 AAHA/ IAAHPC End-of-Life Care Guidelines’, *Journal of the American Animal Hospital Association*, Nov/Dec 2016, 341, accessed 5 November 2024, https://www.aaha.org/wp-content/uploads/globalassets/02-guidelines/end-of-life-care/2016_aaha_iaahpc_eolc_guidelines.pdf
4. Chan, H, Pepper, BM, Ward, M and Quain, A (2023), ‘Euthanasia of cats by Australian Veterinarians: a survey of current practices’, *Veterinary Sciences*, 10(10) 627, accessed 5 November 2024, <https://www.mdpi.com/2306-7381/10/10/627>
5. Gates, MC, Kells, NJ, Kongara, K and Littlewood, KE (2023), Euthanasia of dogs and cats by veterinarians in New Zealand: protocols, procedures and experiences’, *New Zealand Veterinary Journal*, 71 (4), 172, accessed 5 November 2024, <https://www.tandfonline.com/doi/full/10.1080/00480169.2023.2194687>
6. Kogan, L and Cooney, K (2023), ‘Defining a “Good Death”: Exploring Veterinarians’ Perceptions of Companion Animal Euthanasia’, *Animals*, 13(13) 2177, accessed 5 November 2024, <https://www.mdpi.com/2076-2615/13/13/2117>
7. Dr Jackie Campbell (2024), ‘Resources for your clinic toolkit’, Australian Veterinary Palliative Care Advisory Council Conference 2024
8. American Veterinary Medical Association, AVMA Guidelines for the euthanasia of animals: 2020 edition, <https://www.avma.org/sites/default/files/2020-02/Guidelines-on-Euthanasia-2020.pdf>, accessed 10 November 2024

Animal handling

A theme around animal handling has emerged in recent complaints.

Any animal handling comes with a risk of animal-related injury.

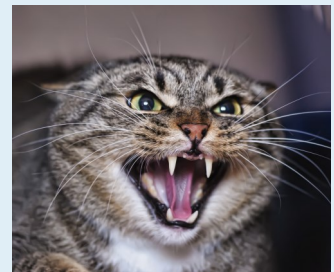


A survey of injury among Australian veterinarians reported that 51% of respondents had sustained a significant work-related injury (that is, an injury requiring hospitalisation or the veterinarian not being able to work at the usual pace for greater than or equal to 5 days).¹

The handling required for veterinary examinations, treatments and procedures can be unpleasant or painful for the animal.

The Board has created a [BoardTalk insert](#) that gives an overview of the current standards expected in relation to animal handling.

All veterinarians are encouraged to review this document and share it with their teams.



1. Fritschi, Day, Shirangi, Robertson, Lucas and Vizard, 2006, ‘Injury in Australian veterinarians’, *Occupational Medicine*, 56, 199-203, available [here](#)



AVA Workforce survey

The Australian Veterinary Association (AVA) has released its seventh Veterinary Workforce Survey report.

This comprehensive report provides an in-depth look at the current landscape of the veterinary profession, offering valuable insights into workforce trends, including graduate debt, employment patterns, and the evolving demands of veterinary services across Australia.

[Workforce Survey Report 2023](#)

[AVA Press Release](#)



Workforce capacity

On 9 June 2023 the Legislative Council of the NSW Parliament commenced an inquiry into the veterinary workforce shortage in New South Wales.

The Report of the Committee was tabled on 28 June 2024, making 34 recommendations for action to be taken by the government.

[The government response](#) was prepared by the Department of Primary Industries and Regional Development, in consultation with Department of Climate Change, Energy, Efficiency and Water; Office of Local Government NSW; NSW Education; NSW Health; Local Land Services; NSW Veterinary Practitioners Board; and NSW Transport.

A national [Veterinary Workforce Data workshop](#) led by the Commonwealth Department of Agriculture, Fisheries and Forestry (DAFF) was held 19 August 2024.

This workshop brought together a range of stakeholders representing private veterinarians, universities, government and allied sectors to the veterinary profession.

The national workshop focussed on a review of the current national veterinary workforce data available, the gaps and opportunities that could be leveraged to create a more national, coordinated and centralised approach to veterinary workforce planning.

A key recommendation from the workshop is the establishment of a taskforce to drive coordination of a comprehensive national veterinary workforce system.

The Board has collected demographic information and reported this in [Annual Reports](#) from 2007 and the recent [presentation at the AGM](#) provided additional data on hours worked and employment type.

Further analysis of workforce data in NSW will be released shortly.



The Board recognises that workforce capacity will be a significant issue in any response to an emergency animal disease outbreak and has developed a [Workforce Capacity Emergency Response](#) policy to ensure all available and willing veterinarians are able to participate if required.

