



Helping VCNZ communicate with you more effectively

One of the three strategic goals Council has set in its 2013-2016 Strategic Plan deals with communication: *Work with stakeholders to enable Council to deliver more effectively on its functions including updating and implementing cross sector communication strategies.*

We need your help to ensure the ways we communicate are working for you.

We plan to send out a survey in early 2015 to ask your opinion on our means of communication. This will include asking you about your experiences in looking for information on our website; how helpful you find the VCNZ team when contacting us by telephone or email; and how much value you get from the quarterly NewsBrief in electronic form.

Please take the time to fill in and return the survey when you receive it. We value your input.

VCNZ Regional Collegial Discussion Events

We thank the Auckland Veterinary Association for the opportunity to engage with about 70 veterinarians at the AVS meeting on 25 September. There was lively discussion, particularly around CPD. The need for effective communication with the profession was highlighted. A popular suggestion from the group was the provision of real life case studies in such areas as professional standard concerns and common complaint issues.

VCNZ will host a Question and Answer evening for veterinarians in the wider Canterbury area on Thursday 11 December. It will be held at the Elevate Bar and Function Centre from 6.30pm. We are pleased with the large number

of veterinarians who have registered for this event.

VCNZ will take part in the **2015 combined regional roadshows with NZVA and ACVM**. Both NZVA and non-NZVA members can register online at <http://www.nzva.org.nz/2015nzvaroadshow>. Veterinarians who are not NZVA members and do not have an NZVA login (account), need to choose the "New to the NZVA

10 March	Southland
11 March	Christchurch
12 March	Nelson
14 April	Palmerston North
15 April	Hamilton
16 April	Whangarei

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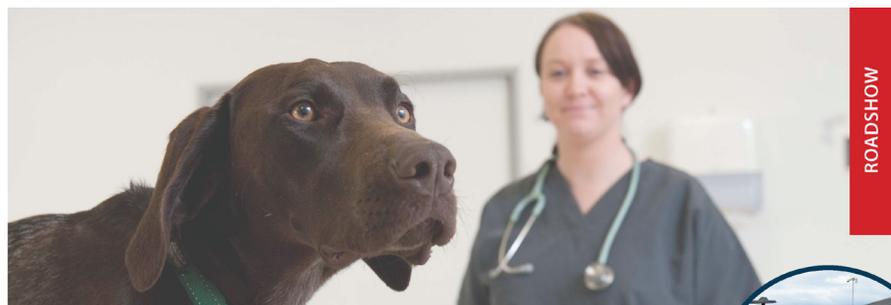
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website? Create an account" prompt. This will take you to a page where you select "Create account" (this is about half way down the page). This opens a menu where you enter your First name, Last name and email. You then press "Register". This generates an email to the address you have provided giving you a unique link where you can set up your User Name and Password. You need to do this within 24 hours. Finally you can use the User Name and Password to register for the Roadshow (there is no cost).

We look forward to seeing you at the roadshows.

Seasons Greetings

The Council and its staff extend their best wishes for a safe and enjoyable holiday season and thanks those who have assisted the Council in its work during the year.



ROADSHOW

**VCNZ NZVA ACVM
2015 Regional Roadshow
March - April 2015**



Our People: Emma Cuttance

Emma is a 2007 Massey graduate and works primarily in dairy practice. She has recently become a member of the Notifications Review Group (NRG) for VCNZ. Emma shares her story.

Who is Emma Cuttance?

I am a vet and a mother to 18 month old Heidi with another baby on the way in February. I am married to William Cuttance, also a vet. We live in Te Awamutu and I work for VetEnt as a dairy vet. I am completing a Masters of Veterinary science in Epidemiology. I would also like to further my interests in music (singing and piano) but this will have to wait until I finish my Masters.

Can you remember when and what interested you to become a vet?

It was when I was in Intermediate. I grew up in Tauranga and the family pets were a big part of my life. I remember taking our pets to the vet and thinking that would be a cool thing to do. So it all started from my love of animals when I was quite young.

I knew nothing about farms. My interest in dairy practice grew during my student years, both from farm practice and from studying at Massey.

What led you to do a MVSc in Epidemiology?

Like many things, I was lucky to be in the right place at the right time. I was interested in clinical trials as a means of making evidence based decisions and this led to an interest in epidemiology. As a large company VetEnt saw value in me pursuing this interest; to encourage an evidence based medicine approach to achieving consistency across the group and to expand the clinical trial work as an income stream for the business. I was fortunate to get a scholarship from DairyNZ which has allowed me to devote time to study.

I combine part time dairy practice and study with motherhood. There is never a dull moment! William is also studying; he is doing a Diploma in Agriscience.

What do you like most about your job?

The farmers! I went into vet because I like animals and found out it was all about people!

