



# VET NEWS

Veterinary Board of the Northern Territory  
Newsletter

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## BOARD MEMBERSHIP

Position	Name
President ( <i>ex-officio</i> - Chief Inspector of Livestock)	Dr Susanne Fitzpatrick
Vice President (elected veterinarian)	Dr Ian Gurry
Member (elected veterinarian)	Dr Sarah VanderStelt
Member (appointed Veterinarian)	Dr Elizabeth Stedman
Public Interest Member (appointed non-veterinarian)	Marion Davey
Board Registrar	Sue Gillis

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## NEW CHIEF VETERINARY OFFICER NAMED

The Veterinary Board is pleased to announce that the new Chief Veterinary Officer and President of the Board is Dr Susanne Fitzpatrick. Sue has worked in the Northern Territory Livestock industries for over fifteen years providing a supporting role to the Chief Veterinary Officer (CVO) for the past nine years. Sue has extensive experience leading livestock biosecurity, including acting in the CVO role on a number of occasions, contributing to strategic policy and legislation and has worked across jurisdictions to achieve national biosecurity outcomes. She has a strong understanding of NT biosecurity legislation and a proven ability in its application in biosecurity responses and understands the significant biosecurity risks and challenges across northern Australia.



The Board would like to thank Dr Kettle for his contribution as Acting President while the position of CVO was recruited to. Dr Kettle will currently remain the Principle Veterinary Officer for the Northern Territory.

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## FEE INCREASE

The Board wishes to advise of a fee increase from 1 July 2019. The fees are as follows:

- Renewal for Primary Registration	\$121.00
- Renewal fee for Specialists Primary registration	\$294.00
- All Secondary Registration	\$Nil
- New Primary Registration	\$181.00
- New Specialist Primary Registration	\$354.00

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## WHAT DO YOU DO WHEN A CLIENT REPORTS A SUSPECTED MALICIOUS POISONING?

In the past few years, Berrimah Veterinary Laboratories (BVL) has received several diagnostic submissions aimed at investigating suspected malicious poisoning of dogs and birds. Samples submitted for testing have included various baits found by owners on their property (often sausage, mince or bread that is suspected of being laced with poison), stomach content or whole carcasses. The common suspected poisons are fluoroacetate (1080) or insecticides (usually organophosphates or synthetic pyrethroids). There is no general/non-specific toxin screening. The suspected type of poison **must** be specified for testing. Clinical signs may be helpful in distinguishing between fluoroacetate and insecticides. Both may cause gastrointestinal hyperactivity (vomiting, diarrhoea), salivation/frothing at the mouth and terminal convulsions. However, fluoroacetate poisoning is typically relatively dramatic, with rapidly progressing hysteria, periodic wild running or barking, convulsions and death. Insecticides, on the other hand, may take several hours to result in death, and may include depression, muscle twitching or whole body tremors progressing gradually to convulsions.

**The best sample for laboratory confirmation of suspected malicious poisoning through recent ingestion of bait (whether the animal is still alive or has died) is STOMACH CONTENT/VOMITUS.**

Gross necropsy and histopathology are not generally helpful in diagnosing acute intoxications, but are useful in ruling-out many other causes of sudden death. The suspected bait may also be submitted. In situations where the animal is dead and stomach content is not available, or for insecticides where exposure is suspected to be topical, rather than ingestion, the poison may be detectable in **liver**. A sample of **brain** may be useful to diagnose some forms of insecticide poisoning (e.g. for cholinesterase levels in organophosphate poisoning) if stomach content is not available. The amount to collect for any of these samples is ideally **100g**, but if there is not this much available, collect what you can and testing may still be possible. Samples need to be taken as soon as possible, placed individually into new sample jars, **frozen immediately** and transported in an esky on ice to the laboratory.

All toxicology testing that is submitted through BVL is sent to referral toxicology labs. Testing costs are usually charged back to the submitter, and run around \$450-\$500 per test, per sample. Fluoroacetate testing may have a turn-around time of up to 6 weeks, but is usually 2-3 weeks. Results from a multi-residue insecticide screen (that detects a wide range of



organophosphates and synthetic pyrethroids) are usually produced within 2-3 weeks. If the suspected poisoning is potentially a legal case, it is recommended that testing to confirm the poisoning is pursued, and that the police be contacted for advice, since forensic procedures such as chain of custody documentation for samples may be required.

