

# BoardTalk

## President's Report

This year marks the centenary of registration of veterinarians in NSW.

The *Veterinary Surgeons Act 1923* led to the formation of the Board of Veterinary Surgeons and the holding of its first meeting in February 1924. Prior to this legislation any person was able to refer to themselves as a veterinary surgeon or veterinarian.

To commemorate this significant milestone Her Excellency the Honorable Margaret Beasley Governor of NSW and Mr Wilson hosted a function at Government House 26 February 2024.

The Governor's address highlighted the outstanding contributions veterinarians have made over the last 100 years. In responding, I was privileged to announce the Board's intention to mark this milestone through the establishment of a committee to review the last 100 years of the profession in NSW and, aligned with the Board's purpose, award centenary medals to those who had made significant contributions to the profession, animal welfare and public health.

The Board sincerely thanks the Centenary Committee, led by Emeritus Professor Paul Canfield for their extensive research in compiling a chronological record that provides a fascinating insight into individuals, organisations and events that have shaped the profession over the past 100 years.

This research is now available to the profession and the public through an [e-book](#) on our website.

Based on this research the Committee will award a small number of individuals as worthy recipients of a Centenary Medal and these awards will be presented at Parliament House in June.

[Continued p. 20](#)

## Registration and licence renewals are due

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

Registration renewal requires completion of the Annual Return followed by payment of the registration renewal fee of \$320 (unless honorary).

The [annual renewal process](#) has changed but is still completed online using a [Vet Login](#) for our new portal. If you experience any difficulties please call or [email the office](#).

You will need to [complete migration](#) of your details to the new portal prior to completing the annual renewal process this year so please don't wait.

A late fee of \$55 applies to registrations renewed after 30 June and if you have not renewed by 31 July your name will be removed from the Register. Restoration to the Register under these circumstances will incur an additional fee equal to the registration fee.

**Licence renewals** are completed from the [payments page](#) of the website

Don't be late!



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### Please help with these surveys

[Respiratory rates in dogs with heart disease—for dog owners](#)

[Enhancing veterinary passive disease surveillance in livestock in NSW](#)

[Wildlife disease surveillance survey](#)



## A new website portal

Over the last few years the Board has been developing and testing a new website portal to simplify interactions between the profession and our office and improve our services.

The first stage of release of this portal will allow veterinarians to complete all required tasks associated with registration online.

### Migration of your details

Firstly, veterinarians will need to migrate their data to the new portal. This requires you to create a login for the new portal using your current registered email address and then **verify your mobile phone number and home, work and mailing addresses.**

To begin this process follow the link in the email sent to your registered email address or go to the [Vet Login](#) page on the website and click on [I forgot my password](#).

You can complete this process on a computer, tablet or your mobile phone.

A [short video](#) and [presentation](#) are available to assist you with this process.

Once completed you will see your new personalised dashboard which you will use to:

- change your details
- change your registration division
- manage your interactions with the Board
- notify the Board of any languages other than English you speak
- request a Letter of Professional Standing to work interstate or overseas
- create and manage your CPD diary
- complete your annual renewal requirements.

### Annual renewals

Once you have migrated your information you will be able to [login](#) to complete your annual renewal requirements. Your dashboard (Image 1 opposite) will have a message reminding you to do this before 30 June with a button to annual renewal.

Before completing your annual renewal make sure you have checked the number of structured and unstructured CPD points you completed during the current registration period (1 July 2023 to 30 June 2024).

After clicking on the Annual Renewal button you will be guided through the Annual Return form which is similar to previous years and then to the payment page.

**You must complete your Annual Return prior to paying your registration renewal.**

The payment system (Image 2 opposite) will now allow you to pay or to send the payment details to someone else to pay on your behalf.

Payment is through the secure Customer Payment Platform developed by Service NSW and you can pay using a credit card (Visa, MasterCard, American Express, Diners Club or UnionPay), PayPal, PayID or BPay.

From the Payment tab (Image 3 opposite) on the dashboard you are able to view and download a copy of your tax invoice.

A [short video](#) and [presentation](#) are available to assist you with this process.

### Feedback

We have done our best to make this process as easy and efficient as possible and to create a portal that is functional, useful and user friendly but we know it can always be improved.

Please take a few minutes to [provide us with your feedback](#) on this new system.

### Registration renewals

Registration renewals must be completed by 30 June 2024 for the registration period 1 July 2024 to 30 June 2025.

The registration fee is \$320.

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

Prior to completing your Annual Return this year you will need to migrate your information to our new portal.

If you have not done this yet, click on [I forgot my password](#) and follow the prompts to migrate your details.

Once you have completed the migration process the [Login](#) will take you to your new dashboard and a button to complete your renewal requirements.

**Problems with migrating to the new portal or completing your annual renewal?**

[Email](#) or call the office 8338 1177.

Image 1—Dashboard view

Dashboard Hospitals

Dr Charles Montgomery Burns  
Nuclear Family Veterinary Hospital  
+61 0400 111 111  
excellent@gmail.com

Registered NSW V 1000000  
Division Full  
Conditions No  
Declarations No  
Expiry Date 30 June 2024

Personal, Registration, Qualifications, Conditions & Declarations, Employment, Supervision, Applications, Payments, Correspondence, Letter of Professional Standing, Continuing Professional Development, History

Please complete your annual renewal by 30 June

Name: Dr Charles Montgomery Burns  
Preferred name: Monty  
Date of birth: 06 August 1945  
Age: 79 (70's)  
Gender: Male  
Country: Australia  
Languages known: No  
Notifications: Yes

Image 2—Payment page

Dashboard Hospitals

Dashboard / Annual Renewal

Contact Details, Address Details, Employment, CPD Details, Emergency Responses, Offence Declaration, Health Declaration, Conduct Declaration, Application Summary, **Payment**

**Payment**

**Important**  
Your Annual Return has been submitted. Please ensure your registration renewal fee is received before 30 June

**Fee**  
Registration renewal: \$320.00  
Total Fee: \$320.00

Pay invoice now  Send invoice to someone to pay on my behalf

Please provide the name and email address of the person who will be paying your annual renewal fee and an invoice will be emailed to them along with a link to make the payment.

Name\*  Email\*

Exit Send Request Email

Image 3—Download your tax invoice

Dashboard Hospitals

Dr Charles Montgomery Burns  
Nuclear Family Veterinary Hospital  
+61 0400 111 111  
excellent@gmail.com

Registered NSW V 1000000  
Division Full  
Conditions Yes  
Declarations No  
Expiry Date 30 June 2025

Registration renewal complete.

**Payments**

Date	Form Name	Fee Description	Amount	Status	Transaction Type	Reference No.	Completion Ref.	Action
07/05/2024	Annual Return	Registration Renewal Fee	\$320.00	COMPLETED	Payment	GPP-DIG-HCtnU0v8SS9GQ5Y99GdEzWQ	D4KBKUQRD	View Tax Invoice



## Complaints Committee Report

Consistent with the last reporting period, the Board reviewed and determined 26 complaints made against 33 veterinarians between November 2023 and April 2024.

Six complaints involved more than one veterinarian at a veterinary hospital or involved multiple veterinary hospitals.

Twenty-two complaints were dismissed.