I plan to continue as a practising dairy vet as well as expanding the clinical trial work that we do. Having the on-going contact with farmers keeps me grounded; it helps me ensure the outcomes of the clinical trials are providing practical information to benefit farmers. Also farmers have the best ideas!

What is your role with VCNZ?

I am a member of the Notifications Review Group. This group is made up of three vets and one lay person. We filter concerns about vets; some are referred to a more formal process and dealt with by the Complaints Assessment Committees, some we can deal with. The NRG process is less formal and quicker.

You don't need any specialist skills to be on the NRG. You need the common sense and insight that you get from veterinary practice. You get help from experienced members of the team for those "curly" issues.

Most complaints stem from communication issues. Working for VCNZ has reinforced to me the critical role of people skills for successful veterinarians. These skills need to be taught to vet students right from the start.

Can you explain what you get out of your involvement with VCNZ?

It's really interesting to learn what is happening out in the industry.

The way I practise has really changed since I have gained a better understanding of the regulatory side of practice. I am more aware of the things that trigger complaints and cover myself more! I also like



to make sure others in the practice understand the triggers so we can all improve as a team. I think I am better at communicating with clients as I reflect on the issues that we make decisions on.

At vet school nobody voluntarily reads the Code of Professional Conduct outside of the required assignments. It just seems too boring. Now I understand just how important it is to really engage with VCNZ issues.

How do you think VCNZ can improve engagement with practising vets?

I think you need to keep giving examples to the profession on the types of complaints and how they relate to the Code.

The problem with communication by email is that the information "gets lost". You get so many emails from both veterinary and farming organisations that I see an email from VCNZ and think "I'll look at it later" but later never comes. And I am involved in VCNZ and have a real interest!

Like most vets, I do read VetScript. I probably wouldn't if it wasn't in hard copy. I think VCNZ needs to send out separate hard copy newsletters which are easy to read with lots of case studies.

One of the best things about being involved with VCNZ is the contacts you make. I recommend you give it a go if you are approached!

Australasian Veterinary Boards Council (AVBC) to take over examining final New Zealand National Veterinary Examination (NZNVE) candidates

The last sitting of the final clinical registration examination for veterinarians not holding prescribed qualifications was held on 24-28 November at Massey University prior to it being transferred to AVBC administration.

Sitting and passing NZNVE is a pathway to registration for those veterinarians who received their veterinary degree from a university that is not recognised by VCNZ.

Massey University also offers an alternative route to New Zealand veterinary registration through admittance to year 3 of its BVSc programme.

The NZNVE programme involves passing an approved English language competency test, passing a preliminary

examination (multi choice and available at various international locations) and then a final clinical examination. This includes written and practical assessment and has been held at Massey University. AVBC currently administers the preliminary examination for both New Zealand and Australian candidates.

The number of candidates for the final NZNVE has been reducing, making it non-viable for VCNZ to continue to run this examination in New Zealand. From 2015 the final examination will be

a shared Australasian examination which will take place in Australia (normally at the University of Queensland) under the administration of the AVBC.

A New Zealand representative (presently Dr Nicola Smith of Massey University who is the current NZNVE Chief Examiner) will continue to participate and contribute to the work of the AVBC Board of Examiners.

VCNZ is grateful to the work of Massey staff in conducting this examination for the last 20 years.

Council meeting dates in 2015

25 and 26 February
21 May
7 and 8 September
26 November

Results of the NZNVE, November 2014

Three candidates sat the final NZNVE at Massey. One passed and one failed. The third candidate was awarded a supplementary pass and will need to sit and pass the sections failed before being eligible for registration.

Electronic records

The Legislative Section of the Code of Professional Conduct for Veterinarians (COPC) states that: "Veterinarians must maintain a working knowledge of, and comply with, the current legislation and the rules and standards which impact directly on their area of veterinary practice." This is a daunting prospect for those veterinarians whose day to day role does not involve working in a regulatory environment.

One of the lesser known pieces of legislation that impacts veterinarians is the Electronic Transactions Act (ETA) 2002 and associated regulations. The purpose of this Act is to facilitate the use of electronic technology. The COPC was updated earlier this year to reflect requirements as we move to a paperless environment. It is important that you understand the legal requirements about retaining information.

The use of electronic means to generate and store clinical and financial records is widespread in the veterinary industry. Dedicated veterinary software packages allow efficient storage and retrieval of records. Some industry sectors (such as MPI Verification Services) have sophisticated means of electronic certification.

What are your requirements under the ETA and COPC concerning electronic records?

- Records stored electronically must ensure:
 - The integrity of the information

- contained in the records is maintained, and
 - The information is readily accessible so as to be usable for subsequent reference.
- Records that originated as source-paper documents can be transferred to electronic form and the source paper does not have to be retained.

This means that paper copies of documents such as consent, waiver and euthanasia forms do not have to be kept as long as the signed document is scanned and retained electronically.

The addition of information is acceptable provided this does not obscure the original information and the additional information is distinguishable as additions to the original record.