For further information, please contact BVL on (08) 8999 2249 or [BVL@nt.gov.au](mailto:BVL@nt.gov.au)

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## RESIGNATION OF SOUTH AUSTRALIA FROM AVBC

The Veterinary Surgeons Board of South Australia (VSBSA) informed all veterinarians in South Australia in an email dated 19 December 2018 of the VSBSA's withdrawal from the Australasian Veterinary Boards Council (AVBC).

The AVBC is determined that it will do all within its powers to minimise the impact of VSBSA's resignation on veterinarians, whether registered in South Australia or elsewhere in Australia. Protection of the public remains the key principle and until a new model can be formulated, the AVBC will continue to provide its services to stakeholders as if the VSBSA had not resigned.

### What are the potential consequences of VSBSA departure?

#### *Specialist registration*

The work on standards setting and standards application by the Advisory Committee for the Registration of Veterinary Specialists (ACRVS) will continue. The number of highly trained veterinarians applying for specialist registration through all of the boards is steadily increasing. The veterinarian must apply through their veterinary board in Australia and the advice of the committee goes to the board, not the applicant. As yet, there is no understanding as to how the VSBSA plans to assess new applications for specialist registration.

AVBC publishes a list of qualifications that would normally be recognised for the purpose of veterinary specialisation in Annexe A of its Minimum Standards Document (MSD). Fellows of the Australian and New Zealand College of Veterinary Specialists (FANZCVS) would normally fall into this category as would many North American or European Diplomates. However, even if the qualification is recognised, the individual applying may not meet the requirements of the ACRVS. For example, applicants who have not stayed up to date nor maintained specialist level practice would need to be closely scrutinised, by the committee chosen by Council, as to their suitability for registration.

The evolution of new specialities continues apace and balancing the aspirations of veterinarians with the high expectations demanded by the profession and the wider community of those with specialist registration is requiring more time and resources. Each new training program is individually assessed by the committee using processes agreed by Council. VSBSA will no longer be involved in any of these decisions.

#### *Accreditation*

The differentiating strength of AVBC accreditation has as its source the nine veterinary jurisdictions of Australia and New Zealand. The standards that are set through the Veterinary Schools Accreditation Advisory Committee and applied through accreditation site visits are all decided directly by the members of AVBC. The accreditation system built on this synergy is a world leader and veterinarians qualified in Australia and New Zealand are respected internationally.

AVBC is a co-founder of the International Accreditation Working Group (IAWG) and is an equal partner with USA/Canada and the UK in all joint accreditation visits. The Mutual Recognition



Agreement (MRA) allowing free flow of veterinarians between Australia and New Zealand and the UK was formulated in 1999 and has been renewed every 5 years since. The resignation of VSBSA may not have an impact on the strength of the decisions made however the situation is being closely monitored by our international partners. Particular concern voiced by the RCVS regarding the MRA raises questions as to the plans for mobility of South Australian veterinarians and the recognition of the University of Adelaide veterinary program.

### ***Veterinarians Qualified Overseas - migration and examinations***

AVBC is the organisation gazetted by the federal Department of Home Affairs for the skills assessment of potential migrants with the occupation "Veterinarian". It is the organisation to which the National Office of Overseas Skills Recognition (NOOSR) now the federal Department of Education and Training devolved the setting an examination for overseas graduates whose degrees are not recognised for registration.

These requirements of the Australian government were the impetus for the incorporation of AVBC and similar organisations constituted for each of the regulated professions and other occupations. AVBC members delegated to AVBC the setting of minimum standards for all veterinarians wishing to practice in Australia and New Zealand. The Chair of the Board of Examiners, the committee responsible for overseas qualified veterinarians, reports to every AVBC meeting so that every board has oversight of its standards and processes.

As a member of AVBC, the Veterinary Council of New Zealand also uses the National Veterinary Examination (NVE) for New Zealand's overseas qualified veterinarians. The Federal Minister for Home Affairs and the Minister for Education and Training will be notified of the VSBSA resignation. They will be informed that until a new funding model is established, that foreign graduates residing in South Australia will still be able to access the NVE and skills assessment for migration. In the short term at least, foreign graduates with South Australian registration will be able to access a skills assessment provided they meet all of the relevant requirements.

### **Regional Mobility**

Mobility of veterinarians in our region is governed by the Australian Mutual Recognition Act (MRA), National Recognition of Veterinary Registration (NRVR) and Trans-Tasman Mutual Recognition Agreement (TTMRA).

