



Opening of the new VCNZ premises

The lease for the Council's offices on the Terrace expired in January 2009 and we were unable to negotiate a satisfactory lease renewal with the landlord.

The successful tenderer for the Terrace premises wanted to move in as soon as possible. So, after finding suitable premises and negotiating rental for the remaining term of the lease, the shift to the new office in Kordia House, Willis Street occurred at the end of last year.

A nine year lease has been negotiated at a significantly reduced rate per square metre over the Terrace offices.

Hon David Carter formally opened the new premises at a function in early March.

The new premises are larger with improved storage space. The additional space is needed to accommodate a new staff member and the temporary staff and contractors we use from time to time. It also means we will be able to accommodate any future staffing increases which may be required as a result of the new continuing professional development framework and proposed regulation of veterinary nurses and technicians.



Dr Richard Wild, NZVA President, Hon David Carter, Minister of Agriculture and Dr Ron Gibson, VCNZ Chair at opening of VCNZ new premises

Competency Assessment

The Veterinarians Act 2005 gave the Council the ability to undertake an assessment of a veterinarian's competence and put in place remedial measures where this is found wanting.

Under the previous Act the Council was limited in the way it could deal with concerns about competence. Some competency matters ended up being considered by the Judicial Committee – a process which can take significant time, involves significant costs which the profession must bear and causes major

stress for the client and veterinarians involved

Competence assessment is an educative and enabling process. An independent assessment of individual veterinarians who come to Council's attention as potentially practising below the required level of competence is conducted by a Competence Assessment Team (CAT) of two veterinarians and one lay person. Standardised tools and trained

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Competency Assessment cont.

assessors are used to ensure that each veterinarian is fairly assessed. This is not a disciplinary process. Rather it gives the veterinarian the opportunity to demonstrate they meet the required standard of competence. The results of the assessment enable the Council to determine what, if any, "gaps" there may be in a veterinarian's practice, and put in place further education, assessment, counselling or mentoring.

The New Zealand Medical Council has had the ability to undertake competence reviews since 1995 and this ability was extended to all other human health regulatory bodies in 2003. The number of disciplinary proceedings being brought against health professionals has decreased

since the implementation of competency provisions. The decrease is reflective of the increasingly accepted view that taking disciplinary action against individuals is a last resort.

VCNZ Experience of Competence

Assessment

Last year the Council approved two recommendations from the Complaints Assessment Committee for a veterinarian to undergo a competence assessment.

In the first case, a competency assessment was undertaken and the Competency Assessment Team recommended that the veterinarian's practice met the standard of competence reasonably to be expected of a veterinarian practising in his or her area of

practice and that no further action needed to be taken. The Council agreed.

In the second case the Complaints Assessment Committee, with the agreement of the veterinarian concerned, put in place a programme of upskilling which included completion of Vetscholar modules and other relevant CPD, establishment of clear referral mechanisms and oversight and mentoring. The competence assessment took place in March after completion of the remediation programme. The assessors determined that the veterinarian met the required standard of competence and made some recommendations for the veterinarian to take into account in ensuring continuing competence.

Recency of Practice

Veterinarians are reminded that they need to seek Council approval before resuming practice after a five year break or commencing work in a veterinary field they have not practised in for five or more years.

The Council has prescribed minimum recency of practice requirements relating to "any person who has not worked as a veterinarian for five consecutive years, or has not worked as a veterinarian for five consecutive years in the field of activity in which they intend to practise".