### Unsatisfactory professional conduct

Findings of unsatisfactory professional conduct were made against four veterinarians. Each veterinarian had conditions imposed on their registration; two were required to complete relevant CPD, one was required to provide the Board with copies of their clinical records, and another was required to provide the Board with a copy of a protocol implemented at the hospital addressing the issues raised in the complaint.

#### *Communication and record keeping*

Whilst findings against veterinarians were not made in most complaints this reporting period, the Board has identified a theme of deficiencies in communication and record keeping in many complaints it considered.

Veterinarians should take care to ensure that their communication with clients, and indeed with their colleagues within veterinary practices, is thorough and clear. Protocols for handover of cases between veterinarians within a veterinary practice are strongly encouraged.

Time and care should also be taken to ensure that consent has been provided for procedures before they are performed.

Details of communication by **all** staff with clients should be noted in the patient's clinical record.

This includes discussions that occur at admission regarding consent, discussions about costs at all stages of treatment, treatment plans (especially when there are changes to the treatment plan), patient updates for hospitalised patients and when a client raises concerns with any member of staff.

The Board will always advise complainants who call regarding complaints to speak to the hospital superintendent where applicable as most complaints should be able to be resolved at a practice level with good communication and appropriate complaints handling processes.

Implementing appropriate formal internal complaints handling processes at a practice level may decrease the incidence of complaints being made to the Board.

#### *Informed consent*

A veterinarian was found to have breached the [Veterinary Practitioners Code of Professional Conduct \(Code\) \(cl 7\)](#) in circumstances where the client had provided consent for a laparoscopic spay, but a traditional midline spay was performed instead.

The client had attended the practice specifically because it offered laparoscopic spays and the treating veterinarian had provided a written costs estimate for this procedure.

When a nurse admitted the patient on the day of the procedure, the consent form signed by the client included the price estimated for a laparoscopic spay and the veterinarian performing the surgery was the same person that had undertaken the initial consultation with the client to discuss laparoscopic spays.

The consent form had listed the procedure to be performed as a 'spay' rather than a 'lap spay'.

The veterinarian recalled that the client had enquired about a laparoscopic spay but failed to confirm that the client wanted to proceed with a midline spay instead. The client believed she had provided consent for a laparoscopic spay.

Whilst the Board acknowledged that the outcome for the patient was the same regardless of the surgical method employed, it found that the veterinarian had performed the procedure without informed consent from the client.

The superintendent of the practice was required to provide the Board with a copy of an updated protocol for patient admissions.

### Treatment waivers

Treatment waivers are often employed where there is disagreement between the veterinarian and client as to how the patient will be treated. However, asking a client to sign a treatment waiver may damage the vet-client relationship or lead to a confrontation.

Where a client declines recommended treatment you should **document your discussions with the client in the clinical record**.

As an alternative to a treatment waiver, consider providing a summary of your concerns and recommendations about the patient's health in a discharge summary.

This provides a written record for the client of your discussion and may help avoid a confrontation that may arise out of a request to sign a treatment waiver.

## Unsatisfactory professional conduct (cont'd)

### Record keeping

The [Code \(cl 15\)](#) requires veterinarians to create detailed records of any consultation, procedure or treatment as soon as is practicable.

Details in the record must be sufficient for another veterinarian to continue the care of the animal. The record must also include the results of any diagnostic tests, analysis and treatments.

A finding of unsatisfactory professional conduct was made against a veterinarian who failed to record any findings related to brachycephalic obstructive airway syndrome (BOAS) in four dogs that had been diagnosed with BOAS after being seized by the RSPCA.

The veterinarian submitted that they were able to recognise anatomical components and clinical signs of BOAS, but that they had not recorded these in the patient's clinical history.

The Board issued the veterinarian with a caution, and they were required to provide copies of ten clinical records every three months, covering a range of medical and surgical procedures, and involving brachycephalic dogs.

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The main legislative themes for this recent period were communication and record keeping, current standards of veterinary practice, informed consent, and utilisation of skills of colleagues.

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### Current standards

A finding of unsatisfactory professional conduct was made against a veterinarian who failed to provide advice about the treatment of chronic kidney disease (CKD) that was in accordance with current standards of veterinary practice.

A feline patient with CKD was deteriorating. The veterinarian had appropriately offered euthanasia. However, this was declined by the client.

The veterinarian offered no palliative treatment options to the client apart from a dexamethasone injection.

This was considered to be in breach of current standards of veterinary practice ([Code \(cl 4\)](#)).

The veterinarian was required to complete CPD in the management and prognosis for cats with renal disease.



### Utilisation of skills of colleagues

A Dachshund presented for concerns about its ambulation. The veterinarian identified severe proprioceptive deficits and pain on palpation of the spine.

The veterinarian correctly indicated they were concerned that the dog had intervertebral disc disease (IVDD) and recommended cage rest, monitoring, and NSAID analgesia (as the client had already provided a dose of NSAID at home).

The veterinarian gave advice that the dog should return to the veterinary hospital the next day if it did not improve.

However, the veterinarian did not offer or recommend that the dog be taken to an emergency centre overnight if it deteriorated, or offer or recommend referral for specialist care, both of which would have been appropriate in the circumstances ([Code \(cl 5\)](#)).

The veterinarian was required to undertake CPD in the management of acute IVDD in dogs.

### Health Program

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

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

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

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

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

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

# Hospital Inspections Report

The hospital inspection program provides a vital link between the Board and the profession and plays a significant role in ensuring the Board achieves its main functions of promoting animal welfare and protecting the public.

In addition to hospitals, the Board's inspectors John Rota and Jennelle Ferrier will also be inspecting unlicensed premises such as ambulatory and home visit practices.

Self-assessment guidelines detailing the inspection process for [licensed premises](#) and for [unlicensed premises](#) are available from the Board's website.

Here are some common themes from the most recent round of inspections.

### Isolation areas

All hospitals must have patient accommodation compliant with general requirements and available for isolating animals that are suffering from suspected infectious diseases. This area must provide a physical and air space difference from all other areas of the hospital so as to prevent the spread of disease to those other areas.

Sometimes the dedicated isolation area is being used as temporary storage. Whilst space is often at a premium, this is a gentle reminder of the necessity of having a dedicated space to be available as an isolation ward. Also highlighting the necessity of having adequate heating, cooling and ventilation to ensure a comfortable environment for patients in this area.

### Management of controlled drugs

Many veterinary practices have now moved to using software or electronic drug registers such as Vet S8 to manage their controlled drugs.

Recording and management of S8 medications is an important component of inspections and one relatively common area of difficulty is accounting for the use of infusions with multiple S8 medications.

Information from the Pharmaceutical Regulatory Unit, NSW Ministry of Health on how to record the use of S8s when used in infusions with multiple S8 drugs is available in this [issue of BoardTalk](#).

Both John and Jennelle now have authority from NSW Health to record the destruction of S8s if required.



### Embedding of patient and hospital information on radiographs

As noted previously in BoardTalk (see December 2022 and [June 2023](#)) it must be possible to trace diagnostic images to the client, animal, area, date, and any left and right or other appropriate markers.