Although sovereign entities, state veterinary boards and the Veterinary Council of New Zealand have agreed on uniform standards for registration as described above. This agreement relies on good will and regular exchange of information through the meetings of Council every two months, with at least one face to face meeting each year.

If one board makes a change to veterinary registration standards, this effectively changes the standards for all boards as each jurisdiction must allow a veterinarian to register if successful in obtaining registration in another jurisdiction. If the direction of VSBSA legislation and decisions diverge from those of the other jurisdictions it would be concerning for all boards. AVBC runs workshops to develop competences in veterinary regulation in areas such as complaints handling and board governance. VSBSA may fall behind the current practice of the other boards if representatives do not participate in AVBC workshops.

Similarly, VSBSA would no longer have a say in the development of Australian and NZ veterinary standards and moves towards harmonising legislation. The Primary Industries Ministerial Council endorsed National Recognition of Veterinary Registration (NRVR) in



2008 and the committee may need to be notified that one of the jurisdictions party to this agreement has resigned from AVBC.

### Foreign Affairs and Trade

AVBC has an excellent relationship with the Department of Foreign Affairs and Trade (DFAT) in Australia and equivalent organisations in New Zealand directly and through the respective Chief Veterinary Officers (CVO). The AVBC also works with the International Organisation for Animal Health (OIE) through its involvement in the development of standards for education and for veterinary statutory bodies. DFAT has recently allocated funding for AVBC to develop an OIE-sanctioned twinning relationship with the Veterinary Council of Thailand and through it the newly formed ASEAN Veterinary Statutory Bodies Network (AVSBN). Issues such as antimicrobial resistance, transboundary disease and food security require close collaboration and AVBC is working on behalf of the boards to help improve veterinary standards in our neighbouring countries.

The Chief Veterinary Officers of Australia and New Zealand will be alerted that VSBSA is no longer a member of AVBC and thus not a contributor to partnerships that have strengthened our reputation with international veterinary statutory bodies.

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## WILDLIFE CASES POSE CHALLENGE FOR AUSTRALIA'S VETERINARIANS

An unpleasant experience with injured wildlife four years ago left a lasting impression on Dr Bronwyn Orr, an Australian veterinarian and academic. Unbeknownst to her, someone had walked into the reception area of the clinic where she worked in rural northern Queensland carrying a small cardboard box. Inside was a little magpie with an injured wing.

The box was taken by a nurse, who placed it in the back of a cage in a corner among some kennels, without a note. In the hustle and bustle of a busy country clinic, the box and its delicate contents soon were forgotten. It took about two days for Orr to find the weak, dehydrated bird and to raise the alarm. The animal had to be euthanized.

"Everyone was so busy and just ignored it," she said. "We didn't have a system to deal with injured wildlife, and we actually forgot about a patient."

A few years later, Orr decided to make the treatment of wildlife a centrepiece of her master of science degree, for which she studied part-time by correspondence through the University of Edinburgh. The results of her [thesis](#), recently published in the Australian Veterinary Journal, indicate that her experiences in Queensland were far from unusual.

Australian practices on average see five to ten injured native animals every week, Orr's research found. The estimate was based on the survey responses of 132 clinics across the country. When extrapolated nationwide, the data indicate that veterinarians in Australia collectively see between 177,580 and 355,160 wildlife cases each year.

Slightly more than half of injuries – 51 percent – are related to vehicle trauma. Another 22 percent relate to other forms of trauma. Neonatal or orphaned cases accounted for 13 percent of the wildlife cases presented to veterinarians, while 9 percent related to predation, 3 percent to disease and 2 percent to "other."



Survey takers were asked what "most commonly" became of the animals. The answers: 54 percent said animals were cared for by wildlife rehabilitators; 33 percent said the animals were euthanized; 10 percent said the animals were given medical treatment or surgery; 2 percent said the animals were referred to a wildlife hospital; and 1 percent said they were released immediately.

Twenty percent of respondents said they examined the animals immediately upon presentation, while 74 percent said they attended to wildlife only when they had spare time.

Not surprisingly, a lack of resources was cited as veterinarians' biggest impediment to providing care. When they treated wildlife, 90 percent did it for free, Orr's research found. The remaining 10 percent received less than AU\$1,000 (US\$703) in compensation each year, mostly from donations.

