



HANDBOOK

VETERINARY SURGEONS' BOARD

WESTERN AUSTRALIA

DISCLAIMER

The Registrar of the Veterinary Surgeons' Board, the Veterinary Surgeons' Board and the State of Western Australia accept no liability whatsoever by reason of negligence or otherwise arising from the use or release of this information or any part of it.

INTRODUCTION

The *Veterinary Surgeons Act* 1960 provides for the registration of veterinary surgeons and for the regulation of standards of professional conduct in the provision of acts of veterinary surgery in Western Australia.

Subject to the Minister, the Veterinary Surgeons' Board of Western Australia administers the Veterinary Surgeons Act and Regulations. The Board does not make laws or regulations. It administers the Act and Regulations given by the Parliament.

This Handbook includes information about a range of matters relevant to the veterinary profession, including registration, professional conduct, legislation and standards.

The Handbook has drawn upon the experiences of members of the profession and users of professional services. It provides advice on a range of issues about which members of the veterinary profession and the public, regularly seek guidance. It also covers some of the more common causes of complaints to the Board, and suggests ways to improve professional practice and reduce the possibility of complaints.

The Board welcomes enquiries from veterinary surgeons about matters of concern and suggests you contact the office of the Board to discuss any enquiries.

The Veterinary Surgeons' Board of Western Australian acknowledges the generosity of the Veterinary Surgeons Board of South Australia for authorising the use of its handbook as a resource for the compilation of this document.

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1 THE ACT AND REGULATIONS

The *Veterinary Surgeons Act* 1960 (Act) and the *Veterinary Surgeons Regulations* 1979 (Regulations) govern the registration and professional standards of veterinary surgeons and the practice of veterinary surgery in Western Australia.

2 THE VETERINARY SURGEONS' BOARD

Section 5(1) of the Act specifies that the Veterinary Surgeons' Board (Board) shall consist of 5 members, who shall be appointed by the Governor and shall be:

- (a) the head of the Division of Animal Health of the Department of Agriculture;
- (b) two registered veterinary surgeons elected by registered veterinary surgeons;
- (c) one registered veterinary surgeon nominated by the Western Australian division of the Australian Veterinary Association; and
- (d) one person nominated by the Minister.

The head of the Division of Animal Health of the Department of Agriculture is taken to be the Chief Veterinary Officer of the Department of Agriculture and Food.

For many years the Minister's nominee has been a lawyer.

Each member of the Board has a deputy appointed by the Governor.

Members and their deputies are appointed to serve a three year term and are eligible for reappointment.

Functions of the Board

The Act does not specifically describe the Board's functions. In administering the Act, the Board's functions and responsibilities include but are not limited to:

1. Registration of veterinary surgeons and veterinary specialists.
2. Registration of veterinary hospitals and clinics.
3. Approval of veterinary nurses.
4. Authorisation of trainee nurses.
5. Authorisation of lay persons to perform certain acts of veterinary surgery specified in the Regulations.
6. Maintenance of the registers.
7. Maintenance of professional standards.
8. Investigation and consideration of complaints made to the Board about the professional conduct of veterinary surgeons.
9. Bringing cases of unprofessional conduct to the State Administrative Tribunal.
10. Prosecution of alleged offences against the Act.
11. Provision of advice to the Minister responsible for the Act.

Contact the Board

All correspondence and enquiries should be directed to:

The Registrar
Veterinary Surgeons' Board
PO Box 1721
Melville South WA 6156
Phone: 08 9317 2353 Fax: 08 9317 2363
E-mail: admin@vsbwa.org.au

Board's Website

Current news and policies can be found on the Board's website: www.vsbwa.org.au

Veterinary surgeons are encouraged to check this site regularly.

3 REGISTRATION

Registration as a Veterinary Surgeon

Section 20 of the Act specifies that an applicant is entitled to registration if they are of good fame and character and possess the required qualifications.

The Act authorises the Board, in certain circumstances, to waive some of the conditions required for registration.

The Act authorises the Board, in certain circumstances, to impose conditions on a veterinary surgeon's registration or require them to pass an examination in such subjects as the Board requires. For example a veterinary surgeon may be restricted to working on only one species or be required to practise under supervision or attend continuing education courses.

An applicant may appeal a refusal to register by the Board to the State Administrative Tribunal (SAT) upon any ground other than the ground that they do not possess the required qualifications.

Annual Roll Fees

Prior to 31 December of each year, veterinary surgeons must pay to the Board the prescribed annual registration fees. The Board may, without further notice, remove from the register the name of any veterinary surgeon who has failed to pay their annual registration fee.

Restoration to the register following any lapse in registration requires the payment of an additional fee.

A veterinary surgeon is liable for prosecution if they practise as a veterinary surgeon while not registered.

Change of Address

Section 21(4) of the Act requires veterinary surgeons to inform the Board of any change of their business or residential address.

Further, if the Board has caused a prepaid registered letter to be sent to a registered person at the address appearing in the Register and the Board receives no response within two months, the Board may cause the name of the veterinary surgeon to be removed from the register (s19(2)).

Employers are advised to check with the Registrar that each new employee veterinary surgeon is registered prior to the veterinary surgeon commencing work and each year check that each employee veterinary surgeon has renewed their registration prior to 31 December.

Registration of Overseas Veterinary Graduates

Applicants for registration who hold a qualification from an overseas university but do not possess a qualification that entitles them to be registered as a veterinary surgeon in Western Australia, are required to sit and successfully complete the National Veterinary Examination (NVE) conducted by the Australasian Veterinary Boards Council Inc.

Enquiries with regard to the assessment of qualifications for the purpose of immigration, and the NVE, should be directed to:

Australasian Veterinary Boards Council Inc.
Level 11, 470 Collins St, Melbourne Victoria 3000
Phone: (03) 9620 7844 Fax: (03) 9620 7828
Website: www.avbc.asn.au
Email: admin@avbc.asn.au

Provisional Registration

Section 20B of the Act enables the Registrar to grant an applicant provisional registration for a period not exceeding three months when, in the opinion of the Registrar, the Board is likely to grant the application. Registration is effective from the date granted and remains subject to the approval of the Board.

Registration as an Honorary Veterinary Surgeon

Section 20AA of the Act provides that a veterinary surgeon is entitled to be registered as an honorary veterinary surgeon if the Board is satisfied that the person's standing within the profession justifies the person's registration as an honorary veterinary surgeon, and they have either been registered for more than forty years, or they have been registered for a significant number of years and are over sixty five years of age.

Specialist Registration

Section 20AB of the Act provides that a veterinary surgeon possessing appropriate qualifications and experience may apply to the Board for registration as a specialist in a prescribed field.

Regulation 16A prescribes the following specialties:

| | |
|---|---|
| Animal behaviour | Veterinary anatomical pathology |
| Avian medicine | Veterinary clinical pathology |
| Canine medicine | Veterinary cardiology |
| Cattle management and diseases | Veterinary dentistry |
| Deer management and diseases | Veterinary diagnostic imaging |
| Equine medicine | Veterinary epidemiology |
| Equine surgery | Veterinary microbiology |
| Feline medicine | Veterinary neurology |
| Laboratory animal medicine | Veterinary nutrition |
| Large animal medicine | Veterinary oncology |
| Large animal surgery | Veterinary ophthalmology |
| Pig management and diseases | Veterinary parasitology |
| Sheep management and diseases | Veterinary Pharmacology |
| Small animal medicine | Veterinary Public health and food hygiene |
| Small animal surgery | Veterinary reproduction (species) |
| Veterinary anaesthesia | Veterinary toxicology |
| Veterinary anaesthesia and critical care | |
| Veterinary emergency medicine and critical care | |

Section 26AA of the Act makes it an offence for a veterinary surgeon to falsely use the title 'specialist' or claim pre-eminence in a fashion that could be understood as implying they are a registered specialist. To do so may also constitute unprofessional conduct (see Appendix VI).

WA Veterinary Surgeons Board

Position Paper

The use of titles and Specialist Registration (Titles for non-specialists and veterinary specialists)

Review date : 1st November 2012

Position

To comply with the Act it is recommended that:

1. Only a veterinary surgeon who is registered with the Board as a specialist may be referred to as a "specialist" or "registered specialist".
2. Only a veterinary surgeon who is registered with the Board as a specialist may be referred to by a title or term that is capable of implying that they have specialist status, for example "Veterinary Ophthalmologist", "Equine Dentist", "Eye Surgeon" or "consultant", **except** in government service and other similar circumstances, where the term is used as a job title or description and there is no commercial benefit derived from the use of the term by the individual or their employer, for example "Fish pathologist" or "Clinical pathologist".
3. Veterinary surgeons who are not registered specialists but who undertake work in particular branches of veterinary surgery may use terms which define the branch of veterinary surgery in which they provide their services as long as they do not use terms capable of implying that they, as an individual, have specialist status. For example they may use terms such as "Veterinary Ophthalmology Services" or "Equine Dentistry Services".
4. Veterinary surgeons who are not registered specialists but who undertake work in particular branches of veterinary surgery and who wish to describe themselves as an individual by making reference to their area of interest, may use a phrase such as "Practitioner / Veterinary surgeon with an interest in", for example "Practitioner with an interest in Ophthalmology" or "Veterinary surgeon with an interest in Equine Dentistry" but may not use phrases such as "Veterinary surgeon with a special interest in...." or "Veterinary surgeon specialising in....".
5. The term "resident" may only be used by a veterinary surgeon who is actively involved in a training programme accredited or recognised by the Advisory Committee on Registration of Veterinary Specialists and under the supervision of certified specialists, with a view to becoming eligible to sit speciality certifying examinations.
6. The term "intern" may only be used by a veterinary surgeon who is a graduate veterinary surgeon undertaking practical experience in an area of interest under the supervision of a registered veterinary specialist.

Registration of Additional Qualifications

Under regulation 20, a veterinary surgeon who obtains a higher qualification is entitled to have that degree or diploma, etc inserted on the register upon making application and paying the prescribed fee.

The use of the letters MRCVS by veterinary surgeons who have not gained membership by examination could be considered misleading to the public and is not permitted. The letters MRCVS will only be listed in the register as a qualification held by a veterinary surgeon if the veterinary surgeon is a member by examination.

Courtesy Title

The use of the courtesy title 'Doctor' in Western Australia is optional.

4 VETERINARY NURSES

The Western Australian Act is the only veterinary Act in Australia that provides for the formal approval and registration of veterinary nurses. Section 26E of the Act enables a person who is of good fame and character and holds approved qualifications to apply to the Board for approval as a veterinary nurse.

Regulation 65 prescribes the duties and veterinary services which can be performed by a veterinary nurse. (Refer to Appendix III of this handbook.)

5 TRAINEE VETERINARY NURSES

Regulation 66 prescribes the duties and veterinary services which can be performed by authorised trainee veterinary nurses (see Appendix III). Essentially the duties are similar to those performed by a veterinary nurse but the trainee nurse must be under the immediate and direct personal supervision of a registered veterinary surgeon.

6 VETERINARY STUDENTS

Regulation 46 prescribes the veterinary services that may be performed by veterinary students from a school of veterinary science at an Australian university. (see Appendix III of this handbook). Subject to specified levels of veterinary supervision, veterinary students may provide treatment, diagnose disease and perform surgery. Veterinary students from a non Australian university may not perform the veterinary services prescribed in regulation 46.

7 AUTHORISED PERSONS

Section 26(4)(b) of the Act enables the Board to authorise a suitably qualified person who is not a veterinary surgeon or veterinary nurse to carry out, under the direction of a veterinary surgeon, acts of veterinary surgery prescribed in the regulations (see Appendix II).

8 PROHIBITION FROM PROVIDING VETERINARY SERVICES OR USING THE TERM 'VETERINARY' UNLESS APPROVED BY THE BOARD

Section 26 of the Act makes it an offence for a person other than a registered veterinary surgeon or a person approved or authorised by the Board to perform acts of veterinary surgery. The penalty for the offence is \$2000.

Under section 26(3) nothing prohibits a person carrying out prescribed veterinary procedures or rendering first aid or performing other veterinary services when there is no veterinary surgeon available or willing to perform the service within fifty kilometres.

Section 26A(5) of the Act prohibits use of the term 'veterinary' or any similar term by anyone other than a registered veterinary surgeon with the exception of persons carrying on a business supplying materials or products used in connection with veterinary science. The penalty for this offence is a maximum of \$2000.

9 PROFESSIONAL CONDUCT

The Board expects registered persons to be familiar with and abide by the principles in the Veterinary Surgeons' Board Guide to professional conduct for veterinary surgeons in WA (refer to Appendix I).

The Board and the State Administrative Tribunal (SAT) may use the Guide in their assessment of an allegation of unprofessional conduct by a veterinary surgeon.

The Guide provides a framework of principles and professional and ethical standards.

The basic principles in the Guide are:

- Professional conduct by a veterinary surgeon includes complying at all times with the legislation governing the practice of veterinary surgery.

- The primary concern is for the welfare of animals. However, at no time does the responsibility of a veterinary surgeon to relieve animals of suffering and provide for the health and welfare of animals, relieve the veterinary surgeon from the overriding responsibility to comply with the law, including the laws governing the practice of veterinary surgery.
- All work performed by veterinary surgeons must be of a standard of competence that could reasonably be expected of a veterinary surgeon of good standing and competence.
- Veterinary surgeons, individually, should act to promote cohesion within the profession and the trust of the profession by the general public.
- A veterinary surgeon must not seek personal advantage to the detriment of a professional colleague.

Unprofessional Conduct

Regulation 28 specifies that a veterinary surgeon engages in unprofessional conduct if the veterinary surgeon:

- (a) contravenes any provision of the Act or Regulations; or
- (b) is convicted of an offence under –
 - i. the *Animal Welfare Act 2002*; or
 - ii. the *Artificial Breeding of Stock Act 1965* (repealed); or
 - iii. the *Exotic Diseases of Animals Act 1993*; or
 - iv. the *Poisons Act 1964*; or
 - v. the *Stock Diseases (Regulations) Act 1968*; or
 - vi. the *Veterinary Chemical Control and Animal Feeding Stuffs Act 1976*; or
- (c) otherwise falls substantially short of the standards of professional conduct that could reasonably be expected to be observed by members of the veterinary profession of good repute and competency.

10 CONTINUING PROFESSIONAL DEVELOPMENT

The Board considers that a commitment to continuing education by veterinary surgeons is essential to maintain and enhance their professional skills and knowledge.

The Board expects that all practising veterinary surgeons will do some form of continuing professional development (CPD) each year.

The Board recommends that veterinary surgeons maintain a record of their CPD. In SAT hearings of allegations of unprofessional conduct by a veterinary surgeon, it is normal for a veterinary surgeon to be required to provide details of their CPD. A record of CPD is one means of providing evidence to support the clinical knowledge of a veterinary surgeon and their claim of competency.

CPD – How Much?

The level of participation in continuing veterinary education programs needs to be sufficient to maintain the individual's competency in their area of work. If the veterinary surgeon is a registered specialist, the amount and standard of continuing veterinary education will reflect the higher level of knowledge and competency required for registration as a specialist.

What Can You Include?

CPD can be wide ranging and is not limited to veterinary medicine and surgery.

CPD that is relevant and of benefit to any aspect of a veterinary surgeon's professional role will be valid CPD. For example, CPD related to practice management, stress management and communication skills are equally as valid as CPD related to veterinary medicine and surgery.

Broadly, any educational material emanating from organisations affiliated with the AVA, recognised universities or TAFE colleges, could be considered so long as the veterinary surgeon is able to demonstrate relevance to the professional conduct of a veterinary surgeon.

11 PROFESSIONAL INDEMNITY INSURANCE

The Act does not make professional indemnity insurance compulsory. However, the Board strongly encourages veterinary surgeons to discuss their requirements for professional indemnity insurance with an appropriate insurance advisor.

12 INDICTABLE OFFENCES BY VETERINARY SURGEONS

Section 23(2) of the Act provides that the Board may suspend a veterinary surgeon's registration for a period not exceeding 12 months, or deregister the veterinary surgeon, if the registered veterinary surgeon has been convicted of an indictable offence in this State or elsewhere, or convicted elsewhere of an offence of a similar nature.