- Electronic communications (such as emails) have additional requirements.
 - They must enable the identification of:
 - the origin of the communication; and

- the destination of the communication; and
- the time sent and received
- The information must be readily available for subsequent reference.
- Backup and recovery procedures must be sufficient to ensure the availability of electronic records for the required record retention period (7 years for financial records and the COPC recommends a period of 7 years after the date of the last consultation)
- In the event of hardware/software changes:
 - Facilities for retrieving electronic records that have been stored on the former system must be retained; or
 - The electronic records must be converted to a compatible system and both sets of files retained complete with documentation showing the method of transfer and controls in place to ensure the transfer was complete and accurate.

VCNZ notifications and complaints process

The Veterinary Council of New Zealand (Council) is established under the Veterinarians Act 2005. Its primary purpose is to protect the public interest by ensuring that veterinarians are fit and competent to practise. The Act provides the Council with a number of mechanisms to achieve this, which include:

- setting and monitoring the standards veterinarians must met
- promoting high standards of veterinary education and conduct
- reviewing and acting, where necessary, in circumstances where concerns about a veterinarian's performance, professional conduct or health have been raised

Council only has jurisdiction over veterinarians.

Prior to the implementation of the revised Veterinarians Act in 2006 the only way Council could deal with performance concerns was via the formal complaints and disciplinary processes. Considering that protection of the public interest is best achieved by focusing on causes of adverse events, and learning from mistakes (rather than seeking to 'name, blame and shame' individual practitioners through disciplinary proceedings) the Council sought and gained a more appropriate pathway for dealing with such concerns by way of statutory competence provisions.

The competence processes are not disciplinary processes. They are designed to be evaluative, educational and rehabilitative.

Unfortunately the 2005 Act did not provide any discretion for Council to decide that written complaints received do not meet the threshold for referral to a Complaints Assessment Committee (CAC) or would be better addressed through its competence or health processes. S38(3) of the Act provides that "as soon as practicable after receiving a (written) complaint the Council must refer it to a complaints assessment committee and the committee must investigate the complaint under section 40". So in circumstances where the

notifier wants the issues they have raised to be considered as a formal complaint, their notification must be referred to a CAC.

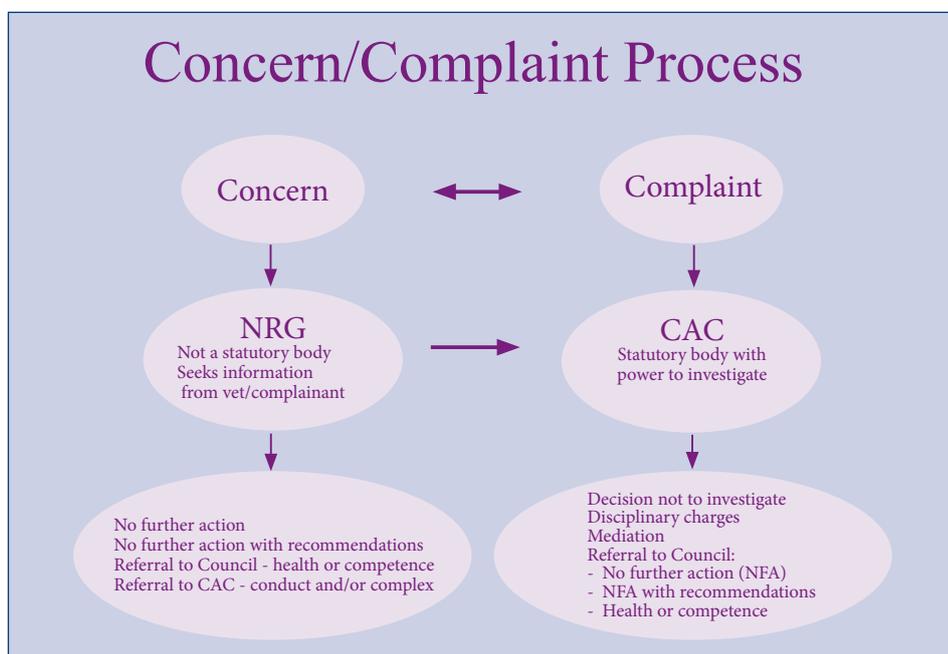
However other notifications are now addressed through referral to a "triage" team called the Notifications Review Group (NRG). This consists of three veterinarians and one lay member. The NRG has the authority to act on behalf of the Council in:

- considering issues raised about a veterinarian's conduct, performance or health arising from information received and in circumstances where the notifier does not wish to make a formal complaint
- seeking the veterinarian's comments in circumstances where there appears to be some substance to the issue raised
- determining how the matter should be managed including:
 - no further action
 - no further action with recommendations to the veterinarian concerned
 - in the event of significant competence or health concerns or where there is a pattern that suggests that the veterinarian may not meet the required fitness or competence to practise standards
 - referral to the Council of the matter to a Complaints

Assessment Committee under section 39 of the Veterinarians Act 2005. For example, in situations where there are concerns about actions which could threaten the public's trust and confidence in the profession, apparent willful or reckless behaviour, significant breaches and/or disregard of professional standards and actions which appear to be careless to the point of malpractice or negligence.