Alex Marriott from Radincon has provided the following summary to assist the profession in meeting this requirement:

*The standard for diagnostic image storage is for the images to be stored in DICOM format in a PACS. This ensures that images are reliably identifiable and retrievable, and viewed in high quality. Patient and study information is contained in the DICOM file, some of which may or may not be 'burned' on to the image. A common function of DICOM viewers is to display a text overlay containing various patient and study information, which may be toggled on or off, but is often off by default. In some practices this is a software limitation. In others it is simply a matter of saving in the appropriate format.*

Diagnostic images saved as non-DICOM files without patient or study information are not compliant with record keeping requirements.

Please contact your software provider to ensure patient and hospital information is able to be readily traced to the image.



## Hospital licence renewals

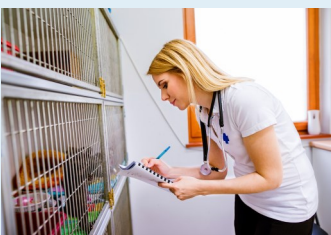
Hospital licence renewals must be completed by 30 June 2024 for the registration period 1 July 2024 to 30 June 2025.

The licence renewal fee is \$370.

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

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

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



## There's something about Mary

Sadly, Mary Lydamore, Deputy Registrar and Complaints Officer will be leaving the Board in July. Anyone who has contacted the Board over the last 18 years is likely to have benefitted from her wisdom and empathy.

Mary started with the then Board of Veterinary Surgeons of New South Wales as an Administration Assistant 27 March 2006 bringing a strong administrative and customer service background.

Mary had previous roles in the funeral industry, medical industry and aged care, and her experience in dealing with families at a crucial time of need proved to be a valuable asset to the Board.

Over the years her compassion, empathy and diplomacy together with administrative and business skills led to the evolution of her role and her increased importance to the Board, the public and the profession.

Mary was open to change and initiated and strongly supported continuous improvement of all the Board functions—including social functions!



Image: Mary Lydamore (right) and Kate Drew (left), Centenary Celebration, Government House 26 February 2024

As Complaints Officer, Mary provided much needed support to veterinarians and the public. Realising the importance of this role Mary explored the benefits of and then attained qualifications as a counsellor.

As Deputy Registrar from 2012 Mary provided valuable assistance to the new Registrar and newly appointed board members. Continuing this theme Mary is now supporting current staff to assist with our transition.

As Mary, she was simply the heart of the office.

The Board and staff, and I am sure all members of the profession in NSW, would like to express their sincere gratitude to Mary for her dedication and significant contributions to the functioning of the Board over the last 18 years. Most importantly we wish her health and happiness into the future.

We will miss you Mary.

## 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

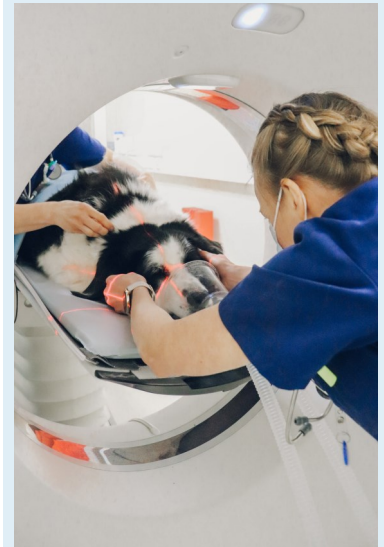
NSW Helpline 02 9437 6552 (7days)  
[www.dhas.org.au](http://www.dhas.org.au)



### PetSure Pet Health Monitor

PetSure has released its [Pet Health Monitor](#) publication for 2024.

Data for this publication is derived from claimed veterinary visits in 2023 and is designed to be client-facing.



The report provides information on pet health trends, conditions and pet health care costs.

The focus this year was particularly on the comparison of veterinary and human health care costs.



This publication may assist the public in gaining a better understanding of the factors that contribute to veterinary care for their pets.



## Boarding cats and dogs

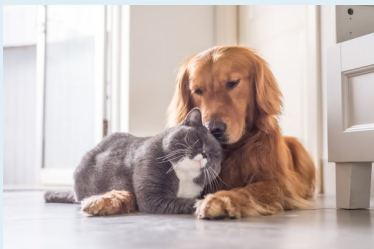
Some veterinary practices offer boarding options for dogs and cats.

[The NSW Animal Welfare Code of Practice No 5](#)—Dogs and cats in animal boarding establishments outlines the standards for care and management of dogs and cats in all animal boarding establishments.

This includes veterinary hospitals offering boarding facilities.

The Board does not generally investigate complaints in relation to animal boarding facilities.

However, it is important for clients to realise that the level of care is based on requirements of the above Code and, unless admitted to the veterinary hospital, not the same level of care as would be applied to a dog or cat in a veterinary hospital.



## Consumer guarantees when purchasing pets

### Implications of *Taylor v Lay* for veterinarians in NSW

Under NSW law, pets are considered “goods”. As a result, purchasers of pets are entitled to ‘consumer guarantees’ under the [Australian Consumer Law](#).

One of the protections afforded under the consumer guarantees is that goods sold will be of an ‘acceptable quality’.

What this means in relation to the purchase of brachycephalic dogs in NSW was explored in the recent decision by the NSW Civil and Administrative Tribunal Appeals Panel in [Taylor v Lay \[2023\] NSWCATAP 328](#).

This case involved a claim by the owner of a British Bulldog puppy, called Bobby, who was diagnosed with Brachycephalic Obstructive Airway Syndrome (BOAS) approximately 4 weeks after purchase.

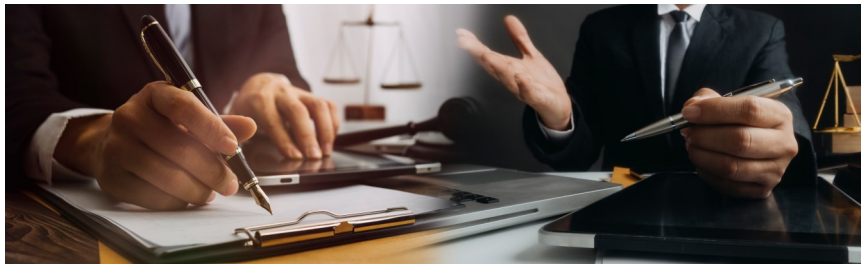
His treatment incurred considerable veterinary fees. The owner claimed against the breeder for the purchase price of the dog (awarded), the veterinary fees incurred up to a certain date (awarded) and future veterinary fees (denied).

During the case, veterinary records were submitted by Ms Taylor and analysed by the Tribunal.

[This case](#) highlights one of the ways that veterinary records can be utilised in legal proceedings.

For helpful information for your client about consumer guarantees when purchasing pets, see the [NSW Department of Fair Trading](#).

An article in the [Conversation](#) provides further discussion and opinion on the role of veterinarians with respect to brachycephalic dog welfare.



## Risk management

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 16) requires that a veterinarian, where practicable and before providing veterinary services in relation to an animal, inform the client of:

- a) The likely extent and outcome of the veterinary services
- b) The estimated cost of those services

The Code (cl 7) requires the veterinarian, where practicable, to obtain informed consent from the client prior to providing veterinary services.