Indictable offences include a large number of criminal offences that range in seriousness. Less serious indictable offences will usually be dealt with in the Magistrates Court while more serious indictable offences will be dealt with in the District Court or Supreme Court.

Section 23(5) authorises the Board to refrain from suspending or deregistering a veterinary surgeon convicted of an indictable offence if, in the opinion of the Board, the offence does not render the person unfit to practice veterinary science.

13 CONDUCT IN OTHER JURISDICTIONS

Section 23(2) of the Act authorises the Board to suspend or deregister a veterinary surgeon found guilty of unprofessional conduct by a Veterinary Board in another jurisdiction recognised by the Board, and suspended or deregistered by that Board. The veterinary surgeon can appeal the decision of the Western Australian Board to the SAT.

14 COMPLAINTS AND DISCIPLINARY PROCEDURES

The office of the Registrar handles numerous phone calls from the public about the conduct or professional performance of a veterinary surgeon. Where possible, the Registrar directs the caller to the veterinary surgeon for further explanation or mediation.

The majority of complaints made to the Board about the conduct or performance of veterinary surgeons do not sustain an allegation of unprofessional conduct. In most cases they are largely the result of a lack of communication, poor communication, or a breakdown in communication between a veterinary surgeon and the complainant.

The policy of the Board when investigating complaints is to identify the cause of the problem and to concentrate on mediation or a prevention of recurrence rather than focus on punishment.

The scope and role of the Board in relation to complaints about the conduct of veterinary surgeons is limited to matters of professional conduct. The Board has no role or authority in relation to fees.

If a complainant does not achieve satisfaction through their own communication with the veterinary surgeon, the complainant may put their complaint in writing to the Board by means of a statutory declaration.

The sections below relate specifically to complaints against veterinary surgeons. They do not deal with complaints against veterinary nurses or authorised persons or against a person who has allegedly performed acts of veterinary surgery they are not entitled by the Act to perform. The Board investigates complaints against such people using a process similar to that used to investigate complaints against veterinary surgeons. However, the hearing procedures are different.

Protocol for Investigating a Complaint against a Veterinary Surgeon

On receipt of a written complaint, the Registrar forwards a letter of acknowledgment to the complainant and a letter of notification of the complaint to the veterinary surgeon(s) involved, requesting a written response to the allegations in the complaint.

The Registrar will request a copy of records relating to the complaint.

The Registrar will also request any other veterinary surgeons or other relevant witnesses involved in any way to comment in writing and supply any records.

The Registrar presents details of all investigations of complaints to the Board.

If the Board does not have sufficient information to determine whether or not an allegation of unprofessional conduct could be substantiated, the Board may request the Registrar to investigate the matter further. This may involve seeking additional information from the complainant, the respondent veterinary surgeon(s), other witnesses or expert witnesses. The Board may also seek legal advice.

Having considered all of the evidence made available to the Board, the Board may:

1. Make a preliminary determination that the evidence does not sustain an allegation of unprofessional conduct.

The Registrar advises the complainant and the veterinary surgeon of the Board's decision and reasons. The Registrar also offers each party the opportunity to submit additional information to the Board.

In the event that the Board either receives no further information or the Board considers that the further information does not warrant the Board amending its preliminary determination, the Board finalises the matter on the basis of its preliminary determination.

In the event that the Board considers the sum of the original and additional evidence is sufficient to sustain an allegation of unprofessional conduct, the Board amends its preliminary determination accordingly. The Board requests its legal advisers to prepare papers for the Board to take the complaint to the State Administrative Tribunal (SAT).

OR

2. Make a preliminary determination that the evidence is sufficient to sustain an allegation of unprofessional conduct.

The Registrar advises the complainant and the veterinary surgeon of the Board's determination and reasons. The Registrar also offers each party the opportunity to submit additional information to the Board.

In the event that the Board either receives no further information or the Board considers that the further information does not warrant the Board amending its preliminary determination, the Board finalises the matter on the basis of its preliminary determination.

The Board advises the complainant and the respondent veterinary surgeon of the Board's further determination and requests its legal advisers to prepare papers for the Board to take the complaint to the State Administrative Tribunal (SAT).

In the event that the Board considers the sum of the original and additional evidence does not sustain an allegation of unprofessional conduct, the Board amends its preliminary determination accordingly.

The Registrar advises the complainant and the veterinary surgeon of the Board's further determination and reasons. The Registrar again offers each party the opportunity to submit additional information to the Board.

OR

3. In exceptional cases, the Board may determine that the initial evidence warrants the Board immediately requesting its legal advisers to prepare the necessary papers and take the matter to the SAT.

In any matter, any party is entitled to engage their own legal representation.

Should a complainant or respondent veterinary surgeon consider any process or decision of the Board to be inappropriate, they are entitled to take their concern to the State Ombudsman.

Responding to a Request from the Registrar for Information

The Board has a responsibility to deal with all complaints, even if they appear trivial or vexatious.

A request from the Registrar to a respondent veterinary surgeon or any other person does not imply any wrongdoing by the veterinary surgeon.

The quality of records or other documents or x-rays may have a bearing on the Board's consideration of a matter. The Board considers good record keeping to be a measure of professional conduct. A failure to keep appropriate records may in itself constitute unprofessional conduct.

Veterinary surgeons need to be aware that the Board may forward to a complainant a summary of the information the Registrar receives in a response to a complaint but not the actual response itself.

The Registrar may ask the complainant and the respondent veterinary surgeon for comment on matters of facts.

If a person is unsure about how to respond to a complaint, they can discuss the matter with the Registrar in strictest confidence and without prejudice.

While the Board seeks to maintain confidentiality for the complainant and the respondent veterinary surgeon, under the *Freedom of Information Act 1992* complainants can seek access to all documentation held by the Board relating to specific complaints. The Ombudsman can also request access to the Board's files relating to specific matters.

State Administrative Tribunal (SAT)

Where the Board has determined that the evidence in relation to a complaint sustains a claim of unprofessional conduct by a veterinary surgeon, the Act provides for the Board to lodge a complaint against the veterinary surgeon with the SAT.

The Board engages a legal practitioner to represent the Board in complaints the Board determines to take to the SAT. The Board recommends that respondent veterinary surgeons also seek legal advice.

On receiving a complaint lodged by the Board, the SAT initially conducts one or more Directions Hearings. The SAT member at the Directions Hearing determines whether the case should go to a compulsory conference, to mediation or directly to an SAT Final Hearing.

A list of required documentation for the matter is compiled at the Directions Hearing.

Mediations and Compulsory Conferences

Most complaints the Board takes to the SAT progress to mediation or compulsory conference rather than directly to a hearing.

Mediations or compulsory conferences are normally chaired by a member of the SAT and generally require two or more meetings.

The aim of mediation or compulsory conference is to reach an agreement between the respondent veterinary surgeon and the Board and avoid a more time consuming and expensive formal Hearing by the SAT.

Mediation and compulsory conference discussions are confidential and without prejudice. This means that in the event the parties cannot reach an agreement, any concessions made or information gathered during the compulsory mediation are not admissible at a formal hearing. The SAT mediator would also be disqualified from attending the hearing.

For the Board to come to an agreement at compulsory conference, the Board normally requires that the respondent veterinary surgeon accepts that their conduct was unprofessional and accepts an agreed penalty. The Board may agree to a lesser penalty at compulsory conference than at a formal hearing.

Section 23(2aa) of the Act provides that penalties can include one or more than one of:

- the recording of a finding of unprofessional conduct
- a formal reprimand
- an undertaking by the veterinary surgeon to refrain from the conduct
- a fine of \$1000
- the suspension of the registration of the veterinary surgeon for up to 12 months
- the deregistration of the veterinary surgeon
- the imposition of such conditions on the registration of the veterinary surgeon as may be appropriate
- costs (i.e. recouping from the respondent the Board's legal costs, which vary greatly depending on the case, but can be of the order of \$5,000 to \$100,000).

Conditions on registration can include, but are not limited to:

- a requirement to attend Continuing Professional Development (CPD) of a specified nature
- restrictions on the number of hours worked per week
- restrictions on after hours work
- restrictions on which species of animal can be treated
- restrictions on which procedures can be performed
- a requirement to work under supervision
- restrictions on the availability and use of specified S4 or S8 medications.

Other matters that may be included in an agreement include:

- the preparation of a dissertation
- psychiatric assessment
- ongoing monitoring for substance abuse
- appointment of a Board approved mentor.

The terms of a mediated agreement are formalised by an Order made by the SAT. The terms are enforceable and the breach of an Order made by the SAT can in itself constitute unprofessional conduct.

SAT Formal Hearings

The SAT may hold a formal hearing if mediation or compulsory conference fails or if at the directions hearing the SAT member finds that the matter is of such a serious nature that it should go directly to a formal hearing rather than to mediation or compulsory conference.

SAT final hearings are normally conducted before a tribunal panel of at least three persons. The panel chair must be an experienced legal practitioner, one of the panel members must be a registered veterinary surgeon who is not a member of the Veterinary Surgeons' Board, and the other is a community representative.

SAT final hearings are open to the public and are conducted in a similar fashion to a court hearing. Legal representatives of both sides submit documentation and argument. Witnesses may be subject to examination by the legal representatives and by members of the panel.

The Board and the respondent veterinary surgeon are at liberty to reach an agreement on the complaint and sanction at any time during the panel hearing.

In the event the panel finds the veterinary surgeon guilty of unprofessional conduct, the panel may apply one or more of the penalties, conditions or matters of agreement listed in the section on compulsory mediation.

Due to the requirement for substantial legal documentation at these hearings, the legal costs can be very high and in the event of a finding of unprofessional conduct, the Board will generally seek to recoup these costs from the veterinary surgeon.

A veterinary surgeon found guilty of unprofessional conduct by an SAT panel, has the right to appeal that decision to the Supreme Court.

Avoiding Complaints

The majority of complaints arise from a breakdown or lack of communication between the parties. This may include misunderstanding, a lack of information, a perception of a lack of caring, or poor communication skills.

Veterinary surgeons and their staff need to be ever mindful that clients are often in a distressing situation with little knowledge of the procedures involved.

The Board encourages the use of consent forms, but such forms should not be regarded as a substitute for a full and detailed explanation of proposed treatments, cost estimates, the prognosis and potential complications.

In the event of an unfavourable outcome, and irrespective of whether or not treatment was appropriate, tactful handling can prevent grief turning into anger.

Complaints can often be resolved by providing a further explanation of services carried out after the client has had the time and opportunity to settle their initial shock or distress.

It may be beneficial for veterinary practices to hold regular staff meetings to discuss issues regarding client relations and dealing with grief and anger.

Common Matters Leading to Complaints

Refer also to Section 16: General Guidelines and Policies, as many of these policies have come about as a result of complaints coming before the Board.

1. Perceived lack of caring

Many complaints arise as a result of the perception the client develops about the manner in which a veterinary surgeon has dealt with the patient. Complaints of perceived insensitivity, particularly surrounding euthanasia, are not uncommon.

2. Consent for procedures

Complaints arise when the outcome of a particular treatment is different from the owner's expectations. In making a complaint, clients often maintain they were not given a clear understanding of the available options, the estimated cost, prognosis and/or potential complications.

The Board recommends that before undertaking major veterinary procedures, the veterinary surgeon fully discuss all the available options for treatment, their associated costs, prognosis and complications, allow the owner to make the decision, and have the client sign a consent form. See Appendix IV for sample forms.

A veterinary surgeon should always make clients aware that even when the optimal method of treatment is used, it is impossible and unethical to guarantee a full recovery. The veterinary surgeon should alert the client to the possibility and nature of complications

that might arise, and whether further costs may be associated with their particular choice of treatment, particularly when they choose a non preferred treatment.

3. **Second opinions**

If the attendant veterinary surgeon lacks the necessary skills or equipment to provide the preferred treatment, the owner should be given the option of a referral to another veterinary surgeon who possesses such skills or equipment.

Some complaints arise after the client has received a second opinion from another veterinary surgeon. The complaint in these circumstances may be driven by the second veterinary surgeon voicing their judgment about the way the first veterinary surgeon handled the case. When providing a second opinion veterinary surgeons should be cautious as they may not be in receipt of all the facts, and treat their colleagues with respect.

4. **Inaccurate quoting**

Clients should receive an indication of costs prior to treatment being undertaken. The estimate of costs should include an estimate of ongoing expenses arising from the procedure.

If it becomes clear during the procedure or course of treatment that the costs will be significantly greater due to unforeseen complications, the veterinary surgeon must make every reasonable attempt to contact the owner and seek approval for the additional treatment.

5. **Payment of accounts**

A large number of complaints relate to payment of accounts.

It is not uncommon for people to take their animal to a veterinary clinic or hospital in an emergency without having the funds to cover the expenses incurred.

The way in which a veterinary surgeon or the practice staff handle such situations is a measure of their professionalism and communication skills. The VSB office receives complaints when clients consider a practice has not handled the matter well.

When the level of treatment is restricted by the client's inability to pay, it becomes even more important that the veterinary surgeon explains the options and cost estimates to the owner at every stage. This enables the owner to make an informed decision and be aware that restricted treatment may be less than optimal.

6. **Multi vet practices**

There is a risk of a client becoming disaffected if their animal is examined or treated by a different veterinary surgeon on each visit to a veterinary clinic or hospital. Good record keeping is essential to demonstrate the history and coordination of treatment during the course of a case.

15 VETERINARY CLINICS AND VETERINARY HOSPITALS

Practice Names

The Board recommends that prospective applicants contact the Registrar before registering the business name with the Department of Commerce. Regulation 33E requires an application to the Board for approval of the name of a prospective veterinary clinic or hospital.

Prospective applicants should also contact the Department of Commerce to ascertain whether their preferred name is available.

Regulation of Veterinary Clinics and Veterinary Hospitals

Section 24A(1) of the Act makes it an offence for a person to conduct a veterinary clinic or veterinary hospital unless the clinic or hospital is registered.

Section 24A(2) requires that in order to be registered, a veterinary clinic or veterinary hospital must be constructed, equipped, managed and operated as prescribed in the Regulations, or where no such requirement is prescribed, as the Board approves.

The Act requires that veterinary hospitals and clinics must be under the management of a veterinary surgeon. Management duties may be delegated to non registered persons but the ultimate management of the veterinary hospital or clinic is the responsibility of the veterinary surgeon who is registered with the Board as the veterinary manager.

Every person who performs duties of the nature of veterinary surgery must be a registered veterinary surgeon, an approved veterinary nurse, or a student (veterinary student or trainee veterinary nurse) performing prescribed duties.

It is a condition of registration that an officer of the Board is able to inspect the premises on behalf of the Board at the Board's discretion (see s24A(9)(b) of the Act).

VETERINARY HOSPITAL – means any premises at which veterinary surgery is practised at which animals receive treatment, nursing care and other services required for the reception, treatment and care of animals suffering from disease or injury or in need of surgical or medical treatment or assistance (see s2 of the Act).

Regulation 41 requires veterinary hospitals, unless otherwise approved in writing by the Board, to have:

- (a) a waiting room in which there may be office facilities, but where there shall be no provision for examination and treatment of animals;
- (b) an examination room;
- (c) a preparation room containing instruments and sterilization facilities;
- (d) an operating theatre;
- (e) provision for pharmacy and drug storage in rooms other than those set out in paragraphs (a), (c) and (d);
- (f) provision for separate yarding or caging of every animal admitted and where surgical procedures are carried out to larger animals there shall be erected a crush or like restraining facilities;
- (g) isolation facilities for animals.

VETERINARY CLINIC – means any premises at which veterinary surgery is practised, but at which animals are not retained overnight (see s2 of the Act).

Regulation 42 requires veterinary clinics, unless otherwise approved in writing by the Board, to have:

- (a) a waiting room or reception area;
- (b) an examination room, which may also be used as a preparation room;
- (c) an operating room;
- (d) provision for pharmacy or drug storage;
- (e) provision for separate caging or yarding for each animal admitted;
- (f) deleted
- (g) isolation facilities for animals.