Any decision to use any of the processes set out in the Council's Policy on Competence and Competence Assessment (http://www.vetcouncil.org.nz/documentation/Policies/VCNZ_Policy_CompetenceAndCompetenceReview.pdf) rests with the Council. Similarly only Council (or the Judicial Committee following a disciplinary hearing of CAC charges) has the power to cancel registration or suspend or impose conditions on practice. The Council's statutory competence and health powers are only invoked in situations where the public interest is at risk and the veterinarian concerned has declined to engage/refused to enter into an agreement with the Council to mitigate these risks. The CAC's decision making powers are restricted to laying disciplinary charges or attempting to solve the complaint via mediation. Any of the other outcomes

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available to a CAC, including no further action, must be endorsed by Council.

By contrast the NRG does not have any decision making powers which impact on veterinarian's rights. For this reason its processes are less formal and significantly faster than those of a CAC.

The primary issues the NRG now deals with allow CACs to focus on investigating the more serious cases involving allegations of professional misconduct such as bringing the

profession into disrepute and willful and/or reckless disregard of professional standards (except in the relatively few cases where the notifier insists that the concern/s they have raised must be considered as a formal complaint).

In 2009 CACs dealt with 57 complaints. The notifications process was introduced in 2010. The impact has been to reduce the numbers of formal complaints to 36 in 2011, 37 in 2012 and 27 in 2013.

Of the 29 notifications considered in 2013, 17 resulted in no further action. In six of the cases, recommendations were made or advice given to the veterinarian concerned and in another case the NRG was satisfied with the steps already put in place to address the concerns. Five of the cases were referred to a CAC and one was referred to the Council to consider under its competence processes.

Veterinarian's Wellbeing – the role of VCNZ

The role of VCNZ is "to protect the public interest by ensuring veterinarians are fit and competent to practise". VCNZ understands that a significant component of fitness and competence to practise is maintaining good physical and mental health.

If you think you have a health condition (physical or mental) that has the potential to affect how you practise then you have a duty to let us know. VCNZ takes a supportive and rehabilitative approach where there are health or competence concerns.

VCNZ partners with NZVA to provide resources to veterinarians who need a helping hand

Vitae is a 24-hour help line, staffed by professional counsellors providing an independent and confidential service to support veterinarians in times of personal and work problems. All veterinarians have access to three full counselling sessions, free of charge.

The booklet "Vets resilience, wellbeing" is another joint project between NZVA and VCNZ. This gives a New Zealand perspective on coping with the stressors of veterinary practice. It includes tips for building resilience and ways to increase your ability to bounce back from the inevitable low times.

What is mental health and wellbeing?

The World Health Organisation defines wellbeing as:

"A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. It is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."

Mental health, just like physical health, is not fixed and will change over time often as a result of external influences. We need to look after our mental health just as we do our physical health.

Actions to enhance wellbeing – an evidence-based approach

The report "Five ways to wellbeing" by nef (the new economics foundation) was commissioned by the UK Government's Foresight programme. The objective was to develop a set of evidence-based actions to improve personal well-being in UK society.

The following five actions were identified as important for wellbeing:

Connect: With people around you, with family, friends, colleagues and neighbours.

Be active: Discover a physical activity you enjoy.

Take notice: Savour the moment and be aware of and appreciate the world around you.

Keep learning: Learning new things makes you more confident as well as being fun.

Give: Do something nice for a friend or neighbour, get involved in your community.

"Journeying through Wellbeing" is a free resource provided through the Open University

<http://www.open.edu/openlearn/body-mind/health/health-studies/mental-health>

This is an excellent tool (also available as an app on Android or iPhone). It's a user friendly, fun way to look at mental wellbeing and discusses the "Five ways to wellbeing".

If you have a concern about your own health or the health of a colleague, please take action to make things better. You can call Helen Beban (Professional Advisor) on 04 894 7109 or talk to Despina Arathimos (Deputy Registrar Operations) on 04 473 9600.



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Compulsory Continuing Professional Development: where are we as a profession and how do we compare?

Registered professionals are conferred certain privileges by society as a result of their knowledge and skills. They also have obligations to meet. One of these obligations is to ensure their knowledge and skills are kept current so that users of their services can expect an appropriate level of competence. The users of veterinary services expect veterinarians to engage in life-long learning or Continuing Professional Development (CPD). It is the role of the Veterinary Council of New Zealand (VCNZ) to set minimum standards for CPD and to ensure compliance.