These clauses emphasise the importance of client communication in managing risks. Informed consent requires an understanding of likely risks, such as medical and surgical complications, and these risks may impact the likely extent and outcome or prognosis.

Following up with the client is also important as it enables the veterinarian to assess the response to treatment and improve patient outcomes and client satisfaction, thereby reducing risk.



## Can veterinary nurses give booster vaccinations?

The administration of a vaccine, or any medication or restricted substance other than an anaesthetic agent, is not defined by the [Veterinary Practice Regulation 2013 \(cl 4\)](#) as a restricted act. Any person is legally able under this legislation to give booster vaccinations.

However, access to vaccines and other restricted substances (S4 and S8 medications) is only possible under the direct supervision of a veterinarian. For a non-veterinarian to administer a vaccine or other restricted substance **the veterinarian must be on the premises and must have authorised access to the medication.**



A veterinarian must also have physically examined the animal or have the animal under their direct care in order to supply the restricted substance.

In the case of booster vaccinations, this is in effect a repeat supply of an S4 for an animal under the direct care of a veterinarian (based on previous physical examination).

It would be appropriate for the veterinarian after the first injection to record a repeat at a particular interval (for example 4 weeks) for a booster and check at that time that the client consents to the booster being administered by a nurse.

When the client returns a checklist is helpful as is confirmation of consent. The veterinary nurse would confirm the details, medication and dose if required with the veterinarian and the veterinarian would then supervise access to the vaccine. These details and the supervising veterinarian at the time should be recorded.

The veterinarian remains responsible for the actions of the nurse and under the [Veterinary Practitioners Code of Professional Conduct \(cl 13\)](#) is responsible for ensuring the veterinary nurse has the skills, knowledge and available equipment to perform the procedure in accordance with current standards.

With respect to vaccines, the signing of the certificate is problematic in that for the veterinarian to sign they need to have 'personally provided, or supervised the provision of, the veterinary service'.

In this circumstance, the veterinarian has supervised access to the vaccine but not necessarily the administration and hence the veterinary nurse would sign the certificate (importantly not a veterinary certificate). This may have implications for the client should the animal require boarding.

For further information see the Board policy [Supervising of Non-Veterinarians](#) and BoardTalk December 2022 [What can veterinary nurses do?](#)

The [restricted substances protocol guideline](#) provides further information on storage and supply of restricted substances.

## Supervision

The [Veterinary Practice Act 2003 \(s 19\)](#) provides that the Board may impose conditions on the registration of a veterinarian.

One common example is for veterinarians who have been granted limited registration—veterinarians who do not have a primary veterinary qualification approved by the Australasian Veterinary Boards Council.

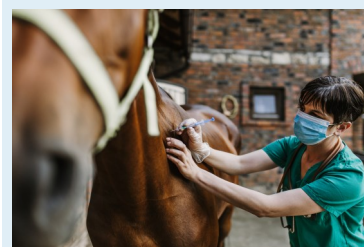
One of the conditions imposed on limited registration is that the registrant must only perform restricted acts of veterinary science under the supervision of a veterinarian with full or specialist registration not subject to conditions.

Supervision is defined as immediate, direct and indirect and the level of supervision required is dependent on an assessment by the supervising veterinarian of the knowledge, skills and abilities of the registrant and the individual circumstances. Ultimately, failure to provide adequate supervision is defined by the Act (s 35(f)) as unsatisfactory professional conduct.

For further information see the Board policy [Requirement for Supervised Practice](#).

### AVBC Day One Competencies

The Australasian Veterinary Boards Council (AVBC) released its updated [Day One Competencies](#) in January 2024.



This document describes the knowledge, skills and abilities veterinarians must possess at the time of completion of their veterinary studies and accordingly informs students, educators, employers and the public of the competencies expected of a day one veterinary graduate.



The AVBC is responsible for ensuring accredited veterinary education programs meet these standards.

Beyond graduation, veterinarians need support from employers, colleagues and peers to ensure these competencies continue to develop throughout their careers.



## Informed consent

The Veterinary Practitioners Code of Professional Conduct (Code) (cl 7) requires a veterinarian, where practicable, to gain informed consent from the client prior to providing veterinary services to an animal.

The Code (cl 16) also requires a veterinarian, where practicable, to inform the client of:

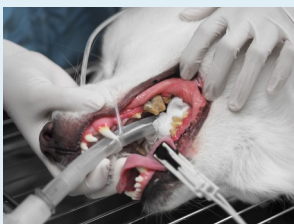
- a) The likely extent and outcome of the veterinary services and
- b) The estimated cost of those services.

The Board occasionally receives complaints against veterinarians for procedures completed without consent whilst the animal is anaesthetised for performance of a consented procedure.

If, whilst the patient is under general anaesthetic, a veterinarian finds an additional procedure for which consent has not been granted the veterinarian may:

1. Attempt to contact the client to gain consent
2. Use a staged approach to procedures—discuss and gain informed consent after performance of the original procedure.

It may be tempting to perform the additional procedure in the best interest of the animal and client but this may lead to a complaint to the Board.



## Abandoned animals

Veterinarians often call the Board's office seeking guidance about clients not returning to pick up treated animals. The Board provides the following information for veterinarians in these circumstances.

### Prevention is best

1. Firstly, ensure admission forms and records include as many details as possible about the client such as home and work phone numbers (and not just a mobile) and a street address (not just a post office box).
2. Ensure as best you can that you are dealing with either the person who is actually responsible for the care of the animal.
3. Ensure that you obtain informed consent from the person responsible for the care of the animal before providing veterinary services to the animal. Informed consent must include the likely extent and outcome of the veterinary services and an estimate of the costs of those services.
4. Explain any payment policies adopted by your practice prior to admission.

### Next steps

1. If the animal has not been collected at the arranged time, attempt to contact the client by phone to politely inform them that their animal is now ready to go home.
2. If the client is reluctant to pick up the animal because of lack of funds you will need to discuss payment options (as above it is best to have a written policy on these and to communicate these earlier).
3. If you are able to work out a payment plan put this in writing and note the possibility of further action if the agreement is breached.

### Further steps

1. While the animal remains in your possession you have to feed, water and look after the animal and if you have chosen to hold the animal while awaiting payment then you are responsible for these costs.
2. If you are unable to contact the client by phone the next step is a letter posted to the address or addresses available. Provide details of the animal's progress, include a detailed account, payment option information if appropriate and invite immediate contact. The letter should also include a deadline after which date you will consider the animal to be abandoned.



If all the above fail and you are left with an abandoned animal, the final step is to surrender the animal to the local pound.

You are not able to re-home an animal abandoned at your hospital.

If you would like to assist with arrangements to find a new home for the animal talk to your local pound or a [Designated Rehoming Organisation](#) about options.

## Availability for care

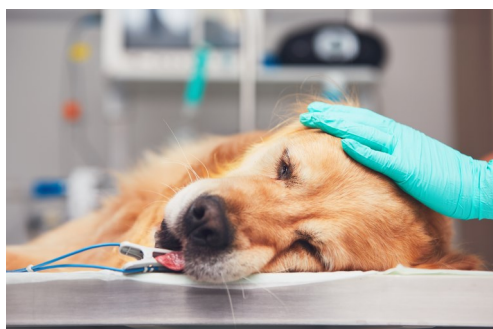
When a veterinary practitioner accepts an animal for diagnosis or treatment there are very clear responsibilities and codes of professional conduct that go with the service being provided.