Those findings chime with the [results of a survey](#) conducted in 2015 by the British Veterinary Association: An estimated 84 percent of veterinarians in the United Kingdom give their free time to work with animal shelters and charities to treat abandoned, mistreated or injured animals. That study did not consider wildlife explicitly, however.

The United States has a network of wildlife rehabilitators – including some veterinarians and veterinary technicians – who are licensed by state and federal fish and wildlife agencies. According to a [survey](#) by the National Wildlife Rehabilitators Association, 64,000 birds, 39,000 mammals, and 2,300 herptiles (reptiles and amphibians) were treated by 343 rehabilitators in 2007. Some provide care with little or no financial support.

### **A veterinarian line of defence**

Although government support for treating wildlife is scarce, Australian authorities haven't necessarily turned a blind eye to protecting the country's unique fauna – and not just its koalas.

The coordinating body Wildlife Health Australia (WHA) has been working since 2002 to monitor and prevent the spread of wildlife diseases, and veterinarians are very much part of the act. Core funding for WHA is provided by federal and state governments, with in-kind support from zoos, universities and veterinary practices.

One WHA initiative, the Sentinel Clinic Wildlife Disease Surveillance Program, has signed up eight veterinary clinics across Australia to monitor disease incidents among native animals.

Participating practices receive a small amount of funding support, according to WHA's Keren Cox-Witton, although the money is not provided specifically for treating sick animals. "It covers the extra work to report to WHA every month about the wildlife cases they're seeing," Cox-Witton explained, "although some clinics do use the funds for more in-depth disease investigations."

Emerging and zoonotic diseases are of obvious interest, as are diseases that could hurt Australia's biodiversity or have an impact on domestic animals.

Recent disease events of concern include heat stress in flying foxes, bobtail flu in shingleback lizards and a facial-tumour disease that's devastating Tasmanian devils. Ongoing endemic diseases include sarcoptic mange in wombats, lorikeet paralysis syndrome, and chlamydia in koalas.



Cox-Witton said WHA would like to add more clinics to the network, resources permitting.

"We recognize that there's a whole other tier of clinics out there where wildlife isn't a significant part of their work but they still see the occasional wildlife case," she said. "That's something that we'd like to look at in the future."

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## REPORT FROM DR MADELEINE KELSO ON NSDIP TRAINING COURSE

The National Significant Disease Investigation Program (NSDIP)

The training course was conducted in Bendigo and was a nice cool, dry change in weather from the hot, humid Northern Territory wet season. Day one was a theory day and covered practically useful information for an animal disease investigation. There was a mix of government and private veterinarians in the room and one of the interesting topics covered was the role in a disease investigation of both categories of veterinarians.



We discussed the strengths and weaknesses of veterinarians in both fields and then discussed how we could collaborate with each other in a disease investigation. As a veterinarian on the frontline, I found day one a useful refresher in deciding when to call the government veterinarian for further assistance when working in the field. I particularly enjoyed the practical epidemiology rules of thumbs to use in a disease investigation.

Day two was a practical session involving a systematic approach to post mortem examinations. This was conducted on sheep, with the course instructors taking the group through a step by step practical tutorial on post mortem examinations, specifically targeting the exact specimen samples that are required and the correct procedure for collecting. We also covered knife sharpening skills and methods of euthanasia for a variety of different animals. Overall, I found the animal disease investigation course very informative and would recommend to other veterinarians as a refresher in this important aspect of our professions.

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## CREATIVE METHODS TO ATTRACT VETERINARIANS TO RURAL AREAS

Although many veterinary clinics around the country struggle to secure veterinarians, the task is more challenging if your clinic is in a rural area. New graduate veterinarians are often up to the challenge of 'heading out bush', however it can be difficult to retain them for more than a couple of years. Attracting experienced veterinarians to rural areas is even more difficult.



Some rural clinics have risen to the challenge by employing creative recruitment methods. We took a look at some of the more unique strategies employed by rural veterinary clinics to attract prospective staff.

### **Free accommodation**

Although not an option for every practice, numerous rural veterinary clinics offer free accommodation for a short period to help new veterinarians settle into town. Some clinics offer ongoing free or heavily discounted accommodation, particularly if the accommodation is attached to the clinic. This can be a useful strategy if the on-call roster is heavy, as the effort required to attend the clinic is greatly reduced.

### **Work vehicle**

If large animal work is a job requirement, or if on-call duties are demanding, it can be a good idea to offer a work vehicle to the new veterinarian to get to and from the practice. It's one less thing for your new veterinarian to have to worry about.