Compulsory CPD Framework

The current CPD Framework is the result of over five years of work and extensive consultation with the wider veterinary community. A working party was set up in 2009 convened by Peter Jerram (VCNZ). The group comprised: Hans Andersen (NZVA), Tony Zohrab (NZFSA), Andre van Halderen (MAF), Liz Norman (IVABS), Peter Jolly (VetLearn) and Barbara Benson (VCNZ). CPD frameworks operating in other jurisdictions were examined including: RCVS (UK), AVA Vet Ed, Veterinary Council Ireland, Pharmacy Council NZ, Dental Council NZ, Physiotherapists Board NZ and NZ Medical Council.

The draft CPD framework was consulted on in October 2010. There were 46 responses and 85% of the respondents supported the proposals. The current framework is described in the document "Continuing Professional Development Information for Veterinarians" available on the VCNZ website.¹

Currently there is no strong evidence that moving from a voluntary to a compulsory system will result in measurable improvements in competency. However a compulsory system helps assure public confidence and provides a mechanism to identify those veterinarians who may be at risk of not maintaining competence.

High trust, flexible model

The CPD framework puts the onus on individual veterinarians to plan their CPD and decide if appropriate learning took place. The over-riding principle is that the activity is relevant to, and enhances their current or future role. It is designed to be appropriate for the diverse areas of practise that veterinarians engage in; whether this is clinical work or education, research, regulatory, management or consultancy roles. You need to self-declare that you have met the CPD requirements when applying for your Annual Practising Certificate (APC).

Points Based System

The current framework requires you to allocate points for CPD initiatives based on an estimation of the "value of the

CPD". There are three broad categories: Continuing Veterinary Education (CVE), Collegial Learning Activity (CLA) and Self-directed Learning (SDL). You are required to accumulate set minimum points over the preceding three year period.

CPD auditing

A system of compliance monitoring (audit) of CPD declarations is required to give assurance to Council and the public that veterinarians are complying with the minimum requirements. Experienced veterinarians, who have undergone training, will audit the records of selected colleagues to ensure they can verify (give appropriate evidence) for the CPD activities they have claimed and that these activities are appropriate for the individual veterinarian's field of practice. The first, pilot, audits are currently being conducted. The results of this audit round, including feedback from auditors and auditees will help shape future audit processes and improvements to the current CPD framework.

Evidenced based education

Many of the professions in New Zealand have had systems of compulsory CPD for some time and the veterinary profession is in a "catch-up" mode to meet professional obligations.

Some are prescriptive, points based systems. There is often an emphasis on traditional models of education delivery such as conferences and seminars involving instructional, lecture based approaches. Although the current VCNZ CPD framework recognises the value of collegial learning and reflective practice, there is still an emphasis on traditional continuing veterinary education, through the weighting given to the CVE category.

Other professions are exploring more individualised systems without such a focus on traditional methods of learning and with an emphasis on CPD outcomes rather than the number of CPD points accumulated. However this trend needs to be balanced against the increasing awareness that professionals are not good at recognising their own learning needs and knowledge/skill deficits.

Educational Effectiveness

The Medical Council of New Zealand recognises that "there is disquiet that the currently practised CPD, with its emphasis on continuing medical education, does not necessarily identify or improve underperformance and therefore cannot "ensure" doctors are competent".² Research in the medical profession has revealed the following:² *Educational activities strongly associated with effectiveness*

♦ Interactive programmes between doctors and educators

These involves educators discussing problem clinical issues in small group environments and utilising interactive and collaborative discussion to reach solutions. Eg the problem identified is that practitioners are opting to use complex broad spectrum antibiotics to treat urinary tract infections that are generally sensitive to simpler options.

♦ Comparisons between optimal and actual care

Variations in practitioner practices from what is considered optimal standards may be the result of practice demographics (lower socio-economic area) but may reflect poor practice. Eg. Low rates of referral

♦ Academic detailing

This involves appropriately knowledgeable people going into a practice to present relevant information eg, rational prescribing, judicious use of diagnostic investigation, drug detailing by well-informed pharmaceutical company representatives etc

♦ Outreach programmes

In the medical system this involves representatives of the local Primary Health Organisation going to a practice in a supportive way to look at systems that could assist the practice to improve

♦ Providing learners with access to their own data

Data can be collected through practice software systems, and external organisations such as the Ministry of Health in human health. This includes data on prescribing patterns.

♦ Teaching integrated with clinical practice

This is case based education and encourages practitioner reflection

on decisions. It is not necessarily informative.

♦ **Multifaceted approach to education**

Achieving behavioural change often requires repetition of information in a variety of forms: verbal, written, access to expert advice by webinars etc

Educational activities of less value

- ♦ **Formal meetings or conferences**
- ♦ **Lecture/instructional formats**
- ♦ **Self-assessment of educational needs**
- ♦ **Large group teaching**
- ♦ **Cross discipline teaching sessions**
This involves sessions including doctors, nurses, management etc
- ♦ **Self-assessment**

Peer review of practise in the form of practice visits by colleagues, is an innovative approach by the medical profession to assist learning among doctors.²

Where to for compulsory CPD?