Each application for a practising certificate, or re-registration, or to work in a new field of activity is considered by the Council on an individual basis. The Council takes into account all relevant factors including but not limited to:

- ~ The extent of the applicant's veterinary experience
- ~ The length of time since they graduated
- ~ Any relevant continuing professional development (CPD) the applicant has engaged in while not practising and the proposed CPD they intend to do to assist in their return to practise (or practise in a new area/discipline)
- ~ Whether the applicant is proposing to resume work/switch disciplines in an environment where supervision and collegial support is available

The Council's focus is on assisting veterinarians with non recent practice to return to the workforce, or switch disciplines, in a supported way, while at the same time protecting the public interest. Those seeking to switch disciplines are more likely to have maintained competence in the generic competencies required for veterinary practice than those who have not practised at all. As such Council takes this into account in deciding what, if any, conditions on practice might be required in circumstances where the veterinarian is seeking to practise in a discipline/area they have not practised for five or more years.

The number of supervisory situations is increasing as a result of the Council's recency of practice policy and re-entry supervision requirements.

In the last year, four veterinarians re-entering the profession have done so under supervision and/or practice limitations whilst retraining or completing other requirements (such as sitting and passing a relevant part of the National Veterinary Examination).

Veterinary Council Annual Report 2008

The Council's 2008 annual report can be read or downloaded on line at <http://www.vetcouncil.org.nz/pubs.php> or you can request a copy by emailing vet@vetcouncil.org.nz

In brief.....what's Council been up to?

Communication and Liaison

Workshops on the changes to the classification of veterinary medicines and resulting proposed changes to the Code of Professional Conduct	Working with MAF, NZVA and Massey representatives on strategies to address the rural veterinarian shortage including debt relief.
<i>Discussions with NZVA on the development of a Memorandum of Understanding with VCNZ to clarify roles and responsibilities</i>	<i>Continuing work on the documentation of all Council policies for public website</i>
Continued participation in meetings of the Agricultural Compounds and Veterinary Medicines Advisory Council (AVMAC) and its working group on the classification of veterinary medicines under the new ACVM Act	<i>Agreement to develop and publish an annual workforce survey on an ongoing basis with data analysis assistance from IVABS</i>

Statutory

<i>Introduction of direct electronic verification of good standing status with Australian jurisdictions for registration and practising certificate applicants</i>	Further hearing regarding allegations in Judicial Review proceedings. The outcome is not yet known.
Establishment of a working party to develop proposals for a future compulsory continuing professional development framework	<i>A team of 2 vets and one layperson undertook the second competence assessment of a veterinarian's practice under the new legislative provisions.</i>
Judicial Committee issued its decision on the charges brought by the Complaints Assessment Committee against James Mason. An appeal against the decision has been lodged in the District Court	<i>Meetings with MAF on the legislative changes required to regulate veterinary nurses and technicians</i>

Review of the Code of Professional Conduct for Veterinarians

Closing date for feedback on the draft veterinary medicines section of the revised code is 1 May 2009



A working group convened by Nick Twyford, Chair of the Complaints Assessment Committee, is undertaking the review. Two members of the Professional Standards Committee of the Council sit on the working group (Julie Wagner and Penny Mudford), as do representatives of the New Zealand Food Safety Authority (Tony Zohrab, Neil Kennington and Chris Boland) and of the New Zealand Veterinary Association (Stuart Hutchings and Gavin Sinclair). The group has been meeting regularly with much of its initial focus being on the veterinary medicines section of the code which needs to align with imminent changes to the classification system for veterinary medicines being implemented by the New Zealand Food Safety Authority.

The working group has completed drafts of eight overarching principles, the veterinary medicines section with explanatory notes, and has produced advanced drafts of sections on client relationships and legislative responsibilities.

Two of the NZFSA representatives have retired from the working party as the veterinary medicines section is near finalisation. The membership will now be augmented with other veterinarians with particular expertise or identified views on issues to be considered.

Workshops to explain and seek comment on the draft veterinary medicines section of the revised code took place in March/April 2009. Veterinarians are reminded that feedback on this section of the revised code is due by 1 May 2009. Refer to <http://www.vetcouncil.org.nz/news.php> for the relevant discussion documents.

Further workshops to be held towards the end of 2009 will consider the other six sections of the code – professional relationships, client relationships, legislative requirements, confidence in the profession, animal welfare and veterinary services.

