



VETERINARY COUNCIL

OF NEW ZEALAND

Te Kaunihera Rata Kararehe o Aotearoa

## NEWSBRIEF, SEPTEMBER 2004

September 2004

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### Elections

Every three years, New Zealand veterinarians elect three of their profession onto the Veterinary Council. 2004 is election year. In the June *Newsbrief* the Secretary called for nominations. This is the final call.



Nomination forms must be received by the Secretary by 1st October 2004. Where the number of candidates nominated equals or is fewer than the number of vacancies, the returning officer will declare the candidates who have been nominated to be elected. Where the number of nominations exceeds the number of vacancies then a postal ballot will be held, with ballot papers being mailed out by 11th October, and the counting occurring on 26th November.

The three current elected members are Nigel Coddington, Ron Gibson (Chairperson), and Julie Wagner. Nigel Coddington has advised that he will not be standing again, whilst Julie Wagner and Ron Gibson are intending to stand for election.

### Handbook

The latest handbook has been printed and posted to all New Zealand resident veterinarians with a full annual retention certificate. Those who are overseas may receive a copy on request if they pay the postage costs (\$10-20).

### Fee increases

As forecast in the previous *Newsbrief*, the fees for Specialist Registration and for the clinical element of the New Zealand National Veterinary Examination increased, by regulation, effective from 10th September. Specialist Registration fees have risen from \$787.50 to \$1,400 as a result of increases in assessment fees set by the Australasian Veterinary Boards Council. The NZNVE clinical examination fee has risen from \$2,800 to \$3,100 to partly offset the increased direct costs of this examination which is run by Massey University for the Council. There are no plans for any other fee increases.

### Annual Report 2003

The 2003 Annual Report is included in the Veterinary Handbook. It is also available separately on the Council's website at [www.vetcouncil.org.nz](http://www.vetcouncil.org.nz)

### Veterinarians Amendment Bill

The Council has seen and commented on the first draft of the Veterinarians Amendment Bill. If all goes well this Bill should be presented to the House during this year and may become law some time during 2005. Included in the draft Bill is the ability for the Council to require an independent competency assessment of a veterinarian, the ability for the Council to set the minimum standards for registration and continuing registration, and the ability for it to set its own fees (following consultation). The Council will also be able to consider applying limited registration in specific cases for those who would not normally be registerable. Where possible the Council is seeking for its legislation to rely on the wording of the recently enacted Health Practitioners Competency Assurance Act.

## Complaints report

Fourteen further complaints in the 2004 year have been received by the Complaints Assessment Committee since the last Council meeting, bringing the total number of complaints received to 34, close to the number received at this time in 2003. Of the 34 complaints, 23 originated from clients against veterinarians, five from other veterinarians, and six were generated from information received by the Secretariat from other sources. 28 of the complaint investigations have been completed. In the majority of cases there was

no evidence or insufficient evidence for charges of professional misconduct to be laid, although in many instances advice has been offered to the veterinarian. Three complaints have been referred to the Judicial Committee of the Council, with one of them being recommended for diversion. A complaint that was made in 2003 was also recommended for diversion this year, and has been progressing through the judicial process.



*Most complaints that are received do not proceed to disciplinary action. Despite this, there is usually something to be learned, by the veterinarian and/or by the complainant. The following case studies are examples:*

### Case Study 1

A client took their dog to a veterinarian other than their usual veterinarian (who was busy) to look at a broken tooth. At a later point after the initial examination, another veterinarian at the clinic extracted the left upper molar tooth and scaled and polished the remaining teeth.

The dog did not entirely recover at home and some time later the client took the dog to their usual veterinarian. This veterinarian took radiographs and discovered that two teeth roots had not been removed along with the tooth, and also that there was another fractured tooth in the dog's mouth. This second veterinarian removed the roots and the fractured tooth. There was a considerable cost for this additional work. The second veterinarian did not contact the first veterinarian because of pressure of work, but following the laying of the complaint there was communication between the veterinarians and the first operating veterinarian agreed that they had failed to extract two roots, and agreed to refund the fees to the complainant as requested.

It was not possible to confirm whether the further fractured tooth was present when the animal was initially examined and treated. The Committee formed the view that the evidence did not justify the laying of a charge of professional misconduct. However, the Committee recommended that the operating veterinarian review the decision-making and procedures for dental extractions to establish best practice, and to implement dental charting of the patients.

### Case Study 2

A loved retired farm dog living with friends of its owner in the city, was hit by a car. On arrival at a veterinary clinic the dog was in shock and stabilisation was needed before the injuries could be assessed. The veterinarian made a provisional diagnosis of a fractured pelvis. Unfortunately x-rays taken two days later revealed irreparable spinal damage and the owner was advised by phone that the dog should be euthanased.

The owner asked to be able to have the animal euthanased at their local clinic, some distance away, but the veterinarian did not think this was advisable for the dog's sake. The owner travelled to be with the dog when it was euthanased. The owner's complaint was that the dog suffered during the two day delay as well as during the preparation for the euthanasia, and that the veterinarian had showed insensitivity and lack of empathy at the time and following the euthanasia.

The Committee acknowledged that the circumstances of this situation were difficult. The ownership of the dog was not clear, the injuries were serious and the animal was a valued dog.

Additionally, at the time of the euthanasia there were other very sick animals in the clinic requiring urgent attention. The Committee did not believe that the veterinarian had acted unethically or negligently although it did advise the veterinarian to review their case management to see if there were ways in which this could have been managed differently.