The *Poisons Act* 1964 sets out the requirements for the appropriate storage of S4 and S8 medications.

Most local governments also have regulations governing veterinary premises in relation to matters such as suitable location, structural requirements and hygiene.

Standards of Veterinary Premises

Refer to Appendix I for guidelines on acceptable standards for veterinary premises.

All practice premises should have on display the name, telephone number and days and hours of attendance of a veterinary surgeon at the practice, as well as advice on obtaining out of hours service.

Mobile Practices and House Call Services

Refer to Appendix I for guidelines.

16 GENERAL GUIDELINES AND POLICIES

GENERAL PRACTICE

Advertising

Regulation 33A makes it an offence for a registered veterinary surgeon to publish, or cause or permit to be published, an advertisement in connection with a veterinary practice that –

- (a) is false or misleading; or
- (b) is vulgar or sensational; or
- (c) is likely to adversely affect the reputation or standing of any veterinary surgeon or the veterinary profession; or
- (d) expressly or impliedly claims superiority for the veterinary surgeon over any or all other veterinary surgeons.

The Board has received a number of queries from veterinary surgeons about the advertising of after hours and 24 hour services and what these terms mean.

The Board considers the terms 24 hour and after hours services to have the following meanings:

24 hour service

A veterinary hospital or clinic provides a 24 hour service if it provides veterinary services 24 hours per day, and members of the public have, at all times, access to a veterinary surgeon who is in attendance at that hospital or clinic.

After hours service

A veterinary hospital or clinic provides an after hours service if members of the public have, at all times, access to a veterinary surgeon who is in attendance at that hospital or clinic; or the veterinary surgeon is on call and contactable by telephone and available to attend the hospital or clinic or attend a property where appropriate, at short notice in the event of an emergency.

Telephone Message Referral

Telephone message referral is where a practice does not have a veterinary surgeon on call and a telephone message refers callers to another practice known to offer a 24 hour service or after hours service.

The Board does not consider telephone message referral as being 24 hour service or after hours service and it would be false advertising for a practice using telephone message referral to claim that it is providing a 24 hour service or after hours service.

Abandoned or Uncollected Animals

The Board is of the view that, in general terms, when dealing with an abandoned or uncollected animal, a veterinary surgeon:

- is obliged to provide treatment necessary for the relief of suffering of the animal;
- is entitled to discontinue ongoing treatment if the owner is unable or unwilling to pay;
- is entitled to contact a pound to take the animal if, after having made all reasonable attempts, they are unable to contact the owner.

Injured Stray Animals where the Accompanying Person is Unwilling or Unable to Pay

For the purpose of this section, the Board considers a stray animal to be an animal that has no identification and has no owner, or no owner is reasonably identifiable by the veterinary surgeon dealing with the animal.

The Board is of the view that in the case where a person brings a stray animal that requires treatment to a veterinary surgeon, and the person is unwilling or unable to pay for effective management and treatment, the veterinary surgeon is entitled to:

- euthanase the animal; or
- offer emergency assistance and pain relief, whilst resolving the next step, which may be to:
 - contact the RSPCA; or
 - offer euthanasia; or
 - if the person wants to take responsibility for the animal, negotiate payment for the treatment; or
 - if the veterinary surgeon wants to take responsibility for the animal, treat the animal at their own expense; or
- if the person takes the animal without the animal having received adequate treatment, and the veterinary surgeon has cause to believe the person will not effectively manage the animal, the veterinary surgeon should contact the RSPCA.

Handling Difficult Animals

Firmer than usual handling of an animal is sometimes unavoidable. However, a veterinary surgeon must exercise great caution.

If a veterinary surgeon suspects an animal is going to be difficult, it is important to advise the owner of the handling procedures that may be necessary. If the owner is agreeable, it may be preferable to deal with the animal out of the sight of the owner.

Veterinary Clinical Records

Veterinary clinical records are an important tool in the practice of veterinary medicine and surgery. They serve as the record of the basis for patient care and as a means of communication with clients, between members of staff, and with others who may be consulted or to whom a case may be referred. For both clinical and legal purposes, they provide documentary evidence of the patient's ownership status, health status, care and treatment. They serve as a basis of review, study and evaluation of veterinary care rendered to the patient by the practice.

All practising veterinary surgeons are professionally obligated to ensure they maintain appropriate clinical records. This obligation is not restricted to those instances in which scheduled drugs are prescribed or dispensed as detailed in regulation 30 of the *Veterinary Surgeons Regulations* 1979, but applies to all professional services provided by veterinary surgeons to their clients.

Regulation 30 Clinical record of supply or prescription of scheduled drug

- (1) A registered veterinary surgeon who supplies or prescribes a scheduled drug must make a clinical record of the supply or prescription.
- (2) A clinical record required under subregulation (1) must include –
 - (a) the name and address of the owner of the animal; and
 - (b) sufficient details to identify the animal; and
 - (c) the clinical history of the animal including the results of any examination of, or diagnostic tests carried out on, the animal; and
 - (d) the name of the poison; and
 - (e) the quantity of the poison supplied or prescribed.
- (3) The registered veterinary surgeon must keep the clinical record for a period of 7 years.

While not prescribed in the Act the Board is of the view that the following additional information must be included in clinical records:

- (1) the date of the consultation;
- (2) the date the clinical record is generated if it is not the same as the date of the consultation; and
- (3) the dose rate for the poisons supplied or prescribed and the duration of treatment for each poison.

Veterinary surgeons dispensing medications for food animals should note their additional obligations under the *Veterinary Chemical Control and Animal Feeding Stuffs Act 1976*. Failure to comply with these requirements may result in disciplinary action by the Board.

Discussion

Irrespective of the species or number of animals treated, complete, well documented records provide evidence of practice protocols and treatments. Good record keeping is essential to provide evidence of continuity of treatment between veterinary surgeons in situations where more than one veterinary surgeon attends to a case.

Clinical records should be able to stand alone in the event of an inquiry and be sufficient to justify the treatment and management of the particular case.

When investigating a complaint, the Registrar will request veterinary surgeons involved to provide the clinical records of the case. Poor or non-existent clinical records leave a veterinary surgeon legally vulnerable.

The Board believes that there is sufficient justification to warrant the keeping of adequate clinical records as being an essential component of professional conduct in contemporary veterinary practice. As a consequence the Board considers that the failure to keep adequate and appropriate clinical records gives rise to a presumption of unprofessional conduct.

The Board will use this presumption of unprofessional conduct when investigating or assessing a complaint against a registered veterinary surgeon, and has successfully prosecuted veterinary surgeons at the State Administrative Tribunal (SAT) for the failure to maintain appropriate clinical records.

Veterinary surgeons should note that the Department of Health, in administering the *Poisons Act 1964*, routinely checks purchases of restricted medications. If atypical quantities of medications or a change in purchase behaviour is detected, the Department of Health may approach a practice to inspect the records of the purchase of those medications or conduct an audit of all medications. The Department of Health may also ask the Registrar to investigate a practice for possible breaches of the *Veterinary Surgeons Act 1960*.

Synopsis

Clinical records should not be limited to, but should:

- be accurate and complete;
- be recorded at the time of, or as soon as possible following the consultation;
- be of sufficient detail to demonstrate the veterinary surgeon's assessment of, and treatment of a patient;
- be in sufficient detail to enable a continuity of clinical assessment and treatment of a patient by another veterinary surgeon in the practice or if the animal is referred;
- be in compliance with relevant legislation.

Other points in regard to clinical records include:

- If it is necessary to make a subsequent annotation or entry to a record, include the date and the time of the annotation and initial it if the records are hand written. When clinical records are maintained on a computer, the annotation should be a separate record rather than amending the previous entry.

- When providing a copy of records to another veterinary surgeon, the copy should be a complete copy of the clinical record but need not include other resources such as references which are attached to the record. Records provided to the Board should be provided in their entirety.
- Records may be scanned and transmitted electronically.
- Where clinical records are maintained on a computer, it is essential that adequate backups of the data are kept. The backup should be made no less than daily, and ideally copies should be kept at a secure off site location.

Ownership of Records

The Board understands that in law, clinical records, including radiographs, belong to the veterinary practice that generated them. If a client requests a copy of the records for their animal, the veterinary surgeon should provide a copy.

Transfer/Release of Records and Privacy Implications for Practices

The Board expects that, in the interests of animal welfare, practices will cooperate and liaise professionally in relation to the transfer or release of records.

Veterinary practices should, when requested by a second veterinary surgeon attending an animal on behalf of the owner and with the owner's consent, provide a summary of the relevant clinical history.

The Board understands that the transmission of information from one practice to another does not, in general, raise any concerns about compliance with the *Privacy Act 1988* (Commonwealth). Businesses with an annual turnover of \$3,000,000 or less are usually exempt from the National Privacy Principles. There are exceptions to this, for example in the case where the business charges for the disclosure of personal information or a Commonwealth contract is involved.

Licence for Radiography – Veterinary

A Radiography-Veterinary licence under the *Radiation Safety Act 1975* permits the holder, and registered veterinary surgeons under the direction and personal supervision of the licensee, to use registered diagnostic x-ray equipment for the purpose of veterinary radiography. Personal supervision means the exercise of control over radiation safety by the licensee being present on the registered premises or field site.

To be eligible for a licence for the purpose of Radiography-Veterinary the applicant must be registered as a veterinary surgeon in Western Australia, and have graduated in or since 1984 at an Australian university veterinary school. Pre 1984 and overseas graduates must pass a radiation safety examination before a licence can be granted. At present, this exam is conducted on behalf of the Council by Dr Jennifer Richardson at the School of Veterinary Medicine, Murdoch University. Dr Richardson can be contacted at (08) 9360 2436 or Jen.Richardson@murdoch.edu.au

For further information contact the Radiological Council.

Radiation Health Branch
 Grace Vaughan House
 227 Stubbs Terrace
 SHENTON PARK WA 6008
 Ph: (08) 9388 4999
 Fax: (08) 9382 0701
radiation.health@health.wa.gov.au

Referrals

It is good business practice to be open and honest with clients. If a veterinary surgeon does not have the knowledge or expertise to deal with an animal or specific condition, they should advise the owner and afford the owner the option to attend another practice or refer the owner

to another veterinary surgeon or practice that has the necessary knowledge and expertise.

If a client insists that a veterinary surgeon treat their animal despite knowing that the veterinary surgeon has reservations about dealing with the case, the veterinary surgeon should seek advice from a colleague proficient in that area.

Refusing to Provide Veterinary Services

Other than the obligation to provide the immediate relief of suffering which may include but is not limited to euthanasia, a veterinary surgeon can refuse to provide veterinary services to a client.

The veterinary surgeon should provide the advice of such a refusal formally to the client. In the case where a veterinary surgeon wishes to no longer provide veterinary services to an established client, the veterinary surgeon should advise the client in writing.

Unexplained Deaths, Post-Mortem Examinations, Disposal of Bodies

The obligations of a veterinary surgeon do not cease when the animal dies.

Disposal of an animal's body can be a traumatic time for the owner and the veterinary surgeon should discuss options with the owner. It is essential to gain the consent of the owner prior to disposal of a body.

In the case of an unexplained death, always discuss with the client the option of a post mortem examination. Consideration should also be given to whether it would be preferable for another veterinary surgeon or an independent veterinary pathologist to carry out the post mortem examination.

Telephone Veterinary Advice Line

The purpose of a telephone advice line is to provide members of the public with easily accessible veterinary advice, at any hour of the day or night. Any such service should give the public the best available information in accordance with legislation. The public relations role of this service can only be beneficial if it is of a high professional standard.

Veterinary surgeons providing advice by telephone, email or by any other means to animals residing in WA must be registered in WA.

CLINICAL PRACTICE

Medical Waste

Sharps, syringes and other waste materials generated as the result of treating animals are classified as Medical Waste. They must be disposed of by a licensed contractor using approved containers in accordance with the *Environmental Protection (Controlled Waste) Regulations 2004*. Local Government authorities and contractors providing weekly domestic refuse collection services are not licensed to collect, transport or dispose of Medical Waste.

Public health and safety issues arise from the illegal transportation and disposal of medical waste at landfill sites.

Local Councils can provide further information.

Microchipping

Microchipping can only be carried out by a veterinary surgeon, or a veterinary nurse under the personal supervision of a veterinary surgeon, unless permitted under the *Dog Act 1976* or *Cat Act 2011*.

Pain Management

Any animal subjected to an invasive procedure should receive an appropriate level of pain relief that is effective for a reasonable amount of time.

The failure of a veterinary surgeon to provide appropriate pain relief may be considered to be unprofessional conduct.

Pre-purchase Examinations of Horses

Complaints about pre-purchase examinations of horses often arise due to unfulfilled expectations by the purchaser.

Before carrying out a pre-purchase examination, the veterinary surgeon must make clear to the potential purchaser the limitations of the type of examination to be carried out.

Australian Equine Veterinary Association Certificates are only to be used by Members of that Association.

Sterilisation of Materials

As a general guideline, autoclaving is the preferred method of sterilisation of materials that can be subjected to autoclaving. Other methods may be considered to be a compromise, with a greater risk of infectious agents surviving the sterilisation process.

Tail Docking of Dogs

Tail docking of dogs is the surgical amputation of tails predominantly for cosmetic purposes.

The *Animal Welfare Act 2002* makes it an offence to dock (amputate) the tail of a dog except where the tail docking is clinically indicated for the purpose of curing or alleviating disease or injury from which the dog suffers. Tail amputation surgery requires suitable anaesthesia.

Provision of Veterinary Services Across Jurisdictional Borders

Legislation governing the practice of veterinary surgery varies between the states and territories.

A veterinary surgeon providing services in a particular state or territory must be registered in that state or territory.

Commonwealth mutual recognition legislation provides that a person registered in one jurisdiction as a veterinary surgeon is eligible for registration in all or any other Australian jurisdictions. All states and territories have introduced the necessary amendments to their veterinary services legislation to give effect to the Commonwealth mutual recognition legislation.

Where a veterinary consultation or the provision of professional advice directly to a client occurs remotely by electronic means, the veterinary service is taken to occur where the animal patient is located. If the animal is located in another jurisdiction, the practitioner must be registered in that other jurisdiction.

Veterinary surgeons registered in Western Australia with primary care of an animal, may seek advice and/or services from elsewhere, whether that advice and/or service is from a veterinary surgeon or not, provided that the veterinary surgeon registered in Western Australia continues to provide the primary on-going care for that animal.

Under the Poisons Act 1964 (WA), a veterinary surgeon can only supply restricted medications for animals that are demonstrably under their care and for which they have established a therapeutic need.

It is anticipated that within the next two years there will be National Recognition of Veterinary Registration (NRVR) within Australia. In January 2011 Victoria became the first Australian jurisdiction to adopt NRVR. In September 2011, New South Wales adopted NRVR. Once the

relevant legislation has been enacted veterinary surgeons will be able to conduct practice in jurisdictions other than the state or territory in which they reside. Veterinary surgeons intending to work in jurisdictions other than Western Australia should contact the relevant Veterinary Surgeons Board to ascertain whether the NRVB amendments have been made to their Act.

Professional Indemnity Insurance

Veterinary services legislation in some but not all states requires a veterinary surgeon to have professional indemnity insurance. The current Act in Western Australia does not have such a requirement.

The Board understands that a veterinary surgeon's professional indemnity insurance may be void if they perform acts of veterinary surgery when they are not registered.

VETERINARY SERVICES THAT MAY BE PERFORMED BY AUTHORISED PERSONS

Regulation 47(2) prescribes the following acts of veterinary surgery as services that may be carried out by a person authorised by the Board and acting under the direction of a veterinary surgeon:

- (a) administering by injection sedatives, tranquilisers and euthanasia agents (see Appendix II)
- (b) equine dentistry (see Appendix II)
- (c) embryo transplantation
- (d) diagnosis of disease (see Appendix II)
- (e) administering contraceptives or other medications to dogs in the pastoral regions
- (f) examination of cattle for pregnancy by rectal palpation or rectal probe and ovarian examination per rectum (see Appendix II)
- (g) artificial insemination by surgical (laparoscopic) method.