Managing Supersession

– advice from the Chair of the Complaints Assessment Committee

Council's expectations are that :

- ~ the welfare of the animal is paramount
- ~ the public trust in the profession must not be compromised by the way veterinarians handle supersession
- ~ the superseding veterinarian will notify the superseded veterinarian as soon as is practical.
- ~ the superseded veterinarian will provide relevant clinical information as soon as possible.

Section 7.3 of the current VCNZ Code of Professional Conduct outlines how the Council expects supersession to be managed by veterinarians. What this means in practice is that:

- ~ Veterinarians seeing a patient (including a herd or flock) for a condition that has been recently treated by another veterinarian are expected to notify the original veterinarian before attending the patient. Attending the patient may include providing specific clinical advice to the client (e.g. over the phone). If phone advice to the client is general in nature then this does not normally require the first veterinarian to be notified.
- ~ When contacting the original veterinarian, the second veterinarian is only required to advise of their involvement. However it is entirely appropriate, and sometimes necessary, for the second vet to request from the original vet (or their representative) details of any treatment in relation to the specific condition in question. This must be provided. The superseded vet does not have an obligation to send a copy of the patient's clinical record, but most veterinarians will usually do this as it is easier than summarising treatment.
- ~ It is not an absolute condition that the second veterinarian should make direct and personal contact with the original vet. The expectation is that the original vet will be notified, and

this may happen by contacting their representative (for example the receptionist if the vet is not available) and leaving a clear message about the situation.

- ~ Similarly the second veterinarian does not have to talk specifically to the veterinarian who has recently treated the patient in order to obtain the medical history. The patient's medical record should contain sufficient information to enable another veterinarian or staff to easily interpret the relevant medical history to pass on. The original veterinarian not being able to talk to the second vet is not an acceptable reason not to pass on relevant information in the medical record where there is an urgent need to obtain the information.



- ~ The superseded vet is entitled to relay the clinical information in a form that is convenient to them and appropriate for the type and amount of information, and the urgency of the situation. Verbally providing the details may be appropriate, as would be faxing or emailing. If the circumstances of the case are not urgent, posting the details may be sufficient. Veterinarians are expected to exercise their professional judgement about what is acceptable and appropriate in the particular circumstances. The patient's welfare should not be compromised by the decision on how to forward the records.

- ~ The superseded veterinarian should as soon as possible provide treatment details which might have a bearing on the patient's ongoing treatment. This information should include any relevant information including x-rays, lab results, drug or other treatments. It is not a requirement that the superseded vet provides this information personally, and if they are otherwise engaged (e.g. in surgery) the relevant details can be relayed by their representative, e.g. receptionist.
- ~ The second veterinarian does not have to provide the superseded vet with any details of their planned treatment of the case before proceeding or after they have carried out the treatment.

Implicit in the ethical requirements surrounding supersession is the expectation that the veterinarians concerned will communicate professionally and not hinder the ongoing management of the case. The overriding expectation is that the patient's welfare is not compromised. There is a secondary expectation that public trust in the profession is not compromised through the client's observation of veterinary communication when supersession is involved in a case involving their animals.

Regardless of whether the client is a bona fide client of either veterinarian the supersession responsibilities are the same.

In summary, there are 4 bottom lines from the Council's perspective:

- ~ **That the superseding veterinarian will notify the superseded veterinarian as soon as is practical.**
- ~ **That the superseded veterinarian will provide relevant clinical information as soon as possible.**
- ~ **That the welfare of the animal is protected**
- ~ **That the public trust in the profession is not compromised.**

When it all turns to custard

(‘adverse events’ with vet meds)

Adverse events with veterinary medicines do happen. The current VCNZ Code of Professional Conduct recommends that you should report these events. The Council is currently consulting on the veterinary medicines section of the revised Code which proposes an ethical requirement on veterinarians to report adverse events.