## Complaint Assessment Committee Advice—Supersession

Unfortunately, it is common for the CAC to find that supersession is not well managed by veterinarians.

The matter of supersession arises in many complaints, even though it is often not raised by the complainant as an issue.

The superseding veterinarian has an obligation to notify the original veterinarian, and ascertain the initial diagnosis and any treatment prescribed. This notification should be before the superseding veterinarian has consulted, or as soon as possible after the consultation.

The superseded veterinarian has an obligation to release the relevant case history information in a timely manner. There is no obligation to release this information to the patient's owner. The overriding consideration in fulfilling this obligation is the patient's welfare. If the patient is in distress, the urgency to supply the case history is very high.

The method of communication between the superseding veterinarian and the original veterinarian needs to be appropriate to the situation. While a facsimile requesting the records may appear to be prudent it does not allow for discussion between the respective veterinarians. Professional courtesies are an important

consideration. A form is very impersonal and does not allow discussion between the vets about the circumstances of the case/patient which may impact on the treatment/investigation. Discussion about the vet-client relationship may be pertinent.

Supersession does not require transfer of all of the patient's clinical records, unless that is appropriate for the medical condition being treated. Hence, it is important for the superseded veterinarian to know which condition is the reason for supersession.

Another common issue is that of the owner not wishing the veterinarian being superseded to contact them. It is totally inappropriate for the veterinarian being superseded to harass a client over why they sought a second opinion. Seeking a second opinion is an absolute right of an individual, and they are not required to tell the first veterinarian why (although it would be nice if they did!). However it may be appropriate to follow up with a client to inquire how the patient was progressing. Superseding veterinarians must take particular care not to denigrate or criticise the original veterinarian's case management. While they may not agree with all aspects of the case management, especially in diagnosis and treatment, it must be

remembered that the superseding veterinarian is not seeing the case as the original veterinarian saw it. Conditions do progress, often making diagnosis easier/more obvious.

It may be appropriate, depending on the circumstances, for the superseding veterinarian to provide some feedback on the progress of the case. This keeps the original veterinarian up to date with the patient's details, should the owner seek their professional services later.

In summary, supersession is a common occurrence in veterinary business. Handled well and professionally, it will nearly always have a positive effect on those involved; and leave a good impression of the veterinary profession. Badly handled, it can create new problems, and invariably reflects badly on the profession as a whole.



### USE YOUR CODE · KNOW YOUR CODE · READ YOUR CODE · REFER TO YOUR CODE

The Code of Professional Conduct provides peer defined principles and guidelines for veterinarian performance. It is the Council's official interpretation of its expectations of the actions of competent and reasonable veterinarians in various given circumstances. Those who comply with the Code can be reasonably confident both of not breaching the Veterinarians Act, and of remaining in good standing with the public and with their peers.

## Consultation Exercise: non-veterinarians undertaking surgical procedures

In the June *Newsbrief* the Council asked for feedback on an article about the animal welfare implications and controls over non-veterinarians undertaking surgical procedures. A number of responses were received, along with a request (from NZVA) that the deadline for consideration of the submissions be extended to allow for interested parties who don't meet that often to make comment. The Council has agreed that it will extend the deadline for considering submissions until November 1st 2004.

The following summarises the submissions received so far:

The New Zealand Veterinary Nursing Association supports some form of legal registration for veterinary nurses, and clear definition of those tasks that can only be performed under direct supervision (lancing/drainage abscesses, closing surgical wounds, treating wounds and minor lump/wart removal) and those that could be carried out only by suitably experienced Diploma-trained nurses (such as vaccination, catheterisation, prophylaxis, cystocentesis of dogs and cats, application of casts and induction following a veterinary assessment).

A South Island veterinarian, has always been concerned about the poor surgical techniques (that he has subsequently had to deal with) of some non-veterinarians undertaking super-ovulation and transplantation of embryos in ewes. Other lay activities that he is uneasy about include lay scanners, foot trimmers and calf disbudders (using no analgesia). He points out that registered veterinarians have to conform to standards that are expensive for them to maintain and have to then compete against technicians who do not have the same obligations and are not at risk of losing their livelihood if they fail to comply with high standards required by the veterinary profession.

A company involved in the breeding industry responded. It employs trained technicians to carry out various procedures under veterinary supervision. These include cattle embryo transfer and recovery (transrectal, with epidural anaesthesia), cattle trans-vaginal recovery of oocytes using ultrasound (also using epidural anaesthesia), sheep, goat laparoscopic and transcervical AI and embryo transfer. Their formal training programme has Animal Ethics approval, they work under Standard Operating Procedures, and veterinary supervision is provided. All PAR drugs are prescribed appropriately by a veterinarian. This company argues for a rational approach. Technical staff must be well trained and should have adequate veterinary supervision. Veterinarians must be available to handle complications. Record keeping, facilities and equipment must be adequate. SOPs should be used, and should form the basis for a Code of Practice. They believe this should be seen as an opportunity for veterinarians rather than a threat.

A veterinarian made comparisons with the English situation where surgical procedures that can only be undertaken by a veterinarian are listed in law, which legally restricts others such as veterinary nurses from undertaking some procedures.

A veterinary academic points out that there is a great deal of surgery performed by non-veterinarians in the course of animal use in research, testing and teaching. The majority of surgical procedures in research facilities around the world are performed by non-veterinary personnel. All of it is legal, when performed under an Animal Ethics Committee protocol. He points out that this could be used as a model for the wider animal related industries, where minor procedures might reasonably be performed by non-veterinarians under certain well controlled conditions.