The current CPD framework is not set in stone. We are at the start of a journey which requires on-going evaluation of the framework, learning from current research and the “best practice” of other regulators, and a great deal of consultation with the wider veterinary community.

VCNZ will share insights from the current pilot CPD audit with the profession. You are all encouraged to engage in the consultation process

(planned for 2016) that will form the basis for future improvements.

Acknowledgement

I thank Dr Steven Lillis, Professional Adviser for the Medical Council of New Zealand, for his advice and passion in the area of continuing professional development.

References

1. Continuing Professional Development Framework for Veterinarians
<http://www.vetcouncil.org.nz/documentation/CPDInformationforVets.pdf>
2. Lillis S 2013. Maintaining competence. Chapter 19 in St George IM (ed). Cole’s medical practice in New Zealand, 12th edition. Medical Council of New Zealand, Wellington 2013. Chapter 19, p 168-171

CPD Pilot Audit

Most of the veterinarians selected for the pilot audit have returned their CPD Records to VCNZ and the auditors are assessing these. It is apparent that many veterinarians’ CPD Records contain well in excess of the minimum requirements. Some have given feedback that they did not always keep verifiable records (proof of attendance such as certificates, agendas of meetings, notes on what was learnt etc). They found that providing this information retrospectively was time consuming.

- ♦ Remember for the purposes of audit you only need to show compliance with the minimum requirements. We prefer that you list all the CPD under taken in your CPD summary, but you don’t need to provide verifying evidence for activities that you completed after having met the minimum points requirements. Allow some leeway, in case your auditor questions the relevance of some of your CPD.

- ♦ You have the choice of providing certificates, meeting agendas etc. or a short summary of what you have learnt and how this will impact your work. This is called a reflective statement. It need only be a few sentences as long as it is appropriate to your work. (see the examples below)
- ♦ Use this “wake up call” to set up systems so that you can easily provide verification of CPD, if your name is selected in future years. Set aside some time regularly to keep your records updated. Talk about this as a practice and decide on ways that you can achieve this together (e.g. someone writes notes from the weekly clinic meetings etc).
- ♦ You may choose to classify a given CPD activity under CVE, CLA and SDL as long as you follow the guidelines in Appendix 1 of the CPD Information for Veterinarians document (<http://www.vetcouncil.org.nz/documentation/>

CPDInformationforVets.pdf). e.g. You attend a Regional branch NZVA Meeting and hear a presentation on new aspects of treating otitis externa in dogs. You may consider this is best classified under CLA as there was significant interaction and discussion. Another person in the room may claim this activity as SDL. Both are fine. What is important is what you learnt.

In the first example below (1) this activity is best classified as SDL. If the webinar had been assessed, then it could be claimed as CVE. If the webinar had been viewed “live” and there was on-line discussion, then it could be claimed as CLA.

The second example (2) could be claimed as SDL or CLA. As the current CPD framework has a minimum requirement for CLA, you are advised to ensure you achieve the minimum CLA requirement when deciding on how to allocate your CPD activities.

Example - Reflective Record

Activity No. (from Activity Summary)	Topic or publication details and/or CPD objectives	Learning outcomes (What I learnt or delivered)	Impact (How this has or may benefit my work)
1	Webinar on Anxiety and Phobias. Viewed on-line after the actual webinar at a more convenient time for me.	I was reminded of the 4Fs of fear: flight, fight, freeze and fiddle (displacement behaviour). I was reminded that chronic anxiety will not resolve without appropriate management: behavioural modification, environmental management and medication (3 Ms). The development of anxiety is influenced by a genetic predisposition, previous experiences and the environment the pet is in at the time.	I will be more vigilant in the recognition of anxiety/fear especially around displacement behaviour. I will remember to recommend early medical treatment for neurochemical imbalance.
2	Second opinion on chest x-ray	Dog with large inguinal mass identified 12 months ago which has been managed conservatively (owner did not consent to diagnostic investigation) developed a harsh cough. Chest x-ray showed areas of consolidation. Unsure if metastatic lesions. Consulted with a colleague. Decided inconclusive but most likely thickened bronchi (old dog chest).	Recommended re-x-ray in 3-4 weeks as inconclusive. Investigated using bronchodilator inhaler with veterinary spacer. Owner consented and dog has responded to this treatment.

News from the Profession: Boyd Jones

Emeritus Professor Boyd Jones shares his view on CPD

In September I attended a presentation by Helen Beban and Nick Twyford who were representing the NZ Veterinary Council, on Continuing Professional Development (CPD) for veterinarians. The framework relating to the different CPD activities and their relevance to ongoing competence for registration was provided. In addition Council's booklet 'Continuing Professional Development for Veterinarians, 2014' (also available on line) was provided; its contents were clear and relevant to all veterinarians.