These are to ensure the care of the animal is to current standards, and that the client is informed about ongoing care.

Under the Veterinary Practitioners Code of Professional Conduct ([Code \(cl 8\)](#)) a veterinarian, when accepting an animal for diagnosis or treatment must:

- a) Ensure that they are available for the ongoing care of the animal, or
- b) Ensure that if they will be unavailable, make arrangements for another veterinary practitioner to take over the care of the animal.

The situation may arise for example, where a veterinarian initiates the diagnosis and care of an animal but may be unavailable for the next day or more to continue with the ongoing care.



In these circumstances the veterinarian is expected to ensure a veterinary colleague has all of the relevant information to continue the care to current standards. In addition to the value of a verbal handover, the [Code \(cl 15\)](#) requires records to be in sufficient detail to enable another veterinarian to continue the treatment of the animal.

In another situation an animal may be admitted to hospital and warrant monitoring overnight. It may be the case where the veterinarian does not provide overnight monitoring of animals in their hospital.

In these circumstances the veterinarian is expected to discuss the situation with the client so they can be given the available options such as hospitalisation without overnight care, or transfer or referral to a veterinary hospital with 24 hour care.

If the animal is transferred to another veterinary hospital the client should be provided with the contact details for the hospital.

If not hospitalised, it is important for clients to be aware of what to do in an after-hours emergency, or when an animal develops an unexpected complication or the client has concerns.

The veterinarian must be available to provide the care that is required, or direct the client to another veterinary hospital that is able to provide that care.

In this situation, the veterinarian should have made arrangements with the other veterinary hospital to ensure they are aware and agree that after-hours emergencies may be referred to them.

### After hours care

The Board appreciates that providing a 24 hour service is demanding and this is a situation which has been accentuated by the shortage of veterinarians in NSW. In order to meet requirements under the Code the following options are available to veterinarians:

1. Make arrangements with veterinarians providing an after hours referral service and provide the details of this service to your clients.
2. Make arrangements with your colleagues to share after hours duties.
3. Provide contact details for after hours emergencies to your clients only. You are not required to accept an animal for after hours care if you have not previously accepted the animal for diagnosis or treatment.

The Board appreciates that after hours referral services may require the client to travel a significant distance and it is appropriate to discuss approximate travel time with the client.

## Registration renewals

Registration renewals must be completed by 30 June 2024 for the registration period 1 July 2024 to 30 June 2025.

The registration fee is \$320.

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

You will need to complete your Annual Return prior to paying your registration renewal fee this year.

If you have not yet migrated your information to the new portal you will need to click on [I forgot my password](#) to create a login.

Once you create your new password you will be able to login and confirm your mobile phone number and address details.

From this point you will see your dashboard and the Annual Renewal button.

### Problems?



**Don't forget, this year only, you need to [migrate your details](#) first.**

**If you no longer have access to your registered email address please [contact us](#).**

**If you cannot complete the form please take a screenshot and [send it to us](#).**



## Consent for euthanasia

Euthanasia in veterinary practice can be a stressful experience for clients and veterinary staff. Additional stress can occur where the circumstances around a request to euthanise an animal cause a veterinarian to question who can actually provide the required consent.

In considering the issue of consent, the overall aims for a veterinarian should be to:

1. Avoid a situation where a pet is euthanised without the required standard for consent being met
2. Ensure that animals for whom euthanasia has been requested do not experience any unnecessary pain or suffering.

Under the Veterinary Practitioners Code of Professional Conduct (Code) (cl 7) veterinary practitioners must, where it is practicable to do so, obtain informed consent of the **person responsible for the care of an animal** before providing veterinary services to the animal.

It is important to note that the legislation **does not** require that informed consent is obtained from the **owner** of the animal. Rather, a veterinary practitioner needs to satisfy themselves that the person who has provided consent for euthanasia is the person *responsible for the care of that animal*.

Whilst verbal consent is acceptable, written consent ensures that there is a record between the parties. It is important to clarify any questions the person may have about the procedure and explain the costs involved **before** euthanasia is carried out ([Code \(cl 16\)](#)).

The Board recommends that euthanasia consent forms are completed prior to an animal being euthanised and suggests that the wording of such forms include a statement that the person providing consent is “*responsible for the care of the animal*”. If a complaint does arise, this is an invaluable defence for the veterinarian.

A veterinarian can decline a request to euthanise an animal.

A veterinarian may also offer to take responsibility for an animal that they do not wish to euthanise. Documentation supporting the transfer of ownership in such circumstances should be very clear. If the animal has not been microchipped it is best to discuss this situation with the local pound or the Office of Local Government.

If a veterinarian is not satisfied that the person requesting euthanasia is a person responsible for the animal’s care, the euthanasia should be postponed or declined.

An example of this may be where a person requests euthanasia for an animal that has not been previously seen by a particular veterinary hospital, where there are requests for euthanasia of multiple animals simultaneously or a person “drops an animal off” to be euthanised.

When requests for euthanasia are postponed or declined, veterinarians are reminded that under the [Code \(cl 2\)](#) a *veterinary practitioner must at all times consider the welfare of animals when practising veterinary science*. Unfortunately, there may be situations where a veterinarian’s refusal to euthanise an animal may cause them to fear for that animal’s ongoing welfare.

In such a circumstance, veterinarians are encouraged to contact their relevant animal protection agency or consider if they are able to exercise their power under the [Prevention of Cruelty to Animals Act 1979 \(s 26AA\)](#). Under this section, a veterinarian may take possession of the animal for the purpose of euthanasia if the animal is so sick, injured or in such a condition that it would be cruel to be kept alive.

A contemporaneous record of such discussions and decisions must be maintained and where possible a second opinion from a colleague should be sought.

Decisions around euthanasia are fraught with legal, ethical and emotional considerations. If decisions around euthanasia are causing difficulties for you, the Board encourages you to seek assistance from one or more of the following services available to veterinarians:

### [Doctors Health Advisory Service:](#)

02 9437 6552

### [Beyond Blue:](#)

1300 224 636

### [LifeLine:](#)

131 114

### Respiratory rates for dogs with heart disease—a survey for dog owners

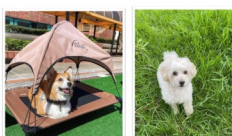
We’re conducting a research study on sleeping respiratory rates (SRR) and resting respiratory rates (RRR) in dogs with myxomatous mitral valve disease (left sided heart disease).

The aim of this study is to determine practices used by owners of dogs with left sided heart disease when measuring their dogs SRR/RRR and to identify what difficulties they experienced.


**The survey is anonymous and open to ALL owners (over the age of 18 years old) of dogs with MMVD, including those within the veterinary profession.**

We would be delighted if you could share the link with those you know who may be interested in completing this survey, or if you live with a dog with MMVD, if you could [complete the survey](#).

Anne Quain and Hoi Yan Tsang  
The University of Sydney



Do you live in Australia and own a dog with heart disease?