All veterinarians currently working in Australia whose registration is not subject to restriction conditions will be able to participate in a biosecurity emergency or natural disaster.

In addition, retired veterinarians with honorary registration and non-practising conditions will be able to complete prescribed continuing professional development (CPD) to have these conditions varied such that they can be employed and perform restricted acts of veterinary science required in a response to a biosecurity emergency or natural disaster.

Similarly, people with veterinary qualifications and who were previously registered in Australia or New Zealand with either full or specialist registration will also be able to be restored to the register to participate in a response as above after completing prescribed CPD.

Prescribed CPD will be determined by the Board in consultation with state and commonwealth government authorities.

Data collected during the 2024 renewal process indicated that two-thirds of veterinarians registered in NSW would be willing to participate in an emergency response.

Restricted acts of veterinary science

The *Veterinary Practice Regulation 2013* (cl 4) lists restricted acts of veterinary science in NSW. [With some exceptions](#), under the Act (s 9) only a registered person (veterinarian) is able to perform these restricted acts.

Restricted acts include the following:

- Examination or attendance on any animal for the purpose of diagnosing the physiological or pathological condition of the animal
- Treatments, procedures or tests that require (according to current standards of veterinary practice), the administration of an anaesthetic agent (including sedative and tranquiliser but not topical)
- Administration of an anaesthetic agent (as above) otherwise than under the immediate and direct supervision of a veterinarian
- Listed specific procedures including laparoscopic surgery, animal husbandry procedures beyond certain ages, artificial breeding procedures involving surgery, and insertion of microchips in horses
- Insertion of any thing into certain body cavities including the nasal passage, thoracic cavity, abdominal cavity, spinal cavity, tooth alveolar cavity, and joint spaces
- Other than horses, dental procedures on animals other than tooth cleaning.

Under the Act (s 8), the restricted acts of veterinary science are reviewed by an advisory committee established by the Minister.

What about?

1. *Anaesthesia free teeth cleaning in dogs and cats*

As above, tooth cleaning is specifically excluded from being a restricted act of veterinary science.

2. *Bovine Ovum Pick-up*

This procedure in cattle involves transvaginal penetration of the peritoneum and aspiration of ovarian follicular contents with an 18-20 gauge needle using transvaginal ultrasonography and transrectal palpation. The procedure involves entry into the abdominal cavity and could also be described as an artificial breeding procedure involving surgery. It is therefore a restricted act of veterinary science.

3. *Epidural administration*

The epidural space lies within the spinal canal which is listed in the description of 'certain body cavities' and hence this is a restricted act of veterinary science.

4. *Nerve blocks*

A nerve block involves the administration of an 'anaesthetic agent' and hence, this procedure is a restricted act of veterinary science otherwise than under the immediate and direct supervision of a veterinarian. If the procedure involves entry into a 'certain body cavity', as for epidural administration, it would become a restricted act of veterinary science.

5. *Administration of restricted substances*

Non-veterinarians may only access restricted substances under the direct supervision of a veterinarian. Generally, administration of a restricted substance will not be a restricted act of veterinary science unless it involves entry into a specific body cavity or an anaesthetic agent. In the case of the latter, it may still be performed under immediate and direct supervision.

Doctors' Health Advisory Service

The [Doctors' Health Advisory Service in NSW](#) (DHAS) offers support and advice to veterinarians and veterinary students via a phone helpline.

DHAS offers confidential and independent advice and operates independently of all medical and veterinary professional organisations, including registration boards.

If you are a veterinarian 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.

DHAS HELPLINE

(02) 9437 6552

www.dhas.org.au

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.

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.

Repeat supply of restricted substances

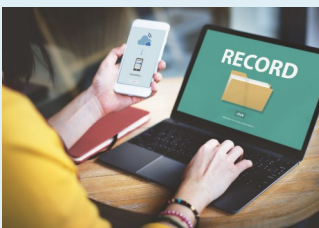
[Poisons and Therapeutic Goods Regulation 2008 \(Regulation \(cl 40\)\)](#) provides that S4 medication must not be supplied beyond 12 months from the date of the prescription.

[The Regulation \(cl 86\)](#) provides that S8 medication must not be supplied beyond 6 months of the date of the prescription.

Veterinarians must also abide by the [Code](#) (cl 4) and (cl 20) when issuing prescriptions or supplying restricted substances.

The timing between repeat supply of restricted substances therefore will depend on factors including the patient, diagnosis, stage of treatment, medication, and need for ongoing re-assessment.

But it must not be more than 12 months for S4 medications and not more than 6 months for S8 medications.