The Board will authorise a person to carry out a particular veterinary service only if they demonstrate that they have the appropriate knowledge and competence and their application is accompanied by certification from the veterinary surgeon under whose direction the authorised person will carry out the service.

Equine Dentistry

For dental procedures other than rasping teeth, equine dentists require authorisation to treat horses' teeth in Western Australia.

Particular care is required in the use of power tools to rasp teeth. The Board has received notices of concern that the misuse or overuse of power tools has resulted in problems such as burnt mouths, inability to eat hay, colic, and death.

Any procedure requiring the use of sedatives or analgesics requires administration of the medication by either a veterinary surgeon or an equine dentist authorised by the Board to administer specific medications under the direction of a veterinary surgeon.

17 CONTROLLED SUBSTANCES

The *Poisons Act* 1964 and its Regulations set out the conditions for the dispensing, handling, recording and storage of restricted and dangerous medications. The Department of Health administers the *Poisons Act* 1964.

Illicit Supply or Use of Controlled Substances

The Department of Health monitors the sale and supply of controlled substances and has the authority under the *Poisons Act 1964* to require a practice to furnish records relating to the supply of such substances. The Department can also perform random audits.

Veterinary surgeons need to be aware that the standing and public perception of the veterinary profession is adversely affected by any publicity regarding the inappropriate use of controlled substances in performance animals and the misuse of veterinary medications as a result of their administration to humans.

It is a legal requirement under the *Poisons Act 1964* that veterinary practices have safe secure storage facilities for controlled substances and that they have good record keeping systems to substantiate the appropriate supply of such medications.

The incorrect storage and supply of S4 and S8 medications may constitute unprofessional conduct. Failure to comply with these requirements is an offence under the *Poisons Act 1964*. A veterinary surgeon who is convicted of an offence under the *Poisons Act 1964* is deemed to have engaged in unprofessional conduct under regulation 28 of the *Veterinary Surgeons Regulations 1979*.

To legally supply a controlled substance for an animal in WA a veterinary surgeon must be registered in this state and acting in the ordinary course of their profession.

'In the ordinary course' means:

- The animal for which it is intended is under their care.
- There are supporting clinical records and the treatment recommended and dose rates of any medication supplied is recorded.
- The client must be advised of the correct usage of the medication and, if for food-producing animals or performance animals, withholding periods must be explained.

To establish that animals are under the care of a veterinary surgeon, the veterinary surgeon must have been given responsibility for the health of the animal(s) or herd in question by the owners or their agent. The care of the animals or herd by the veterinary surgeon must be real and not merely nominal. Although circumstances will vary, the veterinary surgeon must:

- have either seen the animal or herd for the purpose of diagnosis or prescription immediately prior thereto, or visited the farm or other premises on which the animal or herd is kept, sufficiently often and recently enough to have acquired from personal knowledge and inspection an accurate picture of the current health state of that farm, sufficient to enable diagnosis or prescription for the animal or herd in question; and
- have reasonable grounds to believe that an examination of the animals is not necessary in order to establish that it is appropriate to prescribe the medication; and
- have discussed the health of the animals with the owner within the previous 7 days; and
- have supporting records.

Problems can arise when a client approaches a veterinary surgeon for medications for later use, or when a third party is involved. Examples are requests for medications for use for clipping horses, dental work on horses or grooming small animals. People carrying out this work on their own animals may approach their regular veterinary surgeon for a supply of sedatives so that they may carry out their job safely at later times.

A veterinary surgeon is able to supply medications to the third party only in the case where that person has been authorised by the Board to possess and use those medications (see Appendix II). In all other cases, the owner or person in charge of the animal needs to purchase the medications from their usual veterinary surgeon.

Access to Restricted Medications by Lay Persons

Under the Act and Regulations, the following principles apply to the provision of restricted medications to third party service providers:

- Other than as provided by regulation 47 (see below and Appendix II) veterinary services involving the prescription and dispensing of medications can only be provided to bona fide clients.
- There must be a therapeutic need for the medication.
- There must be a clinical relationship with the animal/s.
- The veterinary surgeon must be satisfied that the owner has the necessary storage, and administration equipment and is competent to administer the medication.
- The provisions of the *Poisons Act* and the *Veterinary Surgeons Act* and Regulations have been followed (e.g. recording, labelling, storage etc).
- Where appropriate, the veterinary surgeon must supply the owner with information on medication withdrawal times.
- The veterinary surgeon should discuss any potential side effects or potential adverse reactions with the owner.
- The veterinary surgeon should inform the client on how to use the medication properly and safely.
- The veterinary surgeon must be able to provide or arrange after care if required.

Regulation 47 enables an authorised person to administer by injection sedatives, tranquilisers and euthanasia agents (Appendix II).

Based on guidelines compiled by the Board such persons have to be able to demonstrate a genuine need for access to the medications, there has to be a public benefit, they have to be able to demonstrate competency and a veterinary surgeon has to be willing to supply and supervise the authorised person and accept responsibility for their conduct.

In the event of the authorised person breaching their conditions or the *Veterinary Surgeons Act*, the supervising veterinary surgeon may be charged for unprofessional conduct. More details on the authorisation process can be obtained from the Registrar or the Board's website www.vsbwa.org.au.

A veterinary surgeon may prepare and sell a medication for the treatment of animals in their care but may not mass produce medications unless they have a manufacturing licence.

Prescriptions

Unless a veterinary surgeon holds a wholesale licence, they are not permitted to fill a prescription for a veterinary medication from another veterinary surgeon or to sell medications to another practice.

Advertising S4 and S8 Medications

The *Poisons Act* 1964 prohibits the display of, or advertising to the public the availability of, Schedule 4 medications (Prescription only medicines) and Schedule 8 medications (Controlled medications).

Storage of General Medications

All medications should remain in their original packs and be stored according to the manufacturer's recommendations in order to ensure efficacy and safety. Special care should be taken with medications that require refrigeration or storage under temperature controlled conditions.

Withdrawal of Privileges

The Minister for Health may revoke the right of a veterinary surgeon to prescribe, supply, possess or administer controlled substances.

The Department of Health may also refer to the Board alleged or proven offences for investigation or consideration by the Board.

Prohibition on Supply of S4 and S8 Medications for the Treatment of People

A veterinary surgeon is not permitted to sell or supply medications for the treatment of people including themselves.

A veterinary surgeon may only prescribe and administer scheduled medications in the course of carrying out their veterinary practice.

A veterinary surgeon is not permitted to prescribe or supply any scheduled medication for self administration or for administration to or by any other person.

A veterinary surgeon is not permitted to administer a controlled substance to themselves unless it has been prescribed by a registered medical practitioner or dentist and lawfully supplied by a pharmacist for that purpose.

Section 23(4)(b) of the act specifies that a veterinary surgeon who is habitually addicted to medications is guilty of unprofessional conduct.

SCHEDULE 4 MEDICATIONS

A veterinary surgeon must personally supervise the dispensing of Schedule 4 medications from their veterinary practice and must provide professional advice to the purchaser about the safe use of the medication.

Dispensed Medications

The *Poisons Act* 1964 requires that when a veterinary surgeon dispenses a medication to a client, the container must have an attached label.

The label must have printed clearly on it:

- (i) the words “Keep out of reach of children”;
- (ii) the name and strength or amount of each poison in the preparation, or the trade name and strength of the preparation (unless the trade name also uniquely identifies the strength, in which case only the trade name need be given);
- (iii) the owner’s surname and the species of animal;
- (iv) instructions for the use of that medicine or preparation;
- (v) a date of dispensing, and a number identifying the prescription or supply which corresponds to the animal’s records;
- (vi) the name and address of veterinary practice, from which it is supplied;
- (vii) the words “For veterinary use only” or “For animal treatment only”, together with the words “For external use only” if the medicine or preparation is not prepared for internal use; and
- (viii) the total quantity contained.

For trade species (food and fibre producing) animals, in addition to the above label requirements under the *Poisons Act* 1964, the *Veterinary Chemical Control and Animal Feeding Stuffs Regulations* 2006 requires additional information on the label of dispensed veterinary chemicals.

Regulation 10 of the *Veterinary Chemical Control and Animal Feeding Stuffs Regulations* 2006 states:

- (1) This regulation applies to a veterinary surgeon who prescribes or supplies or recommends for use, on a trade species animal under the care of the veterinary surgeon, either of the following–
 - (a) a registered veterinary chemical product to be used other than in a way stated in the instructions on the approved label for containers for the product;
 - (b) an unregistered veterinary chemical product.
- (2) The veterinary surgeon must give to the person for or to whom the veterinary chemical product is prescribed, supplied or recommended a written statement as to–
 - (a) the species of animal to be dealt with; and
 - (b) the amount of the product supplied; and
 - (c) the dosage; and
 - (d) the frequency of the dosage; and
 - (e) the treatment period; and
 - (f) the manner of administration; and
 - (g) whether or not there is a withholding period applicable to the administration of the product and, if there is, the length of that period; and
 - (h) the location and identification (if any) of the particular animal dealt with or to be dealt with; and
 - (i) details to identify the particular animal dealt with or to be dealt with; and
 - (j) the name of the person for or to whom the veterinary chemical product is prescribed, supplied or recommended; and
 - (k) the name and address of the owner of the animal dealt with or to be dealt with.

Penalty: a fine of \$5000.

- (3) The veterinary surgeon must keep a copy of the statement for 3 years.

Penalty: a fine of \$5000.

It is important for producers that they also meet Export Slaughter Interval (ESI) requirements and advice should be provided to the producer at that time. Information can be obtained from the Australian Pesticides and Veterinary Medicines Authority website at:

<http://www.apvma.gov.au/residues/withholding.php>

Containers

Poisons packed or dispensed by the veterinary surgeon must be supplied to the purchaser in containers which are:

- impervious to the poison;
- incapable of reacting with the poison;
- sufficiently strong to prevent leakage arising from the ordinary risks of handling, storage or transport;
- securely closed and capable of being securely re-closed, unless the contents are to be used on one occasion only.

Paper or plastic envelopes or packets are not considered to be suitable containers for loose tablets or capsules.

Liquid preparations for external application must be packed in poison bottles of appropriate size.

Solid dose preparations (e.g. tablets or capsules) should be supplied in vials or jars or if the manufacturer has packed them in foil or paper strips or blister trays, small cartons or resealable plastic envelopes may be used.

Certain prescribed medications including, but not restricted to, antihistamines and anticonvulsants must be packed in child resistant packaging (e.g. strip packaging or blister packs in an outer carton) or in bottles or vials that have approved child-resistant closures.

While legislation only applies to scheduled poisons it is recommended that these requirements be carried out for all substances provided to owners by veterinary practices.

Pseudoephedrine

Pseudoephedrine medications (containing a total of more than 720mg of pseudoephedrine or 800mg if in liquid preparation) are prescription medications.

Where the pseudoephedrine content is less than these limits, it is classed as a Schedule 3 “recordable” substance, only available for sale personally by a pharmacist.

These controls are in response to the use of pseudoephedrine to unlawfully manufacture methamphetamine.

As these medications may be used to treat urinary incontinence in dogs, it is advisable to explain these requirements to owners before they attend the pharmacy and explain the reasons for them.

Chloramphenicol

Chloramphenicol must not be used for the treatment of any animal, bird or bee that is bred, raised or used for the purpose of providing human food.

SCHEDULE 8 MEDICATIONS

Fentanyl

The veterinary use of Schedule 8 medications has increased with recent advances in the provision of adequate analgesia to animals under care. As an example, there is an increasing use of Fentanyl transdermal patches (Durogesic®) by veterinary surgeons wanting a slow release of analgesic to treat a pain condition.

It is important to remember that Fentanyl is a Schedule 8 poison. As the Fentanyl patches contain a reservoir of this medication that can provide pain relief for up to 3 days they pose a potential risk to the public if not used and disposed of correctly.

Veterinary surgeons should remove and dispose of Fentanyl patches correctly and not leave this task to the owner of the animal being treated. Vets should educate the owner on the correct handling of the patches in the event they become dislodged.

Ketamine

In Western Australia, Ketamine is a Schedule 8 controlled substance.

Storage of Schedule 8 Medications

Medications of dependence must be stored in accordance with the *Poison Act 1964*. A register must be kept on the premises recording the receipt of all S8 medications, their administration and/or disposal.

An authorised Health Department officer is entitled to inspect the register on demand.

Registers for Schedule 8 Medications

If a veterinary surgeon possesses, dispenses or administers any S8 medication, they are to keep a register, recording:

- the date of the transaction;

- the trade name or approved name of the medication;
- the amount received, supplied or administered and where applicable the strength of the medication;
- the name and address of each other person or firm involved in the transaction;
- to whom the medication was supplied or administered;
- the balance of stock; and
- the name and signature of the person making the entry.

Registers may be kept electronically or on paper – see *Poisons Act 1964*.

S8 Registers for More than One Premise

If a veterinary practice keeps Schedule 8 medications at more than one premise, the practice must have a separate register for each premise. The register for the medications at a premise must at all times be at the premise to which the register applies.

When medications are transferred from one premise to another, the practice must make an entry in each register, in one as a supply and in the other as a receipt of the medication.

A practice must keep Schedule 8 registers for a period of seven years after the last entry in the register.

The register must be balanced at the end of each month to ensure that all medications received or disbursed have been entered and the stock in hand coincides with the amount shown in the register.

False or misleading entries must not be made in a register. Errors must be corrected, noted and signed, not erased.

Regulation 44B (*Poisons Regulations 1965*) Form of Registers

A register kept for the purposes of regulation 44(2) or 44A(4) may be maintained on paper, electronically or in another approved manner.

For further details on the requirements for keeping registers refer to regulation 44 of the *Poisons Regulations*.

SUPPLY OF S4 MEDICATIONS TO PASTORAL PROPERTIES

Many properties in the pastoral regions are isolated and have difficulty in obtaining veterinary services and/or medications in an emergency. Regulations 29A, 29B & 29C of the *Veterinary Surgeons Regulations 1979* provide a special exemption permitting a veterinary surgeon to supply certain specified medications to a pastoral property owner or manager which the owner or manager can administer to an animal under the direction of the veterinary surgeon.

A veterinary surgeon can only supply scheduled medications to a pastoral property if the veterinary surgeon:

- has knowledge of the property;
- has knowledge of the animals kept on the property and the husbandry of those animals; and
- is satisfied that an owner or their agent is competent to administer the medications and will obey any instructions in regard to the storage, transport and use of the medications.

The veterinary surgeon is accountable for the use of the medications.

The veterinary surgeon must have a written agreement with the owner or their agent in regard to the use and storage of the medications. The veterinary surgeon must keep a copy of the agreement for two years after the expiry of the agreement.

Each time the veterinary surgeon directs the owner or agent to administer an S4 medication, the veterinary surgeon must make and keep a written clinical record as if they were dispensing medications from a registered premise.

The veterinary surgeon must undertake an annual audit of all S4 medications supplied to the property.

Regulation 29A of the *Veterinary Surgeons Regulations 1979* specifies that S4 medications that can be dispensed for this purpose are:

- adrenaline
- antibiotic
- antihistamine
- atropine
- local anaesthetic
- non steroidal anti-inflammatory
- short-acting cortico-steroid
- snake antivenom; and
- tranquilliser or sedative.

POISONS INFORMATION

The National Poisons Information Hotline 131126 is available 24 hours for phone advice on the ingredients and the toxicity of poisons.

18 LEGISLATION

A veterinary surgeon has a responsibility to be familiar with all legislation that impacts on their professional activities.

Not being aware of the provisions of legislation is not a legal defence. A finding of unprofessional conduct can be made whether the offence is by act or omission.

The *Veterinary Surgeons Act 1960* and the *Veterinary Surgeons Regulations 1979* apply in Western Australia.