THE UNIVERSITY OF SYDNEY  
If you are invited to participate in a Research online survey via the QR code link below  
<https://resrates.sydney.edu.au/survey>  
If you are invited to participate in a Research online survey via the QR code link below  
This survey is open to dog owners over the age of 18  
Should you have any questions please contact  
anna@resrates.sydney.edu.au

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## Managing complaints

Complaint investigations involve an increasing amount of Board time and resources each year. Between 2007 and 2023 the number of complaints received by the Board increased on average by 7.3% each year and by 6.9% on average each year for the last 5 years.

These numbers have declined recently from approximately 9% and 11% respectively four years ago.

Overall, between 2002 and 2023, 71% of complaints against veterinarians were dismissed, 5% of complaints against veterinarians were withdrawn by the complainant, and 24% of complaints involved some form of disciplinary action imposed by the Board.

[A summary of complaint data from 2023](#) revealed 77 new complaints to the Board involving 89 veterinarians.

Of the approximately 4,600 veterinarians on the register in NSW just under 3,500 are working in clinical practice and therefore most likely to be the subject of a Board complaint. Hence, the rate of complaints against veterinarians in NSW is approximately 2.5% or around 1:40 (decrease from 1:25 four years ago).

The above numbers and trends potentially demonstrate better management of complaints by veterinarians and veterinary hospitals. Again, putting these numbers into perspective:

- There are approximately 700 hospitals in NSW and if each hospital saw just 10 clients per day over 300 days of the year this would lead to at least 2.1 million interactions between veterinarians and their clients annually
- Data from AHPRA (2010) suggest a rate of notifications against all health practitioners of around 4.5% with around 64% of these complaints resulting in no further action by the regulator (dismissal)

Clearly not all concerns about a veterinary service lead to a complaint to the Board.

Some clients will not raise a concern and simply leave the practice, some will raise a concern with the veterinarian and or hospital involved, some will contact the Board and then resolve the matter with the veterinarian or hospital, and some will ultimately seek action through the Board's complaint process.



The challenge for the Board is that there is the potential for the number of complaints received 2034 to be around 150 per year at the current rate of increase. Changes to resources and processes will be required to effectively, efficiently and sustainably manage these numbers and to reduce stress on veterinarians and complainants.

From the Board's perspective it is important for veterinarians and hospital staff to listen, empathise, communicate openly and honestly, ensure if there has been an error that this is addressed, and if appropriate establish protocols to prevent similar issues.

If the complaint does come to the Board it is vital that veterinarians and complainants submit responses in a timely manner so the complaint can be resolved as soon as practicable.

BoardTalk, publication of [statistics](#), presentations to the profession and veterinary students, the sharing of detailed reports of investigation with veterinarians the subject of a complaint and in some cases hospital superintendents, and our inspection program [processes](#) hopefully assist veterinarians and hospitals in reducing the incidence of complaints.

Further information about [managing complaints](#) is available from the Board's website.

### Enhancing veterinary passive disease surveillance in livestock in NSW

Are you a veterinarian in NSW involved in the health management of livestock?

Whether you are part of the production industry or provide veterinary care for livestock or pets, we value your opinion!

#### ARE YOU A LIVESTOCK VETERINARIAN IN NSW?



Help us to understand what's important to you when thinking about protecting Australia's livestock industries from pests and diseases, like emergency animal diseases (EADs).

[Take the Survey Now](#)

[More information](#)

[Participant Information Statement](#)

**This survey is confidential and closes on 30 June 2024.**

#### ARE YOU A LIVESTOCK VETERINARIAN IN NSW?





## Board forums

The Board recently held a forum for veterinarians in [Wagga Wagga](#) and a forum for veterinary [specialist hospitals](#) in Sydney.

These forums were an opportunity for the Board to discuss registration, licensing and complaint functions and to receive feedback from the profession.

The intent behind these events is for the Board to increase awareness of its activities with the profession and to provide an opportunity to discuss trends.



[Regional forum presentation](#)

[Specialist forum presentation](#)

## Requirements for computer generated prescriptions

The *Poisons and Therapeutic Goods Regulation 2008* provides that a veterinary practitioner may issue non-handwritten or computer generated prescriptions for an S4 restricted substance or an S8 restricted substance.

A computer generated prescription is one that has any information (except for the veterinarian's address and contact details) printed rather than handwritten. Elements of the prescription which may be computer generated differ for S4 and S8 prescriptions.

Detailed requirements with examples are described in [Criteria for Issuing Non-Handwritten \(Computer Generated\) Prescriptions](#) (TG184).

Please also note the following:

1. Computer generated prescriptions must be saved to the patient's file and retained for at least 3 years
2. There must be a unique identifying number for the computer generated prescription such as a unique visit number
3. The medical record must clearly indicate when a prescription was issued rather than the medicine being supplied by the veterinarian
4. All prescriptions must include the veterinarian's registration number next to their signature.

General requirements for handwritten prescriptions are provided in the [Guide to Poisons and Therapeutic Goods Legislation for Veterinary Practitioners](#) (TG74/14).

If you are unsure of the requirements for either handwritten or computer generated prescriptions please contact the NSW Health Duty Pharmaceutical Officer 02 9391 9944.



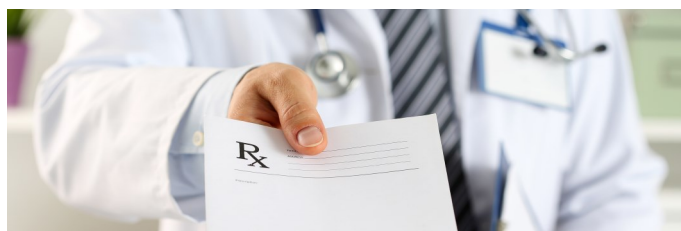
### Reminder

A prescription can only be filled by a registered pharmacist and cannot be filled by another veterinarian.

Veterinarians are able to supply medication on the written authority of another veterinarian. In contrast to a prescription, the [written authority](#) allows a veterinarian specifically named in the authority to supply medication to a client on behalf of another veterinarian.

This written authority may be given by email, facsimile or letter from one veterinarian (who has examined the animal or has the animal under his or her direct care) to another veterinarian. Both veterinarians must maintain a record of this written authority for at least 3 years.

As for a prescription, the written authority must include the date; name and address of the client; name and species of the animal; name, strength and quantity of drug; and adequate directions for use.



## Controlled drug registers

It is vital that veterinarians correctly record the use of controlled drugs in their physical or electronic registers when used in infusion bags such as methadone-lignocaine-ketamine (MLK).