Records should indicate the number of repeat supplies recommended.

Repeat supply should also be based on a review of the records and updated history from the client.

Only a veterinarian can authorise repeat supply.

Supply of restricted substances

Veterinarians are authorised prescribers under poisons and therapeutic goods legislation in NSW for veterinary treatment only. NSW Health has published the [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#). Veterinary practice legislation is also used to regulate the supply of restricted substances.

The Board has created a [guideline for restricted substances](#) to assist the profession in meeting requirements under poisons and therapeutic goods and veterinary practice legislation.

Under poisons and therapeutic goods legislation, veterinarians are able to access restricted substances (S4 and S8 medications) and supply these to clients for animal patients. **No other person has this authority.**

This legislation also states that a veterinarian must not issue a prescription for a restricted substance (or supply) in a quantity, or for a purpose, that does not accord with the recognised therapeutic standard of what is appropriate in the circumstances.

Under the [Veterinary Practitioners Code of Professional Conduct](#) (Code) (cl 20), a veterinarian may supply a restricted substance only:

- a) To a person responsible for the care of an animal that the veterinarian 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 veterinarian who has physically examined the animal concerned or has it under his or her direct care, and only in respect of that animal.



The direct care provision enables a veterinarian to treat groups, herds or flocks of animals; the veterinarian is able to supply to multiple animals despite only physically examining one or a representative sample of animals sufficient to establish a therapeutic need. The quantity supplied must be in accordance with the recognised therapeutic standard of what is appropriate for that group of animals and no more.

The Board has recognised that the [Supply of Pain Relief Medication for Animal Husbandry Procedures](#) does not require a physical examination to establish a therapeutic need—the requirement prior to supply is to ensure an understanding of animal husbandry procedures and conditions and the number of animals to be treated.

Referrals

If you have previously examined an animal and it has been referred to another veterinarian, you may also use the records from the other veterinarian, when the patient is referred back to you, to carry on treatment initiated by the other veterinarian.

Records from the other veterinarian should provide guidance on revisits and repeats and it is important to review these records and discuss the progress of the case with the client before repeating supply.

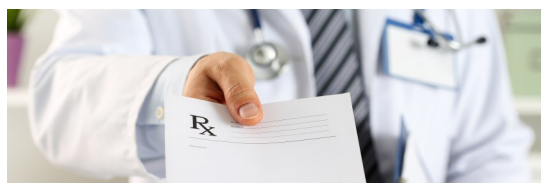
If you have never physically examined the patient previously, a copy of records from another veterinarian (from another practice) **is not sufficient** to enable the patient to be considered under your direct care. If this patient requires a repeat supply of medication the other veterinarian will need to provide you with a written authority to supply (Code (cl 20(1)(b))) or you will need to perform a physical examination (Code (cl 20(1)(a))).

Written authorities

A written authority to supply is similar in format to a prescription but unlike a prescription:

1. It is addressed to a specific veterinarian or hospital to supply
2. An electronic copy is sufficient.

The Board strongly recommends that prior to supplying on a written authority, the veterinarian contacts the treating veterinarian to discuss the case.



Issuing prescriptions—important things to remember

A veterinary practitioner:

- may only issue a prescription for S4 or S8 medicines for veterinary treatment
- cannot issue a prescription for humans
- must not issue a prescription for or supply any S2, S3, S4 or S8 medicine in a quantity or for a purpose that does not accord with the recognised therapeutic standard of what is appropriate in the circumstances
- must allow the customer choice of pharmacy (no closed loop arrangements).

Prescriptions:

- must bear the name, address and telephone number of the veterinary practitioner
- must include the species of animal and the name and address of the animal's owner (or client)
- must be endorsed with the words "FOR ANIMAL TREATMENT ONLY"
- cannot be issued on stationery bearing the name of a pharmacy
- cannot be entered into an online portal to be submitted to a pharmacy
- must bear the veterinary practitioner's 'wet signature' - i.e., an electronic signature cannot be used
- there must be a direct pharmacist-client relationship, i.e., a veterinary practitioner cannot act as a 'middle-man'
- if a prescription is sent directly to a pharmacy (of the client's choice), it should not also be given to the client.

Images of prescriptions/faxed prescriptions

- a pharmacist must ALWAYS receive a hard copy prescription
- a pharmacy is NOT permitted to dispense a medicine from an image/copy of a prescription, or faxed prescription in any circumstances other than an emergency (see below).