The New Zealand Food Safety Authority (NZFSA) has provided the following update on the ins and outs of reporting and the adverse event that was seen more frequently in 2008.



Adverse events

NZFSA which regulates veterinary medicines in New Zealand, defines an ‘adverse event’ as ‘any observation in animals that is unfavourable and unintended and that occurs after the use of a veterinary medicine.’ This may include side effects, residue issues, target animal safety issues, lack of efficacy or alleged interactions with other products.

Even after a thorough review and appraisal of veterinary medicines prior to registration, unforeseen problems that may affect treated animals or cause residue issues can arise.

Reasons for this include:

- ~ small animal numbers used in trials
- ~ a range of environmental conditions, and
- ~ not all breeds or classes of animals are trialled.
- ~ It is critical that adverse events are brought to the attention of the person responsible for the product (i.e. the ‘registrant’ or manufacturer) and NZFSA. Through adverse event reporting, unusual, rare or idiosyncratic conditions that were not evident in clinical or field trials conducted before registration are detected, and necessary action can be taken.

Some products that pose minimal risks, such as animal feeds and shampoos, are exempt from registration so are not appraised but adverse events should still be reported.

What to do if an adverse event occurs

Currently if you think that an adverse reaction is associated with the use of a veterinary medicine, then you should report the matter to the registrant of the product (refer to the contact details on the product label). When doing so, inform them that you wish to report an adverse event. The registrant *must* report the matter to NZFSA as a condition of registration.

Note that the Council is currently consulting on the veterinary medicines of the revised Code which proposes an ethical **requirement** on veterinarians to report adverse events.

You may also provide a report directly to NZFSA using the adverse event report form. See: http://www.nzfsa.govt.nz/acvm/publications/forms/aer_form.htm or you can obtain a copy by contacting NZFSA. (This form has recently been updated with input from several NZVA members.)

Please take the time to complete the form as thoroughly as possible because this allows a more robust investigation. When describing the adverse event, describe the clinical signs observed rather than the end diagnosis, eg urticaria, oedema of head and hyperaemia rather than hypersensitivity reaction. This allows more accurate comparison to other reports. Include case notes, laboratory tests and post mortem reports where appropriate.

Some adverse events are ‘expected outcomes’ and are managed by registration or label information. However, they should be reported when they are observed at an increased frequency or are considered severe. For recently registered products where there is a limited body of knowledge surrounding a veterinary medicine, reporting of adverse events is a critical tool in ensuring the safety and efficacy of the product.

The adverse event report investigation

Reports made directly to NZFSA are copied to the product registrant for immediate investigation. The registrant may then contact you and discuss the matter to determine if any follow up laboratory, pathology or other veterinary work is required.

The product registrant will subsequently provide NZFSA with an investigation report into the incident and a classification of the report. A standard method of assessment is used to determine whether the adverse event may have been related to the use of a veterinary medicine (i.e. the ‘causality assessment’). NZFSA also considers whether the product was used according to the label directions.

The person making the report of an adverse event will be advised of the outcome of the investigations. This will include an explanation of whether the observed adverse effects were considered likely to be related to the use of or exposure to the product. NZFSA will explain what these conclusions are and what corrective action recommendations, if any, will be taken in response to the information.

When it all turns to custard

Cont'd ...

Possible regulatory outcomes

Based on evaluation of the investigation information, the causality assessment and whether there have been any other similar reports for the product, NZFSA determines if any regulatory action is required. This may take the form of:

- ~ additional label warning statements
- ~ product recalls
- ~ formulation or manufacturing process changes
- ~ education of product users through the media or other appropriate channels.

Forewarned is forearmed— be careful with copper supplements

The number of deaths reported from copper toxicity following use of parenteral copper supplements increased in 2008. This may have been due to climatic conditions or poor animal condition.

Reporting of these adverse events has prompted additional label warnings for some of these products and has increased the awareness of risks associated with their use.