### **Rostered days off (RDOs) and flexible working conditions**

If your new veterinarian will be moving away from family and friends for this role, it's a good idea to provide flexibility in their working schedule so they can take trips as needed. Giving new staff time to explore the region and visit family and friends can ease the adjustment period and ensure they don't feel cut off from those they love.

### **Free flights for the right candidates**

In an attempt to attract quality staff, several clinics offer free flights for potential candidates to visit the practice. This removes a barrier for candidates, as they get to trial the town and practice before committing. Another option is to offer annual return flights if the practice is located in a particularly isolated area, to allow veterinarians to visit family every year.

### **Paid CPD, CPD leave and conferences**

Some clinics offer paid annual membership with the AVA, others pay for a veterinarian's annual registration fee and radiation license. By taking on the cost of these expenses for your veterinarian, it removes one less worry for your employee. Paying for conferences is another good option, as this allows the clinic to direct the veterinarian towards CPD which would be beneficial to the practice. Subsidise your employee's registration to the AVA Annual Conference or other conferences of their choice.

Attracting good candidates for a rural or remote role can often be difficult, however, it's worth considering creative methods to attract veterinarians which might help your clinic stand out from the crowd. Every veterinarian will be drawn to different aspects of a job, so finding out what works best for your ideal candidate will be the key to securing them at your practice.

Article supplied by AVA 2019

#### **ARTICLES REQUIRED:**

Do you have any articles that you would like to share with other veterinarians?

Please forward them by email to the Editor at:  
[vetboard@nt.gov.au](mailto:vetboard@nt.gov.au)







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## VACCINATION OF HORSES IS THE MOST EFFECTIVE WAY TO HELP MANAGE HENDRA VIRUS

With the latest horse death from the Hendra virus in a non-vaccinated horse in Scone NSW, all horse owners and veterinarians are reminded of the importance of Hendra virus vaccination to help prevent this deadly virus in their horses.

This latest death is extremely alarming, with it being the furthest south that a Hendra case has been recorded in Australia, near Scone, Australia's Horse capital, in the upper Hunter Valley of New South Wales.

Hendra virus is a deadly virus. For the benefit of horses and their owners, it is essential that horses located in, around or travelling to high-risk Hendra areas along the east coast, are vaccinated against Hendra virus.

From 1994, when the virus was identified, to now there have been over 60 known Hendra incidents in Queensland and New South Wales, resulting in the death of over 100 horses. "Every one of these horses that has died because of Hendra represents one more compelling reason for horse owners to vaccinate their horses.

The risk this disease poses to human health is also very real with seven confirmed cases in people leading to four deaths. So, it's important that the horse community remains vigilant in protecting both horses and people from Hendra.

The vaccine, introduced in 2012, remains the most effective way to help manage the Hendra virus and is fully registered with the Australian Pesticides and Veterinary Medicines Authority.

Vaccination of horses provides a public health and workplace health and safety benefit by reducing the risk of Hendra virus transmission to humans and other susceptible animals and helps to ensure high standards of animal health and welfare.

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## AUSTRALIAN LEADS GLOBAL FORUM TO IMPROVE ANIMAL HEALTH

Australia's Delegate at the World Organisation for Animal Health (OIE), Dr Mark Schipp, is chairing the 87th General Session of the World Assembly of National Delegates of the OIE in Paris.



Dr Schipp, who is the elected President of the OIE World Assembly and also Australia's Chief Veterinary Officer, is the first Australian to chair the session for 30 years.

"The assembly is an opportunity to discuss the current animal health situation worldwide and methods to mitigate risks and threats," Dr Schipp said.

"This includes adopting new intergovernmental standards for animal health and welfare. For example we expect a new chapter on disease prevention and control and another on measures to assess animal welfare to be adopted. An updated standard for rabies virus is also expected to be adopted.

"This year's program includes sessions on how external factors (such as climate change, conflicts, socio-economics and trading patterns) will impact veterinary services.

"Participants will also discuss the global situation relating to African Swine Fever and Antimicrobial Resistance, and the importance of biosecurity for aquatic animals' health systems for a sustainable aquaculture.

"It is a tremendous honour to chair the World Assembly of National Delegates of the OIE and contribute to the important animal health and trade matters that directly affect Australia.

"It is an opportunity to enhance Australia's reputation as a leader in animal health and biosecurity."