Emergency situations:

- in the case of an emergency, a veterinary practitioner may via telephone, email or facsimile, direct a pharmacist to supply a S4 or S8 medicine, however a hard copy original prescription must be written and sent DIRECTLY to the pharmacist within 24 hours
- the client MUST NOT be given the hard copy prescription, and it is advised that they are not given a copy of the prescription either
- for S4 medicines, the prescription must be endorsed with words that indicate the prescription has been issued in confirmation of a direction under [clause 36](#) of the Regulation
- for S8 medicines, the prescription must be endorsed with words that indicate the prescription has been issued in confirmation of a direction under clause 81 of the Regulation.

Digital signatures, prescriptions and compounded medications

Digital signatures do not constitute a legal signature for the purposes of prescribing.

If you require a compounded medication you must follow the requirements for writing prescriptions.

General requirements for handwritten prescriptions are available from the NSW Health publication [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#).



Further information on computer generated prescriptions is available from the NSW Health publication [Criteria for Issuing Non-Handwritten \(Computer Generated\) Prescriptions](#).

All veterinarians must appreciate the difference between ordering and supplying S4 and S8 medications from a veterinary wholesaler and writing prescriptions to be filled by a pharmacy, including a compounding pharmacy, and supplied to a client.

Non-veterinary staff are not permitted to provide instructions to a compounding pharmacy.



Avian Influenza H5 preparedness training

Delivered by the **NSW DPIRD Animal Biosecurity team**, this training focuses on biosecurity practices, safe handling of suspected cases, sample collection, and compliance with reporting standards.

Wednesday 11 December 2024
7.30 pm

[Register here.](#)

Further details are available on this [training opportunity](#) and on [surveillance efforts](#) from the Board's News pages.

NSW National Parks and Wildlife Service (NPWS) is hosting a webinar and a workshop for the wildlife rehabilitation sector on preparedness for H5N1.

Webinar:

Wednesday 11 December 2024
6.00 pm—7.30 pm

Workshop:

Monday 16 December 2024
6.00 pm—8.00 pm

Further details are available from the [Board's News page](#).

Prevention of cruelty to animals legislation

The NSW Government is seeking feedback on draft changes to the *Prevention of Cruelty to Animals Regulation 2025* (the Regulation).

The *Prevention of Cruelty to Animals Act 1979* (Act) is the primary legislation that sets the foundation for strategic and coordinated management of animal welfare in NSW. The Act is supported by the *Prevention of Cruelty to Animals Regulation 2012* (Regulation).

Key amendments include:

- Revising the circumstances with which certain procedures can be carried out on animals such as declawing of cats, debarking of dogs and tail docking of cattle under 6 months of age.
- Prohibiting the use of glue traps for the purpose of catching animals but will still be allowed for use on insects.
- Improving enforcement options by allowing the use of penalty notices for additional offences and increasing the existing penalty notice amounts for a range of offences.
- Implementing some requirements from the Poultry Standards and Guidelines to build upon existing layer fowl regulations.

The draft Regulation and Regulatory Impact Statement are available for public consultation and can be accessed via the [DPIRD website](#).

Written submissions on the Regulatory Impact Statement and the draft Regulation can be submitted via email at pocra.reg@dpiird.nsw.gov.au or mail to:

Prevention of Cruelty to Animals Regulation 2025
Regulatory Policy & Economics - NSW Department of Primary Industries and Regional Development
Level 3/66 Harrington St – Foreshore House
The Rocks – Sydney NSW 2000

Submissions close at 11:59 pm on Thursday 19 December 2024. Any submissions received after this time will not be considered.

Find out more at www.dpi.nsw.gov.au/draftpocra2025

Prevention of Cruelty to Animals Amendment (Puppy Farming) Bill 2024

The Board notes that under this legislation ([section 23H](#)), passed by both Houses 21 November 2024, there is a lifetime breeding cap for dogs of five deliveries by any method or three deliveries by caesarean.

A caesarean delivery is where at least one offspring is born using a caesarean section operation.

If the dog has had two deliveries by caesarean the person in charge of the dog must not allow it to become pregnant **without written approval from a veterinary practitioner**.

Written approval requires the veterinary practitioner to be reasonably satisfied the pregnancy will not cause significant risk to the health of the adult dog.

Further details regarding these changes are available from the Board's [News section](#).





Pet Registry update

Work is currently in progress to implement Link My Pet, and is anticipated to be ready for release in the first quarter of 2025.

Link My Pet will allow breeders and pet owners to search for their pet using their microchip number and connect them to their new NSW Digital Pet Registry account.

Discovery work for the next stage of the NSW Pet Registry has begun. You can contribute your voice by completing an anonymous survey (approx. 5-7 mins).

[Complete the survey](#)

New forms

The NSW Pet Registry forms have been re-designed and reverted to single page forms. They are available to download from the NSW Pet Registry website.