### Physical registers

The physical register for a methadone-lignocaine-ketamine infusion bag should appear similar to the extract tables below:

New South Wales Poisons and Therapeutic Goods Act 1966									
Drug	(one drug of one form and one strength only to a page)	Methadone 10 mg/mL							
Date	Name and address of Person or Company to whom Dispensed, Supplied or Administered, or from whom Obtained	In	Out	Balance	Prescription Reference Number where Applicable	Name of Authority where Applicable	Name of Supplier, Dispenser or Administrator	Signature of Supplier, Dispenser or Administrator	Comments/ Professional Registration Number if Applicable
	Transferred balance from page								
20/03/23	Stock check			40 mL			Mia Vetnow	MV	NSW V1111111
27/04/23	For MLK 270423		6 mL	34 mL			Mia Vetnow	MV	NSW V1111111

New South Wales Poisons and Therapeutic Goods Act 1966									
Drug	(one drug of one form and one strength only to a page)	Ketamine 100 mg/mL							
Date	Name and address of Person or Company to whom Dispensed, Supplied or Administered, or from whom Obtained	In	Out	Balance	Prescription Reference Number where Applicable	Name of Authority where Applicable	Name of Supplier, Dispenser or Administrator	Signature of Supplier, Dispenser or Administrator	Comments/ Professional Registration Number if Applicable
	Transferred balance from page								
20/03/23	Stock check			100 mL			Mia Vetnow	MV	NSW V1111111
27/04/23	For MLK 270423		10 mL	90 mL			Mia Vetnow	MV	NSW V1111111

New South Wales Poisons and Therapeutic Goods Act 1966									
Drug	(one drug of one form and one strength only to a page)	Methadone, Lignocaine, Ketamine (MLK) infusion bag							
Date	Name and address of Person or Company to whom Dispensed, Supplied or Administered, or from whom Obtained	In	Out	Balance	Prescription Reference Number where Applicable	Name of Authority where Applicable	Name of Supplier, Dispenser or Administrator	Signature of Supplier, Dispenser or Administrator	Comments/ Professional Registration Number if Applicable
	Transferred balance from page								
20/03/23	Stock check			0 mL			Mia Vetnow	MV	NSW V1111111
27/04/23	MLK 270423	500 mL		500 mL			Mia Vetnow	MV	NSW V1111111
27/04/23	Maggie, dog of Annie Small 1 Entry Drive Sydney NSW		30 mL	470 mL			Mia Vetnow	MV	NSW V1111111

Noting that if different strengths of drugs are used they should be recorded on different pages as a different drug with a clear indication of the strength. The name of the MLK bag (MLK 270423) is just an example.

### Electronic registers

For electronic registers please follow these steps:

1. Create the MLK bag as a drug in your practice management software e.g. Ezyvet.
2. Contact Modeus (Vet S8) who will then integrate this into your electronic drug register.

If you are unable to create the MLK bag as a drug in your practice management software, contact Modeus who will still be able to create the MLK bag as an entry into your electronic drug register. In this case each supply/administration will have to be manually recorded in Modeus by a veterinarian as well as in the animal record as there is no integration and supply/administration will not automatically be reflected in the drug register.

The same manner of recording should be applied if other versions of infusion bags are made with a mix of S8 drugs.

## EMTrain

NSW DPI offers **free introductory emergency response e-learning modules** on their emergency management training platform EMTrain.

The three foundation modules provide a basic understanding of how an emergency response works in NSW:

1. Working in Agricultural Emergencies (1 structured [CPD](#) point)
2. Induction into DPI Response (1 structured CPD point)
3. Information and Communications Management (1 structured CPD point)

Even if you have participated in an emergency response previously, the modules can be used as a refresher on the structure, roles and responsibilities that exist during an emergency response. The modules are self-paced and can be completed at any time.

Registration is free, to begin the training enrol via [EMTrain](#)

Further information on EADs and training available to vets can also be found on the [information for vets page](#) on the NSW DPI website.



## Avian influenza outbreak: Meredith Victoria

An outbreak of avian influenza (H7N3) at a mixed free-range and cage bird egg farm near Meredith, in Victoria (north-west of Geelong) was confirmed 22 May 2024.

A second premises, located in the Terang region, and linked to the first property, was also confirmed to have avian influenza 23 May 2024.

The premises have been placed under movement restrictions and containment measures have been implemented.

The H7N3 virus is not a risk to the public as it rarely affects humans unless there is direct and close contact with sick birds.

There are no food safety concerns associated with avian influenza. Poultry products (meat and eggs) that have been properly cooked are safe for human consumption as the cooking process destroys the avian influenza virus.



### Clinical signs

- Sudden increase in bird deaths
- Sudden decline in feed and/or water consumption
- Unusually quiet birds
- Unusually depressed birds
- Decreased vocalisation
- Any decline in egg production from normal to cessation
- Sudden appearance of pale shell eggs or eggs without shells
- Any birds with swollen heads/combs/wattles
- Any birds with dark combs and wattles
- Any birds with nervous signs e.g. head shaking, head and neck tremors, unsteady gait
- Abnormal position of head and neck in a reasonable % of birds
- Respiratory disease e.g. breathing difficulties, coughing, sneezing
- Purplish patches on the legs and unfeathered skin
- Watery diarrhoea

Avian influenza is a notifiable disease in NSW. If you notice symptoms consistent with avian influenza, you must report it to the 24-hour **Emergency Animal Disease Watch Hotline on 1800 675 888** or the **Local Land Services on 1300 795 299** (during business hours).

[Read the CVO Bulletin](#)





## Bluetongue virus

NSW Department of Primary Industries and the CSIRO Australian Centre for Disease Preparedness (ACDP) confirmed the presence of bluetongue virus (BTV) in samples from four sheep properties.

The detection of the virus was confirmed by qPCR (quantitative polymerase chain reaction) at ACDP on 15 March 2024.

As of 26 April 2024, BTV has been detected on 32 clinically affected sheep properties, all within the [NSW BTV transmission zone](#).

This detection does not change Australia's status for bluetongue virus, as reported to the World Organisation for Animal Health (WOAH).

Bluetongue transmission is seasonal and is dependent on the activity of the *Culicoides brevitarsis* midge.

Affected farms are being monitored for the recovery of impacted livestock, which is expected to occur with the onset of winter and declining temperatures.

All ruminant species are susceptible however it is primarily a disease of sheep with the mortality rate in sheep generally ranging from zero to 30%.

### Clinical signs

- variable, fluctuating fever
- lethargy
- hyperaemia of oral and nasal mucosae
- excess salivation
- nasal discharge
- lips and tongue may become swollen and the oedema may extend over the face and intermandibular space
- respiratory signs including difficulty breathing and pneumonia
- haemorrhages may occur on oral and conjunctival mucosae
- ulcers develop on the gums, cheek and tongue five to eight days after the onset of fever
- feet lesions may appear towards the end of the febrile period with
  - reddening and petechial haemorrhages on the coronary band
  - associated pain, which causes the animals to stand with arched backs and be reluctant to move.



Dr Heidi Austin (North West Local Land Services District Vet) presented on recent BTV clinical cases. The presentation can be [seen here](#).

Bluetongue in sheep is a notifiable disease in NSW. If you suspect BTV, see signs of disease or death consistent with bluetongue in your flock, immediately contact the **Emergency Animal Disease Hotline, 1800 675 888 (24-hours a day)** or your **Local Lands Services District Veterinarian, 1300 295 299**.

[Read the CVO Bulletin](#).

### African swine fever surveillance e-learning course

Private veterinarians, veterinary para-professionals and industry specialists play a critical role in the early detection and reporting of potential emergency animal diseases (EADs) in Australia.

To support this, Biosecurity Queensland's new [African swine fever \(ASF\) surveillance and sampling eLearning course](#) is being offered free of charge via the Animal Health Australia (AHA) training portal.

Registered veterinarians may claim 2 continuing professional development (CPD) points following completion of the course.