The assembly brings together around 1000 participants from all OIE Member Countries and international and regional partners. For more information visit <http://oiegeneralsession.com/en/press/>

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## RENEWAL OF REGISTRATION

Registration renewal forms will be sent out to all registered veterinarian on 31 October. Please ensure that your email address and postal address are correct prior to this date. Once you receive your registration renewal form please ensure that the form is fully completed. If the form is not fully completed your registration renewal will not be processed.

Please do not use the forms on the website as these forms are for NEW registrations and not renewal of registration. If you misplace your renewal form please contact the Registrar for a replacement.

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## HOW CAN VETERINARIANS AVOID ADVERSE EVENTS AND COMPLAINTS?

Despite best efforts, adverse events do occur and complaints are an inevitable part of veterinary practice. However, the way veterinarians practise can influence the likelihood of complaints and the way complaints are dealt with can reduce the risks of them escalating to the Veterinary Board.

**Adverse events and complaints are reduced when veterinarians:**

- Perform a thorough examination.
- Collect a good history.



- Keep detailed and accurate records.
- Communicate well so that clients understand the information given and are fully informed of the treatment options, risks and estimated costs.
- Ensure the client's informed consent and document this.
- Fully inform and update other veterinarians involved in the treatment in practices with multiple providers.
- Are aware of their ethical and statutory responsibilities.
- Keep up-to-date in their field of practice and recognise their limitations.
- Seek second opinions or referrals when there is a risk of practising outside their areas of competence.
- Make clients aware of any limitations in their knowledge and experience to deal with the situation, particularly in emergencies.
- Avoid criticising other veterinarians.
- Do not hide the adverse event or complaint,
- Act quickly if a client complains.

#### **Take complaints seriously.**

- Provide a prompt and honest explanation for what happened and why, and offer an apology if appropriate.
- Advise the client, where appropriate, of what actions have been taken to prevent it from happening again.
- Treat the adverse event/complaint as a valuable learning experience and where it may have been preventable, put in place measures to ensure it does not recur.

#### **HOW CAN EMPLOYERS HELP TO REDUCE ADVERSE EVENTS AND COMPLAINTS?**

Employers have a key role in ensuring the competence of their employees and in establishing the practice standards, protocols and workplace culture. This is particularly important in relation to newly registered or inexperienced veterinarians.

Factors such as high workloads, lack of Continuing Professional Development (CPD) opportunities, lack of support and poor workplace morale have the potential to impact negatively on the veterinarian's ability to perform.

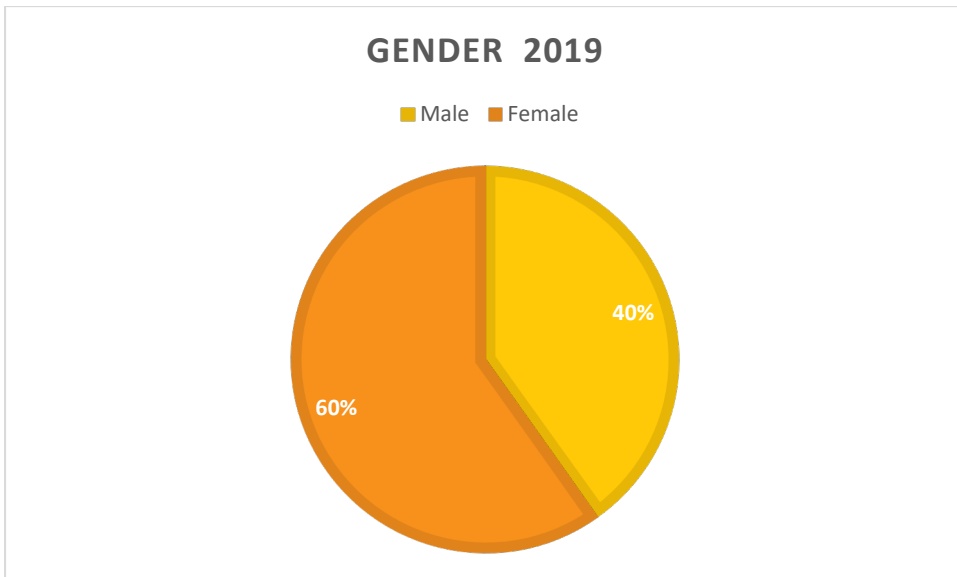
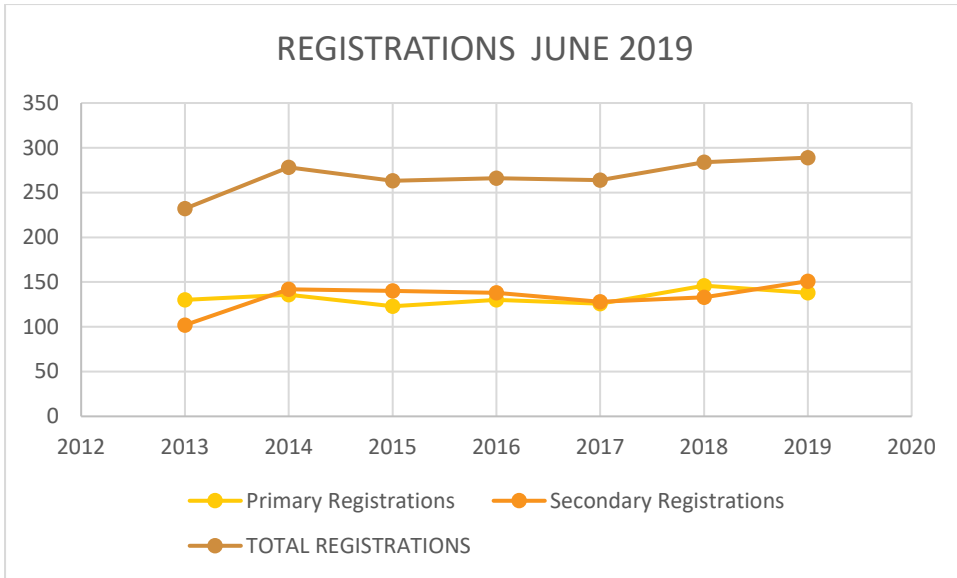
Employers can assist their employees to deal with complaints by addressing these issues and providing an environment within which adverse events and complaints are discussed openly, analysed and mechanisms put in place to prevent them recurring.