[Download the new forms](#)

Microchipping information session: resources

[Questions to ask breeders before microchipping](#)

[Webinar Q&A](#)

[Webinar presentation pack](#)

[Webinar recording](#)



Contact us

NSW Pet Registry
pets@olg.nsw.gov.au
1300 134 460



Wildlife rehabilitation sector review 2024

This review will examine challenges, identify opportunities and help guide future support for the wildlife rehabilitation and associated veterinary sectors.

It will be led by the Parliamentary Secretary for the Environment, Ms Trish Doyle MP, and will advise the Minister for the Environment, the Hon. Penny Sharpe MLC, of opportunities to improve support to the wildlife rehabilitation sector.

A report will be published on its findings.

A [discussion paper](#) is available from the Environment and Heritage website.

Stakeholder participation is vital to the success of the review to ensure the next steps are informed by those undertaking this valuable work.

There will be a range of options for engagement: [complete a survey](#), attend a roundtable or site visit in the local area, as well as providing submissions.

[Engagement with stakeholders](#) via roundtables and site visits is planned until March 2025.



Antsee Hub for Inherited Diseases in Animals

The Antsee Hub for Inherited Diseases in Animals (AHIDA) is an online platform for reporting and surveillance of inherited diseases in Australia.

All animals harbor both beneficial and detrimental genetic variants within their genome, some of which may give rise to inherited diseases.

Surveillance and reporting of animals with suspected or confirmed inherited diseases is essential to allow early detection of emerging inherited diseases and to monitor prevalence of known conditions.



The Sydney School of Veterinary Science has therefore developed and recently launched [AHIDA](#) - an online across-species reporting and surveillance platform for inherited diseases in Australian animals.

Animal owners or veterinarians can submit information about animals with suspected or confirmed inherited diseases.

The portal has been approved by the University of Sydney's ethics committee (see details in the AHIDA portal) and is funded by the Ronald Bruce Anstee Bequest.

Please contact the AHIDA team at ahida.admin@sydney.edu.au for additional information.

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:

Magdoline Awad (President)
 Peter Alexander
 Allison Harker
 Paul McGreevy
 Sandra Nguyen
 Ellenor Nixon
 Julie Simmons
 Neil Walton

Veterinary Practitioners Board
 Suite 7.09, 247 Coward St
 Mascot NSW 2020

T: +61 8338 1177
 E: admin@vpb.nsw.gov.au
 W: 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.

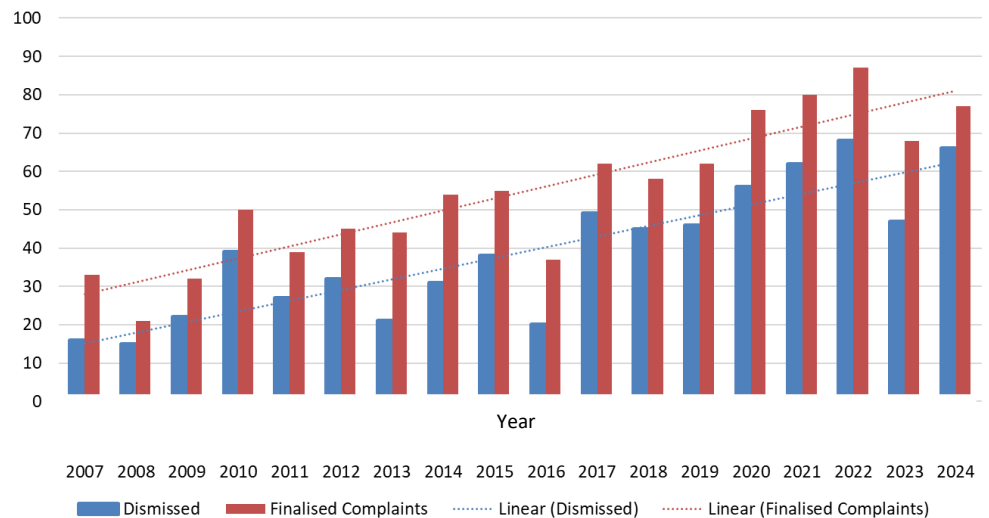
Activities of the Board (continued)

Investigation of Complaints

Last financial year, the Board finalised 59 complaint investigations involving 77 veterinarians. There were 71 new complaints against veterinarians and the number of new complaints against veterinarians has grown by 6.3% annually since 2007 but fell by 3.2% annually over the last 5 years.

Further information and statistics on complaints against veterinarians are available from the [statistics page](#) of the Board's website.

Figure 3 Number of complaints against veterinarians 2007-2024



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