Other Acts which may relate to the practice of veterinary surgery include:

- *Poisons Act 1964*
- *Animal Welfare Act 2002*
- *Artificial Breeding of Stock Act 1965* (repealed)
- *Veterinary Chemical Control and Animal Feeding Stuffs Act 1976*
- *Radiation Safety Act 1975*
- *Trade Practices Act 1974* (Commonwealth)
- *Occupational Safety and Health Act 1984*.

The Registrar is able to provide guidance about the implications of legislation on a veterinary practice but cannot provide legal advice.

Copies of legislation can be obtained from: http://www.austlii.edu.au/au/legis/wa/consol_act/ or <http://www.slp.wa.gov.au/index.html>

19 PERSONAL HEALTH AND WELFARE

The Board is aware of veterinary surgeons who have mental health issues, including depression, or who may have problems with substance abuse.

The Board urges any veterinary surgeon who has a mental health problem to seek medical attention. The Board offers support to veterinary surgeons by providing a primary referral to a counsellor and support to the Suicide and Depression Awareness Group (SADA).

For guidance or information on a strictly confidential basis, contact the Registrar – phone 08 9367 4674.

Other useful resources are:

| | |
|-----------------------------------|--------------|
| AVA Telephone Counselling Service | 1800 337 068 |
| Beyond Blue | 1300 224 636 |
| Lifeline | 13 11 14 |

20 AUSTRALASIAN VETERINARY BOARDS COUNCIL INCORPORATED (AVBC)

The Australasian Veterinary Boards Council Incorporated (AVBC) (www.avbc.asn.au) provides a forum for Australian and New Zealand veterinary regulatory bodies and education providers. The AVBC considers issues of national concern relating to national standards of veterinary practice and education.

The AVBC provides a mechanism to foster standardisation and quality assurance of the delivery of veterinary sciences and enables Australia and New Zealand to liaise with other countries.

The AVBC:

- administers the National Veterinary Examination for overseas graduates
- assesses overseas veterinary qualifications.

The AVBC is funded by the state, territory and New Zealand Boards.

Sub-committees and their roles include:

- Veterinary Schools Accreditation Advisory Committee (VSAAC)
VSAAC carries out ongoing assessment of Australian and overseas veterinary courses to ensure the university maintains high academic standards and ensure the professional competence of their graduates. VSAAC inspects schools in conjunction with the Royal College of Veterinary Surgeons (UK) and the American Veterinary Medical Association. It includes recognition of the European Association of Establishments for Veterinary Education (EAVE) evaluations, including the Educational Commission for Foreign Veterinary Graduates (ECFVG) exam, and may ultimately include a global accreditation scheme.
- Advisory Committee on Registration of Veterinary Specialists (ACRVS)
The ACRVS makes recommendations on the recognition of specialist qualifications, with courses having to be accredited prior to individuals being recognised as specialists.
- National Veterinary Examination (NVE) Panel & Board of Examiners
The NVE is for overseas graduates whose qualifications are not accredited by the AVBC and who wish to gain full registration in Australia.

21 AUSTRALIAN VETERINARY ASSOCIATION (AVA)

The Australian Veterinary Association (AVA) provides:

- opportunities to participate in educational, scientific, continuing education and peer support activities
- the Australian Veterinary Journal
- the West Australian quarterly magazine, the VAB
- State divisions branch and special interest groups represent the many different species/interests of members of the AVA.

For information / membership contact:

Australian Veterinary Association
West Australian Division
AVA House Unit 4 / Level 1 22 Railway Road
SUBIACO WA 6008
Tel: 08 9388 9600
Fax: 08 9388 9688
Email: execwa@ava.com.au

22 FREEDOM OF INFORMATION

The Board is subject to the provisions of the *Freedom of Information Act 1992*.

The Board is obliged to provide access to personal files and to provide copies of information contained in these files to the person concerned. In this context, the relevant files are those containing information on initial application for registration as a veterinary surgeon, or veterinary specialist.

Subject to the Freedom of Information provisions, the Board may be obliged to provide access to, or copies of, information relating to the investigation of a complaint.

Requests for access to documents need to be made in writing to the Freedom of Information Coordinator at the Department of Agriculture and Food. For further information contact the FOI Coordinator on (08) 9368 3412 or visit the DAFWA FOI information page at http://www.agric.wa.gov.au/PC_90577.html.

23 PRIVACY

- The Veterinary Surgeons' Board is committed to the responsible handling of personal information and to protecting an individual's right to privacy.
- The Act requires a veterinary surgeon to notify the registrar of any changes to their contact details and place of employment.

The Act specifies that the Register of Veterinary Surgeons in Western Australia is a public document. As such, the Board makes the following information about veterinary surgeons publicly available:

- name;
- qualifications;
- public postal address of the veterinary surgeon;
- conditions as to the person's registration;
- restrictions on the practice of veterinary surgery by the person.

The Board does not disclose other information about a veterinary surgeon unless:

- the veterinary surgeon has agreed to its release;
- there is an express statutory requirement or authority to disclose;
- there is a statutory entitlement to release the information and an urgent and overwhelming public interest in releasing the information.

Specifically the Board does not disclose:

- a veterinary surgeon's non-public address, phone, fax or email address;
- current complaints;
- informal complaints;
- past complaints.

The outcome of any disciplinary proceedings that have been before the State Administrative Tribunal (SAT) are available publicly on the SAT website unless the SAT has issued a suppression order.

24 Definitions

Direction - means regular and frequent supervision but does not necessarily imply continuous personal supervision

In the presence of, and under the immediate and direct personal supervision – a registered veterinary surgeon must be in sufficiently close proximity to a veterinary nurse or veterinary student in order to pay full attention to the performance of that veterinary service

Personal supervision – a veterinary surgeon must be in the same room or area as the veterinary nurse, trainee or veterinary student performing a veterinary service and be paying attention to the performance of that service.

1 GUIDELINES TO PROFESSIONAL CONDUCT

SECTION 1 INTRODUCTION

The *Veterinary Surgeons Act* 1960 does not provide for enforceable codes of professional conduct. Nonetheless these Guidelines could be used as a basis of determining whether a veterinary surgeon's conduct is appropriate, and a veterinary surgeon could be required to provide an explanation for a standard of practice substantially below those described in these Guidelines. It should be noted that some items within the Guidelines are covered by the Act and in relation to those specific matters, lack of compliance could amount to a breach of the Act.

Persons registered with the Veterinary Surgeons' Board of Western Australia are expected to abide by the following basic principles when carrying out their professional duties.

- The primary concern of the profession is for the welfare of animals.
- At no time does the responsibility of a veterinary surgeon to relieve animals of suffering and provide for the health and welfare of animals relieve the veterinary surgeon of the overriding requirement to comply with the legislation governing the practice of veterinary surgery.
- All work performed by veterinary surgeons is to a standard of competence acceptable to their peers.
- Veterinary surgeons, individually, act to promote cohesion within the profession and the trust of the profession by the general public.
- No personal advantage is sought to the detriment of a professional colleague.

SECTION 2 GUIDELINES FOR PROFESSIONAL CONDUCT

- 1 Veterinary surgeons have a special duty towards animal welfare and to alleviate animal suffering. They must be conversant with the provisions of the *Animal Welfare Act* 2002 and its Regulations and any codes of animal welfare relevant to their fields of endeavour.
- 2 Veterinary surgeons must communicate effectively and treat all with whom they come into contact, with respect, consideration, courtesy and openness.
- 3 Veterinary surgeons must conduct themselves in a manner that will maintain or enhance the reputation of the profession.
- 4 Veterinary surgeons should not show disrespect for colleagues. They should uphold a working environment in which colleagues can freely exchange information to the benefit of patients, and society in general.
- 5 Veterinary surgeons must be conversant with and abide by all statutory requirements affecting them individually in their various professional roles and take every reasonable step to ensure their observance by others.
- 6 Veterinary surgeons must keep abreast of knowledge and skills in their field of endeavour, and accept the obligation to continue their education and so further their professional knowledge and competence.
- 7 Except in an emergency where immediate relief of suffering is paramount, veterinary surgeons have a duty to operate only in fields in which they are competent to do so unless supervised by a colleague with competence in the field.

SECTION 3 GENERAL GUIDELINES

1. General Practice

- a. A registered person must not practise veterinary surgery in a manner that would be likely to bring the veterinary profession into disrepute.
- b. A registered person must not assume a name or description that would be taken by a reasonable person as meaning that the registered person holds a qualification, or has experience in, veterinary science, surgery or medicine unless the registered person actually holds that qualification or has that experience.
- c. A registered person who gives a public speech relating to the practice of veterinary surgery or publishes by newspaper, radio or television, a report or notice relating to the practice of veterinary surgery or advertisement must ensure that the speech, report, notice or advertisement—
 - i. is not false or misleading;
 - ii. does not compare the competence of any registered person with that of any other;
 - iii. is not vulgar or sensational;
 - iv. would not tend to bring the practice of veterinary surgery into disrepute.

In this context 'newspaper' includes magazine, journal or any other written publication.

- d. A registered veterinary surgeon shall not carry on practice in any place, whether at his main practice or a branch thereof, unless he or some other veterinary surgeon duly registered under the provisions of the Act is in charge of that place and gives substantial attendance thereat during the advertised hours of his practice at that place (regulation 33).
- e. A registered person must not practise veterinary surgery in a name other than the person's own name or a name approved by the Board.
- f. If a registered person was a practising veterinary surgeon at the time of his or her death, the practice may be carried on in the name of the deceased person by another registered person for a period not exceeding 12 months from the date of death with the written consent of the Board (section 26B).

2. Animal welfare

- a. A veterinary surgeon must at all times consider the welfare of animals when practising veterinary science.
- b. A veterinary surgeon who provides veterinary services directly to the public should not, without good reason, refuse to provide relief of pain or suffering of an animal. Relief may be confined to emergency treatment only which may include euthanasia, or immediate referral to another veterinary surgeon.
- c. Any animal having an invasive procedure performed should be administered an appropriate level of pain relief, that is effective for a reasonable length of time, as part of routine practice.

3. Correction of genetic defects

- a. It is unethical for a veterinary surgeon to perform a surgical operation on, or to provide medical treatment for an animal if the primary purpose of the operation or treatment is to conceal the animal's true genetic status so as to enhance its value for sale, breeding or showing in competition.
- b. A veterinary surgeon who becomes aware that an animal belonging to a client is suffering from a defect or disease that is known to be inheritable must inform the client of the defect or disease and its implications for breeding programs.
- c. It is not unethical for a veterinary surgeon to perform a surgical operation for the correction of an inheritable defect or to provide medical treatment for an inheritable

disease, if the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort to the animal. The owner should be counselled on the advisability or otherwise of sterilising the animal to restrict the perpetuation of the inheritable defect.

4. Procedures which should only be performed for therapeutic reasons

The following procedures may only be carried out by registered veterinary surgeons for genuine therapeutic purposes and records must substantiate this:

- a. declawing of cats;
- b. tail docking of dogs and horses;
- c. ear cropping of dogs.

Bark reduction should only be carried out for therapeutic or prophylactic reasons, or as an alternative to euthanasia for a dog that barks persistently. It should not be carried out as a substitute for the proper management and training of a dog. Veterinary surgeons requested to perform bark reduction should be convinced that all reasonable attempts have been made by the owner to modify the dog's behaviour by alternative and humane means.

5. Professional practice

A veterinary surgeon should, at all times, diligently maintain knowledge of current standards of veterinary science.

Professional procedures should always be carried out in accordance with current standards of veterinary science.

Informed decisions

Except in the case of an emergency, a veterinary surgeon should not undertake any veterinary procedure on an animal without ensuring that the owner or person in charge of the animal is made aware of the likely extent and outcome of the procedure and of its probable cost and any ongoing costs. An example of an emergency is a circumstance in which there is an immediate threat to the life of the animal concerned.

Referrals

- a. A veterinary surgeon should refer a client to an appropriately qualified veterinary surgeon whenever a second opinion or a referral is desirable.
- b. A veterinary surgeon should not refuse a request by a client for a referral or second opinion.
- c. A veterinary surgeon to whom a client of another veterinary surgeon is referred or who is asked to provide a second opinion for such a client should act in the best interests of that client and the animal concerned.
- d. A veterinary surgeon who has previously treated an animal must, when asked by another veterinary surgeon to whom the animal has been referred, provide all relevant details of clinical history directly to the other veterinary surgeon.
- e. A veterinary surgeon to whom another veterinary surgeon has referred an animal for treatment or a second opinion should return all documents and other articles provided by the other veterinary surgeon when the animal is finally discharged or is referred back to the other veterinary surgeon if requested.

Vicarious liability

A veterinary surgeon responsible for the professional supervision of lay staff must ensure that the staff carries out their duties effectively and in compliance with relevant legislation.

A veterinary surgeon should ensure that:

- a. support staff treat as confidential, and refrain from divulging, any information relating to clients or their animals acquired during the course of their employment, and

- b. support staff, having in an emergency given first aid to an animal for the purpose of saving life or relieving pain, report and hand over the case to the veterinary surgeon or another veterinary surgeon at the earliest opportunity, and
- c. information relating to a client or a client's animal obtained in the course of examining or treating the animal is not divulged, except when referring the animal to another veterinary surgeon for treatment or a second opinion or with the consent of the client.

Certification

When a veterinary surgeon provides a certificate, it must be prepared with care and accuracy, and be legible, bear the date of examination or procedure carried out, what the certificate actually attests to, the date of issue of the certificate, and the name, address and signature of the issuing veterinary surgeon.

A veterinary surgeon should not sign a certificate relating to the performance of a veterinary service unless:

- a. the certificate is accurately completed to the best of the veterinary surgeon's knowledge, and
- b. the surgeon has personally performed or supervised the performance of the service (regulation 33D).

Record keeping

Veterinary surgeons must maintain adequate records of treatment carried out. As soon as practicable after treating an animal or consulting with a client, a veterinary surgeon should ensure that a detailed record of the treatment or consultation is made. This record should include: description of the problem, differential diagnoses, treatment carried out, any x-ray film, radiograph or ultrasound image relating to the treatment of an animal. The veterinary surgeon should ensure that the record is kept in safe custody for at least 7 years after the relevant treatment or consultation.

Records of any case should be of such detail that any veterinary surgeon could take over management of the case at any time. Records should be sufficient to stand alone to justify treatment and procedure.

It should be noted that regulations 29, 29A, 29B, 29C and 30 of the *Veterinary Surgeons Regulations 1979* relating to the dispensing of restricted medications (see below) have specific requirements for the recording of all medications prescribed and/or dispensed.

Consent Forms

The use of consent forms is strongly recommended.

6. Medications, antibiotics and other chemical or biological substances

- a. A veterinary surgeon must ensure that conditions imposed by other legislation (such as the *Poisons Act 1964*) relating to dispensing, handling or storing of restricted or dangerous medications are strictly complied with.
- b. A veterinary surgeon is responsible for ensuring that clients are aware of the need to comply with the withholding periods recommended for the administration of antibiotic and other medications to food producing animals or to animals used in a sport that has rules about the use of chemical substances.
- c. A veterinary surgeon may only dispense controlled substances to a bona fide client, that is, the animal/herd owned by the client must be under their care; the animal/herd must have been seen for the purposes of diagnosis, or the premises on which the animal/herd is kept, visited recently enough to have an accurate picture sufficient to enable accurate diagnosis, and the treatment must be recorded, or the veterinary surgeon must have discussed the health of the animals with the owner within the previous 7 days and have reasonable grounds to believe that an examination of the animals is not practicable (regulation 29).