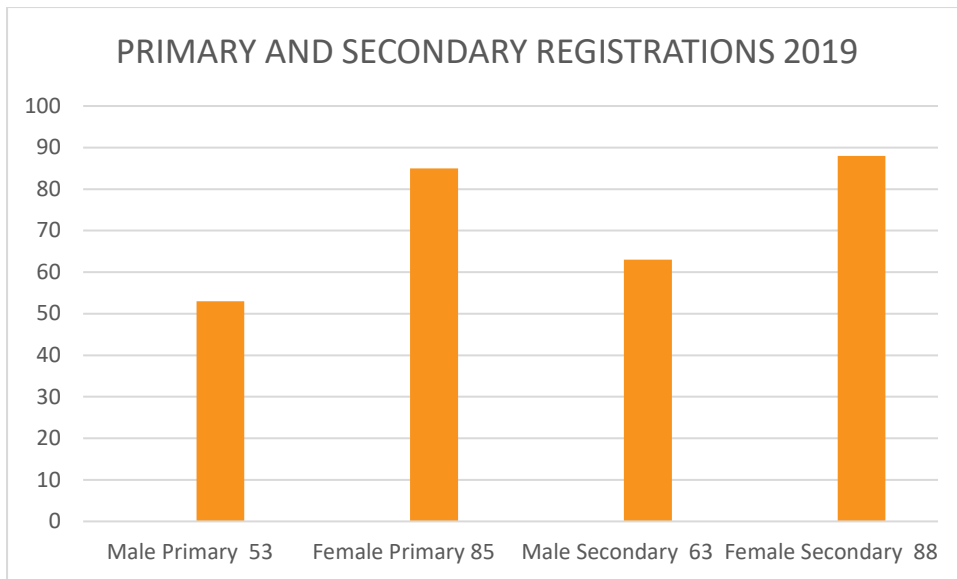
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### **REGISTRATIONS FOR FINANCIAL YEAR**

At 30 June 2019, there were 289 veterinary practitioners registered in the Northern Territory. Of the 289 registered veterinarians, 138 are Primary Registered Veterinarians who permanently reside in the Northern Territory and 151 Secondary Registered Veterinarians who do not principally reside in the Northern Territory but work as locum veterinarians or volunteers working on remote indigenous community dog programs.







### COMPLAINTS RECEIVED FOR 2018-2019 FINANCIAL YEAR

The Board received ten complaints during the 2018/2019 year. Following due process, seven of the complaints were dismissed and 3 others are still ongoing.