This interactive course contains information on the fundamentals of sampling and surveillance, health and safety practices, live pig handling, pig post-mortem examination and sample collection and submission.

This is transferrable knowledge that will be valuable regardless of the EAD we're faced with.

You can make sure you're prepared by registering to complete this training on the [AHA portal](#).

For more information and access to further resources, contact the ASF prevention and preparedness project team [via email](#).

**Enhance your expertise with Biosecurity Queensland's free African swine fever (ASF) surveillance and sampling course!**



## Registration of veterinary chemicals

The [Adverse Experience Reporting Program](#) (AERP) is a post-registration program that assesses reports of adverse experiences associated with the use of a registered chemical product (or those on permit).

An adverse experience is an unintended or unexpected outcome associated with the registered use of a product when used according to the approved label instructions.

This includes impacts on human beings, animals, crops and the environment or a lack of efficacy.

Anyone can [report a problem](#) with a chemical product.

Holders are required to [report relevant information](#) to the APVMA, in accordance with the legislation.

The AERP is not intended to replace a consumer's right or responsibility to complain to the registration holder or manufacturer about an adverse experience involving an agricultural or veterinary chemical product.

Reports of adverse experiences are closely monitored by the APVMA.

It is vital to record, assess and classify adverse experiences to detect uncommon events not evident during the initial registration process of a product.

## Recall of veterinary products

The Australian Pesticides and Veterinary Medicines Authority (APVMA) is responsible for the recall of veterinary medicines from the market. Participation in a recall, whether it's initiated by the manufacturer or the APVMA, is mandatory.

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

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

The majority of recalls are initiated and managed by the manufacturer. However, in certain situations the APVMA may compulsorily require the recall of a product.

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

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

Any queries or comments regarding a particular recall or stop supply notice can be submitted directly to [recalls@apvma.gov.au](mailto:recalls@apvma.gov.au).



## Registration of veterinary chemicals

Australian law requires all agricultural and veterinary chemical products sold in Australia to be registered by the Australian Pesticides and Veterinary Medicines Authority (APVMA). Products assessed must meet safety, trade, efficacy and labelling criteria.

Once a product is registered, it is approved for the purposes and uses stated on the product's label.

Limited use of an unregistered chemical may also be allowed by permit.

Veterinarians are also able to supply and use products for animal treatment not registered by the APVMA but registered for human use by the Therapeutic Goods Administration (TGA) and unregistered products in animals generally but only in prescribed circumstances under the [Stock Medicines Act \(1989\) \(s 38\)](#). This legislation also allows a veterinarian to use a registered product contrary to use instructions (off-label) in prescribed circumstances.

Unregistered products include substances or a mixture of substances prepared by a pharmacist under the instruction of a veterinarian (compounded medications) and substances or a mixture of substances prepared by the veterinarian in the course of the practice of his or her profession.

Registered products and products with a permit for use may be found by searching the [PubCRIS database](#) and the [Permits database](#) available from the [APVMA website](#).



## Update on the NSW Pet Registry digital upgrade

The first stage of the long-awaited digital upgrade to the NSW Pet Registry is set to launch from July 2024. This easy-to-use platform will help owners and breeders manage important tasks online, including instant ownership transfers and registration payment. New SMS and email notifications will help them keep up to date with everything they need to do throughout a pet's lifetime.

Major improvements for veterinarians' NSW Pet Registry accounts will also be rolled out soon.

### What does this mean for veterinarians and clinic staff?

There are a few changes that will impact how veterinarians and clinic staff operate from July.

#### *A new way for breeders to share litter details*

Once breeders book a microchipping appointment for a litter, they can send an email with details to support veterinarians as they enter microchip numbers for each animal online.

As the breeder has pre-filled litter details, veterinarians simply add the microchip number and implant date using their existing NSW Pet Registry account, then make sure other details are correct. This will save time, improve the accuracy of pet records and avoid double-handling of data entry.

#### *New paper forms*

If clinics use paper forms for recording and verifying microchips, please be aware these will be updated so they're easier to use. [Access the new forms here from July.](#)

### What's next?

To support veterinary staff through this transition period, the NSW Pet Registry team will be on hand to answer questions and gather feedback.

Factsheets and educational material will be offered to clinics to help answer owner and breeder questions, and additional resources to support veterinarians using their existing NSW Pet Registry accounts will also be available [online](#).

In 2025, veterinary staff will have access to the new digital system to complete tasks online with ease and reduce administration time significantly.

A specialised portal is currently under development in consultation with industry leaders and veterinary staff who use the system every day.



## Veterinarian access to the NSW Companion Animal Register is closing

From 1 July, all veterinarians and authorised identifiers must use the NSW Pet Registry to complete tasks online.

Your username is your 'V-number' from the Office of Local Government. This is not the registration number given to you by the Veterinary Practitioners Board of NSW.

[Log in to your NSW Pet Registry account here.](#)

If you need help recovering your login details, contact the NSW Pet Registry Helpline at [pets@olg.nsw.gov.au](mailto:pets@olg.nsw.gov.au) and share your 'V-number'.

### How to enter microchip numbers for litters on the NSW Pet Registry



1. Log in and click 'Identify / Update'.
2. Enter the mother's microchip number then select 'Update Details'.
3. Under 'My Litters', select the litter with the date of birth the breeder has shared.
4. Click 'Edit' to enter the microchip number and implant date.
5. Click 'Save' and 'Close', then repeat the process for all other litter offspring.



## 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:

Steven Ferguson (President)  
Peter Alexander  
Magdoline Awad  
Georgina Child  
Sarah Hunter  
Paul McGreevy  
Kate Mills  
Lisa Minogue

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

T: +61 8338 1177  
E: [admin@vpb.nsw.gov.au](mailto:admin@vpb.nsw.gov.au)  
W: [www.vpb.nsw.gov.au](http://www.vpb.nsw.gov.au)

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

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

## President's Report (cont'd)

This June marks the end of the three-year term of the current Board. I would like to take this opportunity to thank the Board for their dedication, commitment and support.

I would particularly like to thank Georgina Child and Lisa Minogue who will not be seeking re-appointment after 12 years of dedicated service.

Georgina brought not just her world-renowned expertise but also her compassion and empathy which greatly enhanced the Board's deliberations and decision making.

Lisa, a representative of consumers of veterinary services, quickly grasped the complexities of our profession and utilised her governance and financial skills to enhance Board decision making and processes.

The Board, under its [strategic plan](#), continues to engage with the profession and has recently held a regional forum in Wagga Wagga as well as a meeting with representatives from specialist hospitals in Sydney. Both meetings were well attended and well received.

Our two hospital inspectors are travelling around the state to assist hospitals meet their legislative requirements and provide the best possible care for their patients and clients.

Finally, on behalf of the Board we thank Mary Lydamore for her 18 years of dedicated service to the Board as she leaves her role as Deputy Registrar and Complaints Officer.

Mary's deep knowledge and understanding together with her highly regarded skills as a counsellor and her compassionate support to members of the public and veterinarians will be sorely missed.

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## Doctors' Health Advisory Service

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

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.

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

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

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

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

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

DHAS HELPLINE – (02) 9437 6552

[www.dhas.org.au](http://www.dhas.org.au)