NZFSA would like to remind you of the risks associated with copper supplementation. It is important to:

- ~ follow the instructions on the label of the product, particularly with regard to shaking the product well during use
- ~ ensure animals are deficient in copper prior to supplementation
- ~ check doses given are correct
- ~ take care with debilitated, stressed and underweight animals.

Further information

For further information about the Adverse Event Reporting Programme contact the Approvals and ACVM Group of NZFSA (acvm@nzfsa.govt.nz).

LILLIES CAN BE LETHAL TO CATS



A case investigated by the Complaints Assessment Committee last year brought up the issue of toxicity to cats of common lilies.

A five-month-old kitten died of renal failure a week after the first symptoms were noticed (vomiting, straining to defecate). The owners reported that the kitten had possibly eaten some lily petals which had fallen to the floor.

Because this happened on a Friday evening, blood tests were not taken

immediately, but the kitten was treated with fluids, antibiotic and anti-emetic injections. It showed no signs of abdominal pain, had normal clinical parameters, and appeared alert.

During the weekend another veterinarian in the practice contacted the National Poison Centre, asking specifically about the toxicity of lilies. She was advised that lily plants were not nephrotoxic. This advice was based on human data.

A paper issued by the University of Sydney Faculty of Veterinary Science states otherwise, however. It establishes that all parts of several species of lilies (including Tiger, Easter, Rubrum, Day, Stargazer and Glory Lilies) are poisonous to cats, although the exact substance that injures kidneys has not been identified. Unless aggressive therapy is instituted within 18 hours of ingestion the prognosis is poor.

The paper makes the point that floral arrangements containing lilies are common, and to indoor

cats - and kittens in particular - they are a novelty, drawing their attention and investigation, which can include ingestion. It also states that the key to successful treatment of cats which have eaten lily parts is early recognition and aggressive management of the ensuing renal failure. It recommends that lily intoxication should be considered as a diagnosis for cats suffering kidney failure of sudden onset.

The kitten in question was later taken to an emergency clinic and then treatment in a specialist centre, where despite intensive treatment for five days her condition deteriorated as kidney failure worsened and the decision to euthanise was made by the owners.

Since this case, the original veterinarian has installed an in-house blood-testing machine and provided staff with internet access in the clinic. Either of these tools might have been sufficient to make an early diagnosis of lily poisoning, and allowed earlier more aggressive treatment.

Mandatory reporting of health and competence concerns?

Your feedback sought.

The Health Practitioners Competence Assurance Act, which applies to all the regulated human health professions in New Zealand:

- ~ requires colleagues and employers to report to the relevant regulatory body in circumstances where it appears that a health practitioner's practice is adversely affected by a mental or physical condition

- ~ requires employers to report in circumstances where an employee resigns or is dismissed for competence reasons

This removes uncertainty, allows early intervention and gives statutory protection to the notifier.

The Council is considering whether similar provisions should be included in the Veterinarians Act.

Our experience with health impaired veterinarians has been that early intervention and support are key to ensuring successful outcomes. The longer the situation is left the greater the risks to clients especially in circumstances where the

veterinarian does not have insight into the impact of his or her health condition.

We are also concerned about circumstances where a veterinarian is dismissed or resigns because of competency reasons and is then free to go and work elsewhere, and to repeat the poor performance. The current Code of Conduct requires veterinarians to report incompetent performance but this is not occurring.

We are interested your views. Please email or write to the Registrar: registrar@vetcouncil.org.nz by 1 May 2009.

Can I donate expired drugs?

The Council recently received a query about providing expired drugs to an overseas charitable Foundation for animals.

This is outside the jurisdiction of the Agricultural Compounds and Veterinary Medicines Group of NZFSA as they do not regulate expired products. However the Group would be concerned about the potential lack of efficacy of the products and welfare ramifications.