- d. An exemption to paragraph c. above is contained in regulations 29A, 29B and 29C of the *Veterinary Surgeons Regulations 1979*. Specified medications for emergency use, may be prescribed and supplied for storage on certain properties in the pastoral region of WA when it would be impractical for the animal's owner to obtain the medications in an emergency. The medications can only be administered based on the veterinary surgeon's instructions. The regulations detail the circumstances and actions required of a veterinary surgeon who prescribes medications for this purpose. The medications which can be dispensed include:
- adrenalin
 - antibiotics
 - antihistamine
 - atropine
 - local anaesthetic
 - non steroidal anti-inflammatory
 - short-acting cortico-steroid
 - snake antivenom
 - tranquilliser or sedative.
- e. The veterinary surgeon must be satisfied that the owner is competent and has any equipment and facilities necessary to safely and effectively handle, store, transport and administer the medications.
- f. A veterinary surgeon must not supply or prescribe more of the restricted medication than is reasonably required to treat the animal.
- g. A clinical record of the supply or prescription of scheduled medications must be made (regulation 30) and include:
- (a) the name and address of the owner of the animal; and
 - (b) sufficient details to identify the animal; and
 - (c) the clinical history of the animal including the results of any examination of, or diagnostic tests carried out on the animal; and
 - (d) the name of the poison; and
 - (e) the quantity of the poison supplied or prescribed.

7. Legislative responsibilities

To ensure that a veterinary surgeon is able to practise veterinary science in a safe and competent manner, the surgeon must acquire and maintain a sufficient knowledge of all laws that affect the practice of veterinary science, including:

- a. legislation regulating the supply, dispensing and storage of poisons and therapeutic substances;
- b. legislation regulating and controlling the use, keeping and disposal of radioactive substances and radioactive apparatus for therapeutic purposes;
- c. legislation regulating the use of radiographic equipment or any other equipment used in their premises that may pose a health or safety risk to staff or the general public; and
- d. legislation relating to animal welfare laws.

8. Special interest areas

Before undertaking practice in a special interest area of veterinary science with which the veterinary surgeon is not familiar, a veterinary surgeon should ensure that he or she has the knowledge and competence necessary to practise in that area.

2 GUIDELINES FOR DETERMINING ELIGIBILITY FOR REGISTRATION AS AN HONORARY VETERINARY SURGEON

INTRODUCTION

Historically the Board has granted honorary registration to veterinary surgeons who had satisfied the age and service criteria. Assessment of standing in the veterinary community has been considered on a case by case basis. Due to the increasing number of applications it has been necessary to develop standard eligibility criteria for veterinary surgeons seeking honorary registration.

LEGISLATION

Section 20AA of the *Veterinary Surgeons Act 1960* (Act) states:

“Subject to section 20A [normal requirements for registration of a veterinary surgeon], a person who is entitled to be, or is, registered under this Act as a veterinary surgeon is entitled to be registered as an honorary veterinary surgeon if the Board is satisfied that the person’s standing in the profession of veterinary science justifies the person’s registration as an honorary veterinary surgeon and -

- (a) the person is a veterinary surgeon of not less than 40 years standing; or
- (b) the person is a veterinary surgeon of long standing and is of or above the age of 65 years.”

CRITERIA

Applicants must demonstrate to the Board that their standing within the profession is such that they are eligible for honorary registration and they must meet the criterion of s20AA(a) or s20AA(b).

A history of employment as a veterinary surgeon for an extended period in academia, private practice, government or other fields without incurring disciplinary proceedings by the Board is not in itself sufficient grounds to be eligible for honorary registration.

Applicants must demonstrate a significant contribution to the veterinary profession and/or the public, preferably in a voluntary or pro bono capacity. Examples of work which would be highly regarded include:

- the AVA Divisional or National Executives
- the Veterinary Surgeons’ Board
- animal welfare organisations
- wildlife rescue services
- international relief work or animal rescue
- mentoring or supporting other veterinary surgeons in their careers
- providing pro bono continuing education to the veterinary profession.

SUMMARY

Honorary registration will only be granted to those veterinary surgeons who meet the age criteria and are of sufficient standing within the profession. Applicants must provide evidence to the Board of a significant contribution to the profession in the form of service which is over and above that of their employment.

3 STANDARDS FOR VETERINARY HOSPITALS AND VETERINARY CLINICS

There is a public expectation that veterinary clinics and veterinary hospitals will offer a professional standard of service in premises that reflect the profession's standing in the community.

General Facility

1. The building and its surrounds must be maintained regularly to present a clean and tidy appearance.
2. The building must be solidly constructed with internal walls and floors of impervious materials to allow thorough cleaning and disinfection.
3. All areas must be adequately ventilated to maintain freedom from offensive odours and to maintain appropriate ambient temperatures.
4. A high standard of general maintenance, including insect and vermin control must be maintained throughout the building.
5. The design must enable full control over and constraint of animals at all times to minimise the possibility of escape.
6. There must be adequate general equipment and medications to provide a high standard of service to clients and manage the majority of clinical cases examined and treated.
7. A public toilet close to or opening off the waiting room should be provided.
8. Sanitary and aesthetic arrangements for the disposal of all wastes and cadavers must be provided, including where appropriate provision of a freezer for the storage of cadavers.
9. The building must be equipped with sufficient fire extinguishers and designed with alternative exits to allow safe removal of animals, staff and clients in the event of a fire.
10. Adequate floor space must be provided for the separation and efficient function of all activity areas.
11. Anaesthetic machines and vaporisers should be serviced annually or as recommended by the manufacturer.
12. For OH&S reasons, appropriate elimination of waste anaesthetic gases is required.
13. For large animal facilities, the design of premises must be appropriate for the hospitalisation of patients and their treatment in such a way as to minimise stress to the animals and minimise the risk of injury to staff. If general anaesthetics are performed, adequate recovery facilities must be available.

Records and Consent Forms

1. Adequate medical and surgical records and retrieval systems must be maintained for all patients and the confidentiality of these records must be ensured. Computerised systems are desirable but not obligatory. It is the quality of the records that is important.
2. Consent forms are strongly recommended for:
 - surgery and/or anaesthesia
 - euthanasia.
3. In the event of a complaint, the records should be sufficient to stand alone to justify treatment and procedure and such that any veterinary surgeon could take over management of the case at any time.
4. Any handwritten records must be easily legible.
5. Copies of randomly selected records of animals recently treated by the practice may be evaluated during practice inspections.

Pharmacy

1. A separate lockable area convenient to examination must stock a range of pharmaceuticals consistent with a good standard of practice.
2. All schedule 4 and schedule 8 poisons must be stored and dispensed according to the regulations of the *Poisons Act 1964*.

Radiology

1. Where appropriate, equipment capable of producing diagnostic radiographs for the species being radiographed should be available on the premises.
2. Equipment must be maintained, registered and the operator licensed as required under the *Radiation Safety Act 1975*. Apparatus must be placed and used in a manner that will not constitute a risk to clients, staff or patients, according to the standards laid down by the WA Department of Health.
3. X-ray gloves, aprons, thyroid protectors and other appropriate protective equipment must be worn by all personnel in the room at the time. All staff involved in the radiographing of animals must be monitored for radiation exposure by an approved scheme.
4. A separate darkroom with bench and storage facilities for chemicals required for processing X-rays will be a part of the radiology section, unless a digital system is being utilised.
5. A system of permanent identification of X-rays must be employed. A radiography log must be maintained. There must be a system of filing radiographs so that they can be readily retrieved.

Surgical

1. A separate operating theatre must be provided and used exclusively for surgical operations.
2. A separate treatment/preparation area must be provided near the operating theatre for sterilisation of surgical materials, induction of gaseous anaesthesia, pre-operative preparation of the patient, scrubbing of surgeons' hands, and post-operative recovery in an area where the animals are readily observable.
3. A scavenger system must be used whenever gaseous anaesthesia is performed indoors.
4. Provision must exist for the non-chemical sterilisation of surgical instruments and packs.

Patient Accommodation

1. Clients must be advised if there is no-one on the premises overnight to monitor animals in care. This may be by way of written advice on the Hospital Admission Form.
2. Animals must be housed in a separate room equipped with adequate lighting, and appropriate ventilation.
3. The room should contain sufficient compartments of appropriate size for the animals housed and be constructed of non-permeable materials and fittings that are easily cleaned and disinfected.
4. A separate room must be provided for the isolation of animals suffering from infectious diseases.
5. Animals recovering from surgery should be visible, kept warm, easily accessible, and closely monitored by trained staff.

4 STANDARDS FOR VETERINARY PREMISES

The following standards represent the minimum acceptable standards for veterinary premises. All veterinary premises, including consulting rooms, clinics and hospitals shall:

- be clean and hygienic at all times;
- have a separate area for use as a waiting room and client reception;
- maintain patient records including details of examinations, procedures, tests and treatment;
- provide in the consulting area an examination table with impervious surfaces and a basin with hot and cold running water and fixed drainage;
- have storage for veterinary instruments and facilities for their sterilisation;
- have secure storage for medications as required by the Regulations of the *Poisons Act*;
- have facilities for any excreta, putrescible waste, soiled bedding and carcasses to be stored in such a way and disposed of at intervals sufficient to avoid the generation of offensive odours or offensive appearance, and those materials becoming a hazard to health.

It is recommended that as part of good veterinary practice, where possible practices employ approved veterinary nurses with appropriate veterinary nurse qualifications and training. Nurses should be encouraged to take up continuing education opportunities and be part of regular staff meetings.

5 GUIDELINES FOR MOBILE VETERINARY CLINICS AND VETERINARY HOUSE CALL SERVICES FOR SMALL OR COMPANION ANIMALS IN WESTERN AUSTRALIA

DEFINITIONS

For the purpose of these guidelines:

mobile veterinary clinic means a facility which provides that form of veterinary practice which may be moved from one location to another for delivery of a limited range of veterinary services

reasonably available means within a radius of 50 kilometres of any registered veterinary hospital or veterinary clinic at any time that services are available, or can be made available, at that registered veterinary hospital or veterinary clinic

small or companion animal includes a dog, cat, bird, rabbit, ferret, guinea pig or other “pocket pet”, reptile, amphibian, fish and small native animal

veterinary house call service means a limited range of veterinary services provided by a veterinary surgeon at an animal owner’s premises.

PREAMBLE

The *Veterinary Surgeons Act* 1960 makes no reference to mobile veterinary clinics or the provision of veterinary house call services.

Where a veterinary surgeon operating a mobile veterinary clinic or providing a veterinary house call service is concerned about the animal’s welfare, or other occupational health and safety issues, either for the veterinary surgeon or the animal, the veterinary surgeon must refuse to provide the veterinary service and must refer the animal to a registered veterinary hospital or veterinary clinic.

Mobile veterinary clinics and veterinary house call services should operate from a registered veterinary hospital or veterinary clinic. The onus is on the veterinary surgeon to justify any acts of veterinary surgery they perform at a place other than at a registered veterinary hospital or veterinary clinic.

INSURANCE

Veterinary surgeons providing services through a mobile veterinary clinic or providing house call services should have public liability insurance cover and professional indemnity insurance cover.

POISON’S PERMIT

If veterinary surgeons intend storing schedule 4 or 8 poisons outside a registered veterinary premise they need to ensure that they have a current Poison’s Permit

STANDARDS FOR MOBILE VETERINARY CLINICS AND VETERINARY HOUSE CALL SERVICES FOR SMALL OR COMPANION ANIMALS IN WESTERN AUSTRALIA

1. Subject to the mobile veterinary clinic being appropriately equipped or the animal owner’s premises having adequate facilities, a veterinary surgeon may perform the following services from a mobile veterinary clinic or as a veterinary house call service:
 - a) consultations, examinations and investigations;

- b) vaccinations;
 - c) microchipping;
 - d) minor procedures requiring light to moderate sedation and/or local anaesthetic only; and
 - e) euthanasia.
2. A vehicle used as a mobile veterinary clinic must:
 - a) be clean, hygienic and secure at all times;
 - b) be fitted with a locked container that is attached to the body of the vehicle and suitable for the transportation and storage of drugs as required by legislation;
 - c) carry sufficient and appropriate instrumentation for a clinical examination and the performance of minor surgery;
 - d) meet the requirements of local government by-laws, for example, for the correct disposal of waste; and
 - e) include a secure compartment for the safe transport of animals to a veterinary hospital or veterinary clinic.
 3. The volume of Schedule 4 and Schedule 8 drugs held in a mobile veterinary clinic should be minimised as a matter of public safety, and wherever possible, limited to a maximum of one day's requirements.
 4. Except in the case when a registered veterinary hospital or veterinary clinic is not reasonably available, a veterinary surgeon must not perform surgery on a companion or small animal if that surgery requires general or dissociative anaesthesia, or the administration of any drug or combination of drugs to render an animal unconscious.
 5. Neither financial considerations, nor the prohibition of access of an individual veterinary surgeon to the facilities of a reasonably available registered veterinary hospital or veterinary clinic, are justification for a veterinary surgeon to perform surgery that requires general or dissociative anaesthesia, or the administration of any drug or combination of drugs to render an animal unconscious.
 6. If an animal requires surgery that necessitates general or dissociative anaesthesia, or the administration of any drug or combination of drugs to render an animal unconscious, and the veterinary surgeon attending that animal does not have access to a reasonably available registered veterinary hospital or veterinary clinic, it is incumbent on the veterinary surgeon to refer the client to a reasonably available veterinary hospital or veterinary clinic.
 7. If a veterinary surgeon is of the view that it is not reasonable or possible to appropriately manage the condition of an animal, the veterinary surgeon must advise the client of the need to transfer the animal to a veterinary hospital or veterinary clinic.
 8. After performing a procedure on an animal, a veterinary surgeon must remain at the premises until the animal has recovered to at least sternal recumbency.
 9. Clinical records should be made at the time a veterinary service is performed, or as soon as possible after a service is performed, by a veterinary surgeon conducting a mobile veterinary clinic or a veterinary house call service.

6 GUIDELINES FOR LARGE ANIMAL MOBILE VETERINARY CLINICS IN WESTERN AUSTRALIA

DEFINITIONS

The Board applies the following definitions:

large animal mobile veterinary clinic is a facility such as a caravan or vehicle specifically designed for the delivery of diagnostic, medical and/or surgical services on large animals

large animals include cattle, horses, pigs, sheep, goats, alpacas and other camelids, emus, ostriches and large native animals.

The term 'mobile veterinary clinic' does not infer the facility is registered as a veterinary clinic as defined by the *Veterinary Surgeons Act 1960*.

A rural veterinary surgeon who provides a limited service to their clients by attending properties in their personal vehicle is not providing service through a large animal mobile veterinary clinic.

PREAMBLE

Veterinary surgeons performing surgery or procedures on large animals in unregistered premises, which includes but is not restricted to clients' properties, must ensure that the procedure is performed in a manner which is consistent with the standard of practice expected of a veterinary surgeon of good repute.

Veterinary surgeons who perform elective surgery on a large animal when they lack the necessary skills, equipment or facilities to perform the surgery and ensure the welfare of the animal may be subject to prosecution by the Board for unprofessional conduct.

STANDARDS FOR LARGE ANIMAL MOBILE VETERINARY CLINICS

1. A large animal mobile veterinary clinic must:
 - a) be clean and hygienic;
 - b) be secure at all times;
 - c) meet the requirements of local government by-laws, for example, the correct disposal of waste;
 - d) be fitted with a locked container attached to the body of the vehicle which is suitable for the transport of S4 and S8 drugs;
 - e) have facilities to store S4 and S8 drugs in compliance with manufacturers' recommendations, for example refrigeration; and
 - f) carry sufficient and appropriate instrumentation and equipment for the performance of clinical examinations and surgery.
2. The volume of S4 and S8 drugs held in a large animal mobile veterinary clinic should be minimised as a matter of public safety, and wherever possible should be limited to a maximum of one day's requirements

3. Clinical records and the supply of scheduled drugs must comply with regulations 29, 29A, 29B, 29C, 30, 30A and 31 of the *Veterinary Surgeons Regulations 1979*.
4. Where possible a clinical record should be made by the veterinary surgeon when the service is performed, but not otherwise. The clinical record must be made within 24 hours of the service.
5. Where practical, if an animal's condition cannot be managed appropriately at the premises or property where it is located, the animal should be transferred to a registered veterinary hospital or veterinary clinic.
6. A veterinary surgeon who performs a procedure on an animal which has been chemically restrained, for example with muscle relaxants, sedatives and/or anaesthetics, must remain with the animal until it has recovered to at least sternal recumbency.