No matter in what area of veterinary medicine we practise, Council is required by the Veterinarians Act 2005 to set minimum practising standards for us and to encourage professional education. With the exception of the Ministerial appointments, we elect the members of Council. Council's

role is to represent us in 'protecting the public interest' by ensuring we are competent. This is a tough job as there are many different areas of practice, different views of what is required, and challenges posed by the rapid ongoing changes in electronic access to scientific information and educational opportunities.

Council has produced a functional but flexible framework to record CPD data and provide evidence of education and maintenance of professional studies. The booklet is an essential read and provides information on how to record relevant CPD data in a manner that can be retrieved easily and submitted if required. It takes a little time and you might not agree with some aspects but don't 'shoot the messenger'! It is Council's job to administer the Act and its members represent us in doing so.



If you don't agree with some elements of the CPD framework, email or write and provide your view point, and more importantly, a solution to your concerns. (Or put yourself forward as a candidate for election to Council so you can be directly involved in the work in future!)

I think VCNZ has agreed a workable framework for recording and weighting CPD activities. It is over to us to complete records of our CPD. That's easy if we make a habit of documenting what we do when it happens.

Online Annual Practising Certificate (APC) Renewal

Over two thirds of the profession chose to renew their 2014/15 practising certificate online, with those vets who provided comment saying that the system was easy to use.

This online option will be available for the 2015/16 APC renewal round.

We will email you in early February with instructions and a unique user ID to access and use the online system. Please make sure we have your current email address, preferably not a shared one. Contact vet@vetcouncil.org.nz if you need to change your email address.

Online renewal will be available during the 'bulk' APC renewal process from early February to 31 March 2015. Online APC applications can only be paid via Credit Card or Bank Transfer (Direct Credit).

If you wish to pay by cheque, or are unable to use the online system, you will need to download a hardcopy application form which will be available at <http://www.vetcouncil.org.nz/annualPracCert.php>

Please make it a priority to apply for your APC before your current one

expires on 31 March 2015.

By renewing your practising certificate the Council is confirming to the public that you are competent and fit to practise. It is illegal to practise as a veterinarian without holding a practising certificate. Those who do, risk prosecution, a fine of up to \$10,000 and lack of indemnity cover.

It is your professional responsibility, not your employer's, to renew your practising certificate. However some large employers require their employees to complete a hard copy application to be collated centrally and forwarded to VCNZ with a bulk payment. Please make sure you are aware of your employer's requirements.

Requirements for employers bulk paying the APC fees of their employees

If your practice has previously bulk paid the APC renewal fees of your

veterinarian employees you can continue to do so.

We will be emailing the contact person we have recorded for your practice/organisation shortly with advice on what to do. If this contact person has changed during the year please let us know the new contact details by emailing vet@vetcouncil.org.nz

As occurred this year employers will need to make payment to the Council's bank account before 30 January 2015 and provide a spreadsheet with the names, registration numbers and amounts direct credited for each veterinarian, on the same day as the bulk payment is made (or cheque provided).

If payment is not made, and/or the details not provided to us, by 30 January the veterinarians renewing online will need to make individual payment and claim back from their employer.

Can a veterinary prescription be used to import a restricted veterinary medicine?

The answer is no and you need to make your clients aware that they are acting illegally if they attempt to use a script you have provided to import a Restricted Veterinary Medicine (RVM).

New Zealand veterinarians can only authorise the purchase of RVMs from another veterinary clinic or an approved RVM seller in New Zealand.

The Ministry for Primary Industries (MPI) has noticed an increase in the ordering of RVMs from overseas by members of the general public by way of a valid veterinary "prescription". MPI asks that veterinarians issuing authorisations make it very clear to the client at the point of providing the "script" that it is illegal for them to order any RVM from overseas, and that any attempt to do so will result in the drug being seized at the border. Seized drugs will incur costs to either have the drug returned to the sender or have the drug destroyed.



If you wish to authorise an RVM not available in New Zealand, you must apply for an Approval in Special Circumstances from MPI and manage the importation of the product yourself.

When a drug is stopped at the border, ACVM let us know.

In such cases we've been writing an 'educational' letter to the vet concerned. But obviously, even if the vet has advised the client they can't fill the script overseas, some clients may continue to try to do so. You can protect yourself by ensuring that your script template contains wording such as:

"This prescription can only be filled within New Zealand. It cannot be used to import a restricted veterinary medicine from overseas".

What titles can veterinarians use?

The term "post nominal titles" refers to the letters placed after a person's name to indicate that they hold qualifications, offices and honours or are members of organisations. The over use of such titles can be confusing to the public and create an inflated view of a veterinarian's skills and knowledge.

