Risks in practice - a VPIS perspective

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Veterinary Professional Insurance Society (VPIS)

Veterinary Professional Insurance Society (VPIS) was established in 1987 exclusively to provide tailored insurance and pastoral support to veterinarians and the veterinary profession. When veterinary practices join VPIS, the insurance policy provides cover for all employees. The policy is renewed each year, and the practice principal must name each full-time veterinarian and technician currently employed by the practice.

As a member of VPIS the practice policy covers:

- **Professional indemnity insurance** (sometimes called professional liability insurance). This covers a claim made by a client against a member where there has been a breach of professional duty, and the client has suffered a loss.
- **Public liability**: A claim against a member arising from damage to property or people in connection with that member's professional services.
- **Administrative hearings**: If a veterinarian is involved in a hearing before the Veterinary Council, Harness Racing NZ or Thoroughbred Racing New Zealand then VPIS will assist with their defense.
- **Loss of Documents**: VPIS will pay for loss or damage of documents associated with members' professional services.
- **Employers' liability** covers a claim arising from bodily injury to an employee.
- **Exemplary damages** cover a claim by a third party where you are deemed to be legally liable in relation to a bodily injury caused by the you while performing your professional service.
- **Nominated optional extensions** such as equine pre-purchase, employment of technicians and embryo or semen storage.

The veterinary landscape is everchanging and as new situations arise, VPIS are commonly asked by practitioners if they are covered by insurance. The following are examples of the most recent issues handled by VPIS.

Administration of dry cow therapy and teat sealants

With the increase in the use of internal teat-sealants there is an inherent risk of introduced infections due to poor teat disinfection before administration of the sealant, resulting in severe mastitis or death of the cow.

Informed consent forms are now required to be discussed with the herd owner and signed prior to the procedure. They are available on the DCV website: https://nzva.org.nz/clinical-resources/cattle/dry-off.

Informed consent forms ensure that all parties understand and acknowledge the risks associated with the administration of DCAT/ITS and most importantly, work together to minimise these risks. If an adverse event does occur VPIS has comfort that appropriate steps were taken to reduce the risk in the first place.

Three variations of the form are provided:

1. **Vet/tech administration:** Large animal technicians administer a high proportion of DCAT/ITS and from an insurance viewpoint the standard of administration is the same that would be expected of a veterinarian. Technicians come from a variety of backgrounds, so their training is a major determinant of the outcomes.
2. **Farmer administration after training:** If farmers opt to administer the products themselves, farm staff may become involved, which increases the risk of things going wrong. Veterinarians authorising DCAT/ITS must ensure that everyone administering the products are adequately trained.
3. **Farmer administration where training is not required:** In some circumstances farmers have been administering DCAT/ITS themselves for many years without incident and may not require additional

training. In this situation the farmer signs the consent form acknowledging the risks and taking on responsibility for the outcomes.

(NB: Forms 1 and 2 now have a provision that an approved practice representative such as a veterinarian or senior large animal technician may oversee the training provided the supervising veterinarian deems them competent and performs the final sign-off).

By signing the informed consent form, the farmer is not waving their rights to seek compensation in the event that any animal has mastitis or dies after treatment. The aim of the form is to ensure that all parties are aware of the risks and take all steps to mitigate them. In the event of a claim if the form is not signed then an excess will be imposed. For ongoing customer relationships VPIS expects consent forms to be completed annually.

Cattle reproductive programmes

Every year VPIS receive claims where poor reproductive outcomes have resulted due to incorrect timing or incorrect products being administered for reproductive programmes. These claims involve both veterinarians and veterinary technicians.

The following two cases demonstrate the importance of accurate procedures and good client communication.

Case 1: In September 2024, a P4 non-cycler programme commenced in 104 cows. On day seven, the cows were accidentally injected with GnRH instead of PG at device removal. The mistake was realised and the cows injected with PG and mated to observed heat over the next three days. After 14 days a second P4 non-cycling programme commenced. Through good communication and support by the practice, the farmer agreed to be compensated for all of the treatment costs to settle the claim.

Case 2: In Oct 2024, 50 cows commenced a GPG programme but were accidentally injected with GNRH instead of PG on day seven. The mistake was realised and all cows injected with PG on day 8 and GNRH on day 9. All of the cows were mated on day 10. None were suspected to be on heat so the programme was extended with GnRH and fixed time inseminated. Preg testing showed 25 were pregnant and 16 commenced a P4 non cycling programme. A final pregnancy test revealed the difference between the actual and expected result. The claim was settled based on the lost days in milk plus the extra insemination and veterinary costs.

Teaser bull surgery

Claims for alleged vasectomy failure in bulls continue to occur and they have the potential for significant financial loss and subsequently high claim costs. Concerningly VPIS is aware that a number of veterinarians/ practices are not aware of the specific requirements of our policy relating to prescribed manner vasectomies to ensure cover is provided.

Under the VPIS policy the requirement for teaser surgery requires that veterinary surgeons that perform less than 25 vasectomies per year must comply with the following:

1. the vas deferens from each testicle (or single vas deferens in the case of unilateral vasectomy) must be stored in an air tight container in 10% formalin, labelled with the owner's name, date and the animal's National Animal Identification and Tracing (NAIT) number (if bovine) or permanent individual animal identification number/cipher (if ovine) and submitted to the laboratory for histological examination immediately after the surgical procedure; and
2. in the case of a unilateral vasectomy, the non-vasectomised testicle must be surgically removed; and
3. the vasectomised animal must not be joined with female stock within a three-week period after the surgical procedure was carried out.

If the veterinary surgeon performs more than 25 vasectomies per year, then the vas deferens must be stored in formalin for a minimum of three years for testing if required.

The obvious benefit of histological identification of incorrect removal is that the bull(s) won't be joined with the heifers/cows, so pregnancies don't eventuate. But the other reason for having histological confirmation of

correct removal is that it strengthens our case if the claim is to be defended. We have had two cases where it was subsequently shown that the neighbour's bull was in fact the sire of the disputed calves.

Off-label prescribing of RVM's

Veterinarians are able to prescribe off label, recommending a higher dose or an extended dose but this must be documented and include an adjustment for the milk and meat withholding times. If a practice adheres to the following guideline, then VPIS would accept a claim in the unlikely situation where an inhibitory substance grade was attributed to the increased dose or duration of treatment:

1. The practices RVM document should include label dose rates and withholding periods.
2. There should be wording on the RVM authorisation saying that "In some circumstances your veterinarian may recommend a higher dose or extended course of treatment. In these cases, a separate authorisation will be required including amended milk and / or meat withholding periods".
3. Veterinarians recommending off-label use of products must then:
    a. Have sound clinical reasons for the off-label use.
    b. Provide to the client a written authorisation that includes the product, dose, route of administration, frequency and duration of treatment plus the amended milk and meat withholding time.
4. The appropriate withholding time should be sought from the manufacturer but if not available a minimum of 24 hours should be added to the milk withholding period.

These situations and cases are all important reminders for veterinarians and veterinary technicians of the care and communication required to reduce the risk of a claim.