INSURANCE

The Board recommends that veterinary surgeons providing services through their large animal mobile veterinary clinic should seek appropriate advice on public liability insurance and professional indemnity insurance.

POISON'S PERMIT

If veterinary surgeons intend storing schedule 4 or 8 poisons outside a registered veterinary premise they need to ensure that they have a current Poison's Permit.

7 CODE OF PRACTICE FOR THE TRANQUILISATION OF RAMS

Background

Shearers, through their union, have raised the question as to whether veterinary surgeons can provide them with fourth schedule (S4) medications to tranquilise rams when shearing.

Issues

The issues for shearers are the size and behaviour of some rams, and the resulting occupational health and safety concerns for shearers if the ram is difficult to handle.

The issue for veterinary surgeons is their legal responsibility in relation to the supply of controlled substances (including S4 medications) for the purpose of treating or tranquilising animals. Only veterinary surgeons can supply S4 medications for these purposes and as such veterinary surgeons are responsible for the 'trail' of the prescribed medication. They are also responsible for the outcome from the use of the medication. S4 medications can only legally be supplied to the owner, or their representative who has control of the animals, or a person authorised under regulation 47 to inject tranquilisers or sedatives (see Appendix II). This may include shearers or shearing contractors.

Position

Subject to compliance with the *Veterinary Surgeons Act 1960* and Regulations and the *Poisons Act 1964*, the Veterinary Surgeons' Board supports the provision of S4 medications for the purpose of shearing rams whose weight and demeanour makes it a potential occupational health and safety risk for the shearer, only under prescribed circumstances. In taking this position, the Board recognises that there are important animal welfare and public interest issues which need to be taken into account. These include:

1. providing the wrong medication, or the wrong dose or strength of medication may have an adverse impact on the animal
2. the animal's body condition and its environment will have an impact on the use of medications. Factors could include elevated ambient temperature and body fat
3. intended or accidental human dosing may have severe effects. Therefore the Board considers only a class of medication which is safely used in human medicine is recommended for dispensing for this activity. Phenothiazine derivative medications (e.g. ACP) are considered suitable, while Xylazine is inappropriate to use
4. to maintain public confidence in the veterinary profession, all veterinary surgeons must uphold professional standards when supplying medications
5. veterinary surgeons who agree to supervise authorised persons who have access to S4 medications must ensure those people are competent to administer the medications, have appropriate storage facilities, only have sufficient medication for the required purpose and the consumption/usage of that medication is audited on a regular basis (refer to Appendix II – authorised persons). Veterinary surgeons failing to ensure adequate supervision, or who knowingly permit an authorised person to breach the conditions of the authorisation may be charged with unprofessional conduct
6. regulation 29(4) requires that a registered veterinary surgeon supplying or prescribing a scheduled medication must not supply or prescribe more of the poison than is reasonably required to treat the animal.

1 GUIDELINES FOR THE DIRECTION OF AUTHORISED PERSONS

Background

Section 26(4)(b) of the *Veterinary Surgeons Act 1960* (the Act) allows for the authorisation of a person who is not a registered veterinary surgeon to carry out, under the direction of a registered veterinary surgeon, acts of veterinary surgery that are prescribed in the *Veterinary Surgeons Regulations 1979* (the Regulations).

The Board has developed guidelines for the categories of authorised persons listed in regulation 47. These guidelines, which are updated from time to time as needed, are available on request from the Board office or from the Board's website at www.vsbwa.org.au. It is the responsibility of the authorised person and their directing veterinary surgeon to ensure they are conversant with the current guidelines.

This paper provides a general description of the responsibilities and obligations of authorised persons and their directing veterinary surgeons. For further information, reference should be made to the Board's guidelines for specific acts of veterinary surgery.

If the Board receives evidence of an authorised person breaching the Act, or the conditions of their authorisation, they may be prosecuted and/or the Board may withdraw their authorisation. In these circumstances, the directing veterinary surgeon may face an allegation of unprofessional conduct.

Regulatory Matters

Section (26)(4)(b) of the Act enables a person authorised by the Board to carry out, under the direction of a registered veterinary surgeon, specific acts of veterinary surgery listed in the regulations.

Regulation 47 lists the veterinary services prescribed for the purposes of section 26(4)(b) of the Act. A person must be separately authorised for each service they wish to carry out. The acts of veterinary surgery for which a person may apply for authorisation are:

- a. administering by injection sedatives, tranquilisers and euthanasia agents;
- b. equine dentistry;
- c. embryo transplantation;
- d. diagnosis of disease;
- e. administering contraceptives or other medications to dogs in the pastoral region;
- f. examination of cattle for pregnancy by rectal palpation or rectal probe and ovarian examination per rectum; and
- g. artificial insemination by surgical (laparoscopic) method.

An application for authorisation under section 26(4)(b) of the Act, or the renewal of authorisation, is to be made in a form approved by the Board, accompanied by such evidence as the Board requires, and the fee set out in regulation 80. Application forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au.

The Board must not authorise a person under section 26(4)(b) of the Act to perform a veterinary service unless the Board is satisfied that the person is competent to properly perform that service.

Definitions

The Board applies the following definitions:

authorised person is a person who the Board considers to be suitably qualified and experienced to be authorised to perform specific acts of veterinary surgery. The responsibilities of the authorised person are outlined in this document and detailed in the guidelines for specific authorisations.

directing veterinary surgeon is an appropriately experienced veterinary surgeon appointed by the Board to direct an authorised person. The duties of the directing veterinary surgeon are outlined in this document and detailed in the guidelines for specific authorisations.

direction means regular and frequent supervision but does not necessarily imply continuous personal supervision.

Directing Veterinary Surgeon

1. The Board requires that the registered veterinary surgeon, under whose direction an authorised person may perform veterinary services, is resident in Western Australia.
2. To be a directing veterinary surgeon an applicant must have experience in and ideally be practising in the field in which the authorised person seeks to perform veterinary services.
3. Prior to directing an authorised person to carry out a service for which they are authorised, the approved directing veterinary surgeon must have satisfied themselves that the authorised person is competent to carry out that service.
4. The directing veterinary surgeon must be satisfied that the authorised person will not perform acts of veterinary surgery or medicine for which they are not authorised. For example, a person authorised to pregnancy test cattle is not permitted to offer foetal aging or provide advice on reproductive disorders.
5. The directing veterinary surgeon must maintain appropriate records to demonstrate their conversance with the work performed by the authorised person. The detail required will vary according to the area of work performed by the authorised person. However, the records must provide sufficient information to comply with regulations 29 and 30.
6. The directing veterinary surgeon should have discussed with the authorised person the intended veterinary service to be performed on an animal or animals prior to the authorised person performing that veterinary service on that/those animal(s). In the event that the directing veterinary surgeon does not discuss the performance of the procedure prior to the authorised person performing the procedure, they must be able to justify their conduct to the Board.
7. The directing veterinary surgeon should have a client relationship with the owners of animals to be treated or examined by the authorised person. In the event that such a relationship does not exist, the directing veterinary surgeon must be able to justify to the Board, directing the authorised person to work on those animals.
8. The Board accepts that in some circumstances, communications between the directing veterinary surgeon and both the authorised person and the owner may be limited to telephone or email contact. Appropriate records must be maintained as outlined in points 5, 6 and 7 above.
9. The directing veterinary surgeon is to ensure that either they or another registered veterinary surgeon is available to attend in the event that veterinary expertise is required during or after a veterinary procedure is performed by the authorised person that the veterinary surgeon is directing.
10. The name and telephone number of the directing veterinary surgeon is to appear in any advertisement by an authorised person. The directing veterinary surgeon must ensure that any advertisement by the authorised person complies with regulation 33A of the Regulations and the *Poisons Act 1964*.

11. The directing veterinary surgeon is accountable for the authorised veterinary services provided by any authorised person for whom they are the directing veterinary surgeon, and may be liable for prosecution in the event that the authorised person breaches the Act.

Authorised Persons

1. An authorised person who performs any act of veterinary surgery for which they are not authorised, commits an offence against the Act.
2. An authorised person who performs any act of veterinary surgery for which they are authorised, without the direction of their directing veterinary surgeon, commits an offence against the Act.
3. Where the Board is satisfied that an authorised person has performed veterinary services for which they are not authorised, the Board may revoke the authorisation.
4. A person seeking authorisation must complete the required application form and provide evidence of suitability. Application forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au. The required evidence will vary according to the act of veterinary surgery the person wishes to perform, and is detailed in the relevant guidelines (see www.vsbwa.org.au).
5. In giving authorisation, the Board must be satisfied of the applicant's qualifications and the suitability of the directing veterinary surgeon.
6. The authorised person is accountable to their directing veterinary surgeon and to the Board for their conduct.
7. The authorised person must comply with the guidelines contained in this document and in the specific guidelines provided for the acts of veterinary surgery listed in regulation 47.
8. In order to retain their authorisation, an authorised person must maintain their competency to perform the act of veterinary surgery for which they are authorised, as detailed in the guidelines for the specific procedures.
9. Causing pain or undue suffering to an animal whether intentionally or accidentally may render the person liable for prosecution under the *Animal Welfare Act 2002*.
10. An authorised person must maintain records of any animals on which they carry out an authorised act of veterinary surgery, including the name of the owner, the address of the property, the type and number of animals, the name, volume and route of administration of any drugs they are authorised to administer, and the outcome of any veterinary service performed.
11. Any advertising of the veterinary services an authorised person is authorised to provide must list the name and telephone number of the directing veterinary surgeon, and comply with regulation 33A of the *Veterinary Surgeons Regulations 1979* and the *Poisons Act 1964* as if the authorised person was a registered veterinary surgeon.
12. Where an authorised person advertises to provide veterinary services which the person is not authorised to perform, the Board may revoke the authorisation.

2 GUIDELINES FOR AUTHORISATION TO ADMINISTER BY INJECTION – SEDATIVES, TRANQUILISERS AND EUTHANASIA AGENTS

Background

Section 26(4)(b) of the *Veterinary Surgeons Act* 1960 (the Act) allows for the authorisation of a person who is not a registered veterinary surgeon to carry out, under the direction of a registered veterinary surgeon, an act of veterinary surgery that is prescribed in the *Veterinary Surgeons Regulations* 1979 (the Regulations).

Regulation 47 specifies administration by injection of sedatives, tranquilisers and euthanasia agents to be an act of veterinary surgery for the purpose of section 26(4)(b) of the Act.

Definitions

The Board applies the following definitions:

authorised person is a person who the Board considers to be suitably qualified and experienced to be authorised to perform specific acts of veterinary surgery. The responsibilities of the authorised person are detailed in this document;

direction means regular and frequent supervision but does not necessarily imply continuous personal supervision;

directing veterinary surgeon is an appropriately experienced veterinary surgeon appointed by the Board to direct an authorised person. The duties of the directing veterinary surgeon are detailed in this document.

Authorisation by the Board

The Board will apply the following criteria in relation to the authorisation of a person to administer by injection sedatives, tranquilisers and euthanasia agents.

1. The directing veterinary surgeon is responsible for the direction of the authorised person in relation to the activities and record keeping of the authorised person in their performance of each act of veterinary surgery they perform and are authorised to perform.
2. Authorised persons will not be granted authorisation to administer drugs classed as Schedule 8 (S8) of the *Poisons Regulations* 1965.
3. The Board will approve which sedatives, tranquilisers, or euthanasia agents an authorised person may use and what quantities of the approved drugs the directing veterinary surgeon may supply to the authorised person.
4. The Board will specify under what circumstances or conditions the authorised person may administer the approved sedative, tranquiliser or euthanasia agent and the method and route of administration of the approved drug.
5. The Board will not authorise a person to administer by injection sedatives, tranquilisers or euthanasia agents unless the applicant submits an application in the required format and:
 - a. the applicant satisfies the Board that they have undertaken and passed a training course approved by the Board on the administration by injection of sedatives, tranquilisers and euthanasia agents. The course must provide training addressing the competencies listed in part three of this document; or
 - b. the applicant provides proof of competency and experience in each of the training requirements in item 5(a) by means of a disinterested party, approved by the Board in advance of the application, providing evidence that the applicant possesses the relevant knowledge and competence.
6. The Board will authorise a person only if the Board also approves the veterinary surgeon/s nominated by the applicant to direct that person.
7. Authorisation will be for a period of no greater than one (1) year.

8. Maintenance of authorisation will rely upon the satisfactory performance of the authorised person and the directing veterinary surgeon and compliance with the conditions and restrictions set out in these guidelines.

Directing Veterinary Surgeon

1. The directing veterinary surgeon must be resident and registered in Western Australia, complete the required application form, and provide evidence of suitability. Application forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au.
2. The directing veterinary surgeon is responsible for the authorised person in relation to the performance of each authorised act of veterinary surgery.
3. The directing veterinary surgeon must keep a record of each supervision of the authorised person.
4. The directing veterinary surgeon is accountable to the Board for the administration to animals by injection of sedatives, tranquilisers and euthanasia agents by the authorised person.
5. The directing veterinary surgeon must maintain access to the records of the authorised person in relation to:
 - a. the date of each administration by injection of sedatives, tranquilisers and euthanasia agents;
 - b. the name and address of the owner of domesticated animal(s), and the location at which the sedatives, tranquilisers or euthanasia agents were administered, and the reason for the administration of the drugs;
 - c. the address of the property or location at which the administration by injection of sedatives, tranquilisers or euthanasia agents was performed on feral or wild animals, and the reason for the administration of the drugs;
 - d. the number of animals to which sedatives, tranquilisers or euthanasia agents were administered;
 - e. the name, concentration and volume of scheduled drugs administered to each animal; and
 - f. any advertising by the authorised person for the administration by injection of sedatives, tranquilisers or euthanasia agents.
6. The directing veterinary surgeon is to submit to the Board a yearly audit of the drugs used by the authorised person and confirmation that the scheduled drugs were administered appropriately.
7. The directing veterinary surgeon is to ensure that a registered veterinary surgeon is available to attend in the event that veterinary expertise is required.
8. The directing veterinary surgeon must ensure the authorised person complies with the *Poisons Act 1964* and that:
 - 1 the volume of sedatives, tranquilisers or euthanasia agents transported in a vehicle should be minimised as a matter of public safety, and limited to that estimated as required for the period of time the authorised person will be away from their primary premises or the interval at which it may be re-stocked from the primary premises. Whenever possible, the volume of restricted drugs transported in the vehicle should be limited to one day's requirements;
 - 2 the sedatives, tranquilisers or euthanasia agents are stored in compliance with the manufacturer's recommendations, for example refrigeration;
 - 3 the sedatives, tranquilisers or euthanasia agents are kept in a locked container that is attached to the body of the vehicle; and

- 4 the vehicle is secure at all times.
9. The directing veterinary surgeon will have their permission to direct an authorised person withdrawn if they:
 - a. cease to be a registered veterinary surgeon;
 - b. have conditions placed on their registration such that they are no longer eligible to be a directing veterinary surgeon; or
 - c. do not wish to continue to comply with all of the requirements contained in the guidelines.

Authorised Persons

1. Renewal of authorisation will require the authorised person to provide evidence of ongoing suitability and maintenance of competency.
2. The Board expects that an authorised person administering by injection sedatives, tranquilisers or euthanasia agents will conduct themselves in a manner consistent with that of a registered veterinary surgeon. This includes any advertising being factually correct and in compliance with the *Poisons Act 1964*.
3. The Board may withdraw the authorisation of an authorised person if the Board, after due enquiry, considers the person to have acted in an inappropriate manner.
4. The Board may withdraw the authorisation of a person to carry out an act of veterinary surgery for which they are authorised if the person performs an act of veterinary surgery for which they are not authorised.
5. The authorisation of an authorised person will automatically cease if their directing veterinary surgeon:
 - a. ceases to be a registered veterinary surgeon;
 - b. has conditions placed on their registration such that they are no longer eligible to be a directing veterinary surgeon; or
 - c. does not agree to continue to comply with all of the requirements of the guidelines for directing veterinary surgeons.
6. The authorised person will maintain a record of:
 - a. the date of direction by the approved directing veterinary surgeon in the carrying out of the administration by injection sedatives, tranquilisers and euthanasia agents;
 - b. the date of the administration by injection of approved sedatives, tranquilisers and euthanasia agents;
 - c. the name and address of the owner of domesticated animal(s), and the location at which the sedatives, tranquilisers or euthanasia agents were administered, and the reason for the administration of the drugs;
 - d. the address of the property or location at which the administration by injection of sedatives, tranquilisers or euthanasia agents was performed on feral or wild animals, and the reason for the administration of the drugs;
 - e. the number of animals and where possible the names of the animals or a brief description if the animals are unnamed, to which the authorised person administered by injection sedatives, tranquilisers or euthanasia agents; and
 - f. the name, concentration and volume of sedatives, tranquilisers or euthanasia agents administered to each animal.
7. The authorised person must provide the directing veterinary surgeon with access to all records required to be made under paragraph 6 above.