- Membership of professional bodies (such as MRCVS) is not acceptable for inclusion on the public register and veterinarians are encouraged to refrain from advertising them in their own material.
- If membership of MRCVS was achieved by examination (such as a veterinarian who graduated from an institution not recognised by RCVS but who sat and passed the MRCVS examination) then this post nominal title can be used.
- A veterinarian may include reference to additional qualifications if the qualification has been approved by VCNZ for entry on the Register.
- If a veterinarian has been granted registration in New Zealand following successful completion of the New Zealand National Registration examinations (NZNVE), this will be shown on the public Register. Eg BVSc Belgrade 2003, NZNVE 2005.
- Veterinarians may use the courtesy title "doctor" provided that in doing so there is no inference that they hold a PhD (when they do not) or are a medical practitioner.
- Retired veterinarians can continue to use the courtesy title "Dr" provided they do so with the descriptor "retired veterinarian".
- Only veterinarians that hold veterinary specialist registration with VCNZ may use the title "specialist".

The VCNZ policy on additional registered qualifications and the use of post nominal and courtesy titles can be found at: http://www.vetcouncil.org.nz/documentation/Policies/VCNZ_Policy_AdditionalQualifications.pdf.

Theileria Update

Veterinarians considering using buparvaquone products for treatment of Theileria orientalis must be familiar with the changes to MPI requirements around the use of these products.

The Animal Products Notice: Specifications for animals treated with Buparvaquone came into effect on 25 October 2014 and can be found at:

<http://www.foodsafety.govt.nz/elibrary/industry/ap-notice-specs-for-animals-treated-with-boparvaquone.pdf>

There are important changes to withholding periods (18 month meat WHT, 9 month WHT for meat from a calf born to a treated cow from the time that the cow was treated, 91 day WHT from calves that drink milk that is within the WHT for BPQ. The milk WHT of 43 days remains unchanged).

For Theileria response updates please visit <http://www.mpi.govt.nz/biosecurity-animal-welfare/pests-diseases/theileria-and-anaemia-in-cattle/theileria-response-updates>

Can veterinarians access owner details from the National Dog Control Information Database?

It is not unusual for people to bring dogs that have been found wandering, to their local vet clinic. These are concerned people who want to prevent road injury to the dog and reunite it with its owners. With compulsory micro-chipping of dogs, finding the owners should be straight forward.

If the dog is micro-chipped, you can contact the Companion Animal Register and if registered they will provide this information. If the dog is micro-chipped but not on the Companion Animal Register, you will need to get this information from your local Territorial Authority through the National Dog Database.

Section 35 of the Dog Control Act 1996 states that where a veterinarian "requests, for any lawful purpose, the name and address of the registered owner of any specified dog..... the territorial authority shall comply with the request."

This applies whether the dog is injured or not.

A recent situation in a South Island town has highlighted that the issue of veterinarians gaining owner details in the case of lost dogs may vary according to the local council interpretation of the law. In this case



the local authority would only release the information if the dog was injured.

This interpretation of the law may have arisen from the wording in the Department of Internal Affairs (DIA) question and answer section on release of information:

"Only authorised council staff has access to the database. The law entitles specified persons such as police, SPCA officers and vets to ask councils for information on the owner of a dog for lawful purposes (such as treating an injured dog)."

If you find yourselves in a similar situation, talk to your local Dog Control Manager. It may be a misinterpretation of the law. You are entitled as a veterinarian to obtain the details of a dog owner for lawful purposes, such as returning a lost dog to its owner.

Tips to avoid becoming a complaint statistic

Make your clients aware of your after hours service provisions.

The Code of Professional Conduct (COPC) states that clinical veterinarians must make provision for a 24 hour emergency service. This does not have to be through your own clinic, as long as an emergency service is available. You need to inform your clients of the service by means of a telephone answering service and a notice at the unattended clinic.

Many clinics (especially in urban areas) use the services of a centralised, dedicated after hours clinic to provide their emergency after hours services. The COPC accepts that some animal owners may need to travel further to receive service. The disadvantages of longer travel are usually offset by the advantages of having veterinary personnel available at such dedicated emergency clinics.

However do your clients understand this?

VCNZ receives concerns from pet owners who expect that their own veterinary clinic will provide the emergency service. We explain to them that it is not a requirement that their veterinarian provides this care themselves, and that in some circumstances the best option is to use a dedicated after hours service.

We also explain that this has parallels in the human health sector where patients may need to travel to an after hours emergency service. In human health, primary health organisations must provide first level after hours services for 95% of their enrolled population within 60 minutes for travel time. A similar travel time to that in the human health sector would not be unreasonable.

Make sure your clients know what will happen when they phone after hours. Is the signage on your door appropriate for them to know you use an after hours service or share after hours with other practices? It may be as simple as explaining in your practice newsletter or through a notice in your waiting room, that the after hours telephone answering service will alert them to where they need to go to access the veterinarian on duty.

Contact

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