The Council's position is that veterinarians:

- ~ should not use or advocate the use of expired drugs
- ~ expired drugs should be disposed of in a safe manner
- ~ consider donating drugs that are short dated where they know they will not be able to be used before expiry

Your help needed

Please help us ensure the validity of the English language testing of examination and registration applicants by completing a 5 minute questionnaire.

The Veterinary Council and its Australian counterparts rely on companies such as the "Occupational English Test" (OET) and "International English Language Testing System" (IELTS) to assess the English proficiency of registration and examination applicants whose first language is not English.

It is important that these tests remain relevant.

We have been asked to help with some research on occupational English testing. Dr Ute Knoch of the Language Testing & Research Centre at the University of Melbourne is conducting research on the Reading sub-test of the OET, with the view to raising its validity to the high validity levels of the other three OET sub-tests.

We would appreciate your assistance in ensuring the validity of the Occupational English Test by completing the questionnaire (link below).

The questionnaire asks health professionals what type of reading they do for their profession and how often they read different texts. It should not take longer than 5 minutes or so to complete.

http://www.surveymonkey.com/s.aspx?sm=G6zQIbHfvLbObH5Oelmo7g_3d_3d

Appointment to Council Committees and Working Parties

We are seeking expressions of interest from veterinarians wishing to contribute to the self regulation of the profession through serving on a Council Committee or working party. The immediate priority is to appoint a veterinarian to a second standing Complaints Assessment Committee. The closing date for applications for the role is 15 May 2009.

The Council maintains a standing Complaints Assessment Committee (CAC) and a panel of veterinarians available to serve on a CAC in the event of a standing CAC member being unavailable.

The Council is appointing a second standing CAC to share the workload and address key person risk.

We are seeking nominations or expressions of interest from veterinarians interested in serving on this second standing CAC. The successful appointee will need to have current large animal or mixed practice experience and be able to perform their role impartially with protection of the public interest being the overriding consideration.

A CAC is comprised of two veterinarians and one layperson. Its role, as set out in the Veterinarians Act, is to receive and consider complaints made about veterinarians and decide on what, if any, action to take. The CAC has a number of options open to it including referral for disciplinary action, referral to Council's competence or health processes, settling the dispute by mediation or taking no further action.

The Council receives 50+ complaints each year. The required time commitment for standing CAC members is variable, but over a year averages out to around two hours per week. CAC members are remunerated for work undertaken.

Induction will be provided at a CAC training workshop on 1 and 2 September in Wellington.

For further information on the CAC role or other Council work please contact the Registrar on 04 473 9600 or janet.eden@vetcouncil.org.nz

Closing date for expressions of interest in the CAC role is Friday 15 May. It would be helpful if you could provide a CV.

Number of veterinarians with practising status (June Figures)

	2008	2007	2006	2005	2004	2003	2002	2001
Practising	2312	2275	2171	2122	2047	1940	1833	1753
Non-practising	258	310	320	347	369	401	370	330
Total	2570	2585	2491	2469	2416	2341	2203	2083

New Registrations in 2008 (by country)

Great Britain	38
New Zealand (Massey)	71
Australia	18
United States of America	21
The Netherlands	7
Ireland	4
South Africa	9
Canada	3
India	2
Mexico	1
Denmark	1
Romania	1
Zimbabwe	1
Total	177

Newly Registered Specialist

Dr Barnaby Fraser, *Equine Surgery, BVSc Bristol 1998, CertES, MSc, DiplECVS*

Is your email address the right one?

Vets need to be aware that the email addresses they provide to the Council will increasingly be used to correspond or contact them.

Please ensure we have your correct email address and email any changes to vet@vetcouncil.org.nz

Regulation of Veterinary Nurses and Technicians?

The Minister of Agriculture and his department are supportive of proposals to regulate veterinary nurses and technicians and have asked the Council to document its proposals for a future regulatory framework to accommodate these groups.

Discussions with the Veterinary and Veterinary Nursing Associations and other key stakeholders will occur in the next few months with a view to gaining general consensus on the legislative proposals to be submitted to the Minister.