8. The authorised person must report clearly, accurately and in a timely fashion to a veterinary surgeon any adverse events. Where possible, the veterinary surgeon to whom the adverse events are reported should be the directing veterinary surgeon.
9. The authorised person must accept advice and instruction from the directing veterinary surgeon.
10. When transporting or storing sedatives, tranquilisers and euthanasia agents the authorised person must comply with the *Poisons Act* 1964 and the following requirements:
 - a. the volume of sedatives, tranquilisers or euthanasia agents transported in a vehicle should be minimised as a matter of public safety, and limited to that estimated as required for the period of time the authorised person will be away from their primary premises or the interval at which it may be re-stocked from the primary premises. Whenever possible, the volume of restricted drugs transported in the vehicle should be limited to one day's requirements;
 - b. the sedatives, tranquilisers or euthanasia agents must be stored in compliance with the manufacturer's recommendations, for example refrigeration;
 - c. the sedatives, tranquilisers or euthanasia agents must be in a locked container that is attached to the body of the vehicle; and
 - d. the vehicle must be secured at all times.
11. Authorisation to administer by injection sedatives, tranquilisers or euthanasia agents does not exempt the authorised person from the provisions of the *Animal Welfare Act* 2002.
12. Maintenance of competency and evidence of competency by the authorised person requires the following:
 - a. satisfactory performance by the authorised person as assessed by the directing veterinary surgeon;
 - b. compliance with the conditions and restrictions set out in these guidelines;
 - c. evidence, by means of written records, of having carried out authorised administration by injection of sedatives, tranquilisers or euthanasia agents on at least twenty animals per annum;
 - d. the accuracy of the written records being certified by the directing veterinary surgeon; and
 - e. the directing veterinary surgeon submitting a satisfactory annual audit and confirming that all sedatives, tranquilisers or euthanasia agents have been administered appropriately.

In the event that an authorised person does not maintain evidence of frequent competent activity in administering by injection sedatives, tranquilisers and euthanasia agents, the Board may require the person to undergo further training, and may terminate the person's authorisation until the person has completed the necessary training and provided evidence of competence.

Insurance

Veterinary surgeons and authorised persons are responsible for their own insurance requirements and should seek professional advice on public liability insurance and professional indemnity insurance cover.

Record Keeping by the Veterinary Surgeons' Board

The Board will provide a certificate of authorisation.

The Board will maintain a record of authorised persons and the relevant directing registered veterinary surgeons.

Competencies

The Board will only authorise a person to administer by injection sedatives, tranquilisers and euthanasia agents if the Board is satisfied that the following competencies have been met.

General knowledge

The applicant must demonstrate their knowledge to the satisfaction of the Board:

1. of the effect of the drug which they propose to use, the drug dose rates by different routes of administration they propose to use, the variations between species and their safety in gravid females;
2. of potential adverse effects of the drugs to be used, and potential antidotes or first aid steps required in the case of over dosage of an animal or accidental administration to a person;
3. an understanding of occupational health and safety issues related to the use of the drug in the circumstances in which the drug is to be used;
4. the appropriate administration of the schedule 4 drug(s) via subcutaneous, intramuscular, intravenous, intracardiac or intraperitoneal techniques as appropriate;
5. familiarity with the relevant legislation including the relevant sections of the *Poisons Act 1964* and relevant regulations of the *Poisons Regulations 1965*; and
6. recording and reporting systems for keeping and maintaining written records.

Certification and licences required

1. Relevant firearms licence if a firearm is required to administer the drug.
2. Current senior first aid certificate in case of accidental human injection.
3. National police clearance satisfactory to the Board.
4. Statutory declaration detailing any treatment for drug addiction including alcoholism during the past two years or convictions for any offence.

Occupational Health and Safety

1. Has knowledge of and applies Occupational Health and Safety principles and procedures such that all working routines for animals are carried out in line with the provisions of the relevant Occupational Health and Safety legislation.
2. Eliminates or minimises Occupational Health and Safety risk by means of:
 - a. relevant occupational health and safety hazards identification, risk assessment and risk control measures;
 - b. safe operating procedures;
 - c. safe manual handling systems and procedures; and
 - d. selection, use and maintenance of relevant personal protective equipment.

Animal Health and Welfare

1. Provides empathic care for animals during husbandry operations.
2. Reports to their directing veterinary surgeon clearly, accurately and in a timely fashion on the health and welfare of the animals.
3. Accepts advice and instruction.
4. Works effectively and safely to accurately carry out the administration by injection of sedatives, tranquilisers and euthanasia agents with nil damage to animals or personnel.
5. Complies with all relevant animal welfare legislation, codes and standards.

Record Keeping

Keeps clear, accurate records of all work carried out.

3 AUTHORISATION TO CARRY OUT CERTAIN ACTS OF EQUINE DENTISTRY IN WESTERN AUSTRALIA UNDER THE DIRECTION OF A REGISTERED VETERINARY SURGEON

1 GUIDELINES

Section 26(4)(b) of the *Veterinary Surgeons Act 1960* (Act) allows for the authorisation of a person who is not a registered veterinary surgeon to carry out, under the direction of a registered veterinary surgeon, an act of veterinary surgery that is specified by regulation.

Regulation 47 of the *Veterinary Surgeons Regulations 1979* (Regulations) specifies equine dentistry to be an act of veterinary surgery which may be performed by an authorised person, for the purpose of section 26(4)(b) of the Act.

The Veterinary Surgeons' Board (Board) is responsible for administering the Act and is therefore responsible for the process of authorising a person who is not a registered veterinary surgeon, to perform acts of equine dentistry.

The following guidelines provide details of the process and criteria applied by the Board when considering an application for authorisation.

Authorisation by the Board

The Board will apply the following criteria in relation to the authorisation of a person to carry out equine dentistry under the provisions of section 26(4)(b) of the Act.

1. Authorisation to perform equine dentistry:
 - a) is not required for any act of equine dentistry that falls within Category 1 of the categories of equine dentistry procedures, as defined in Part 2 of these guidelines;
 - b) includes authorisation to perform any act of equine dentistry that falls within Category 2 of the categories of equine dentistry procedures, as defined in Part 2 of these guidelines;
 - c) does not include authorisation to perform any act of equine dentistry that falls within Category 3 of the categories of equine dentistry procedures, as defined in Part 2 of these guidelines.
2. Authorisation will not be granted unless the applicant:
 - a) satisfies the Board that they have undertaken training in equine dentistry; and
 - b) provides proof of competency and experience in each of the competencies listed in Part 3 of these guidelines.
3. Authorisation will not be granted unless the registered veterinary surgeon nominated to direct is approved by the Board to so direct.
4. Authorisation will be for a period no greater than one (1) year.
5. Authorisation will be maintained subject to compliance with these guidelines during the period of authorisation. Authorisation may be withdrawn immediately where the Board finds that these guidelines have not been complied with or will not be complied with during the period of authorisation.
6. Authorisation may be renewed where the requirements for authorisation as set out in

these guidelines continue to be met and where the Board is satisfied, by evidence provided by the authorised person, that with reference to the preceding period of authorisation:

- a) the authorised person has satisfactorily performed equine dental procedures;
 - b) the authorised person has complied with these guidelines;
 - c) the authorised person has carried out authorised acts of equine dentistry on at least fifty animals as evidenced by written records; and
 - d) the accuracy of the authorised person's written records have been verified by the directing veterinary surgeon.
7. The Board may from time to time review and amend these Guidelines, and post the updated Guidelines on the Board's website at www.vsbwa.org.au. At the time of posting, the updated Guidelines will be the Guidelines with which directing veterinary surgeons and authorised persons must comply. It is the responsibility of the directing veterinary surgeon and the authorised person to ensure they are conversant with the current Guidelines.

Directing Veterinary Surgeon

1. The directing veterinary surgeon must be resident and registered in Western Australia and must complete the required form. Forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au.
2. The directing veterinary surgeon is responsible for the authorised person in relation to the performance of each authorised act of veterinary surgery.
3. "Direction" means regular and frequent supervision but does not necessarily imply continuous personal supervision.
4. The directing veterinary surgeon must keep a record of each supervision of the authorised person.
5. The directing veterinary surgeon is accountable to the Board for the performance of equine dentistry by the authorised person.
6. The directing veterinary surgeon must maintain access to the records of the authorised person in relation to:
 - a) the date and details of each equine dentistry examination and treatment;
 - b) the name and address of the owner of the horse;
 - c) the address of the property on which the equine dentistry was performed;
 - d) the name or identification of each horse on which equine dentistry was performed; and
 - e) any advertising by the authorised person for the provision of equine dentistry.
7. The directing veterinary surgeon must ensure that a registered veterinary surgeon is available to attend in the event that veterinary expertise is required.
8. The directing veterinary surgeon will have their approval to direct an authorised person withdrawn if they:
 - a) cease to be a registered veterinary surgeon;
 - b) have conditions placed on their registration such that they are no longer eligible to be a directing veterinary surgeon; or
 - c) do not wish to continue to comply with all of the requirements for directing veterinary surgeons, as contained in these guidelines.

Authorised Persons

1. The Board requires that an authorised person performing equine dentistry will conduct themselves in a manner consistent with that expected of a registered veterinary surgeon.
2. Advertising by an authorised person must:
 - (a) be factually correct;
 - (b) relate only to acts of veterinary surgery that the person is authorised to perform;
 - (c) state that the service is performed under the direction of a veterinary surgeon; and
 - (d) state the name of the directing veterinary surgeon.
3. The authorised person must maintain an accurate and complete record of:
 - (a) the date and details of the equine dentistry, examinations and treatments;
 - (b) the name and address of the owner of each horse;
 - (c) the address of the property on which the equine dentistry was performed;
 - (d) the name or identification of each horse on which equine dentistry was performed by the authorised person; and
 - (e) all procedures performed.
4. The authorised person must provide the directing veterinary surgeon with access to all records required to be made under paragraph 2 above.
5. The authorised person must report clearly, accurately and in a timely fashion to a veterinary surgeon any adverse reactions.
6. The authorised person must accept advice and instruction from the directing veterinary surgeon.
7. Authorisation to perform equine dentistry does not include authorisation to administer sedatives or tranquilisers. A separate application for authorisation to administer sedatives or tranquilisers must be made to the Board.
8. Analgesics, anti-inflammatory and antibiotic treatment following dental procedures may only be administered or dispensed by a veterinary surgeon or administered by the owner of the horse or their agent as directed by a veterinary surgeon.

Insurance

The veterinary surgeon and the authorised person are responsible for their insurance requirements and should seek professional advice on public liability insurance and professional indemnity insurance cover.

Record keeping by the Veterinary Surgeons' Board

1. The Board will provide a certificate of authorisation to the authorised person.
2. The Board will maintain a register of authorised persons and the relevant directing registered veterinary surgeons.

2 EQUINE DENTISTRY PROCEDURES

For the purpose of the administration of the *Veterinary Surgeons Act 1960*, the Board uses the following three categories of equine dental procedures.

Category 1

Procedures that may be performed by a person without authorisation from the Board include:

- the examination of equine teeth
- rasping using non motorised dental instruments
- removal of sharp enamel points and small dental overgrowths (less than 3mm high and involving less than half of the tooth's occlusal surface) with manual rasps
- removal of digitally (finger) loose deciduous teeth ("caps")
- removal of calculus which lies above the gum line.

Category 2

Procedures that may be performed by a person authorised by the Board under Section

26(4)(b) of the *Veterinary Surgeons Act 1960* include:

- extraction of digitally loose teeth [> 5mm movement], such as geriatric teeth or teeth suffering from advanced periodontal disease
- removal of dental overgrowths <3mm tall involving over 50% of the occlusal surface
- techniques requiring the use of motorised dental instruments

Category 3

Procedures that may be performed only by a registered veterinary surgeon include:

- any procedure that involves an incision or elevation of the gum
- extraction of normal, fully erupted and non-displaced wolf teeth
- administration of a local or regional nerve block
- the investigation of, and where appropriate extraction of teeth loosened by trauma
- extraction of teeth that are not digitally loose, by oral extraction, repulsion, or lateral buccotomy
- endodontics including root canal treatment
- orthodontics
- repair of mandibular or maxillary fractures

3 COMPETENCIES

The Board will only authorise a person to perform equine dentistry procedures if the Board is satisfied that the following competencies have been met.

General knowledge

1. Has knowledge of and competency in Category 2 procedures.

2. Has knowledge of:
 - a) basic anatomy of equines;
 - b) basic physiology of equines;
 - c) when referral to a veterinary surgeon is required;
 - d) relevant zoonoses; and
 - e) animal welfare legislation, codes and standards.

Animal Health and Welfare

1. Provides empathic care for horses undergoing dental procedures.
2. Carries out equine dentistry procedures effectively and safely so as to minimise any possible adverse impact on animals or personnel.

Record keeping

Keeps clear, accurate records of all work carried out.

4 GUIDELINES FOR AUTHORISATION FOR DIAGNOSIS OF DISEASE

Under review

5 GUIDELINES FOR AUTHORISATION OF A LAY PERSON TO CARRY OUT PREGNANCY TESTING OF CATTLE BY RECTAL PALPATION

Background

Section 26(4)(b) of the *Veterinary Surgeons Act 1960* (the Act) allows for the authorisation of a person who is not a registered veterinary surgeon to carry out, under the direction of a registered veterinary surgeon, an act of veterinary surgery that is specified by regulation.

Regulation 47 of the *Veterinary Surgeons Regulations 1979* (the Regulations) specifies pregnancy testing of cattle by rectal palpation to be an act of veterinary surgery which may be performed by an authorised person, for the purpose of section 26(4)(b) of the Act.

The Veterinary Surgeons' Board (the Board) is responsible for administering the Act and is therefore responsible for the process of authorising a person who is not a registered veterinary surgeon, to perform acts of pregnancy testing by rectal palpation.

Pregnancy testing of cattle in Western Australia is carried out for two main purposes:

- (a) to assist in the management of cattle in a cattle herd; and
- (b) to provide certification in relation to pregnancy for cattle intended for export to certain countries.

For the purpose of certifying that cattle intended for export from Western Australia to certain countries are not pregnant, the Australian Quarantine and Inspection Service (AQIS) accepts certification by a state government authorised person. For this purpose, pregnancy testing means detecting as being pregnant, a cow which is 8 weeks or more pregnant.

The following guidelines provide details of the process and criteria applied by the Board when considering an application for authorisation.

Authorisation by the Board

The Board will apply the following criteria in relation to the authorisation of a person to carry out pregnancy testing by rectal palpation under the provisions of section 26(4)(b) of the Act:

1. Authorisation to perform pregnancy testing by rectal palpation:
 - a. means authorisation to detect as being pregnant, a cow which is 8 weeks or more pregnant; but
 - b. **DOES NOT** include authorisation to:
 - (i) examine a cow and determine the age of a foetus or the presence of twins; or
 - (ii) examine a cow for the purpose of determining the reproductive health of the cow; or
 - (iii) examine a cow for the purpose of the diagnosis of reproductive disease.
2. Authorisation will not be granted to pregnancy test cattle by rectal palpation unless the applicant submits an application in the required format and provides evidence of competency by means of:

- a. a certificate issued by a registered training organisation (RTO) that the person has satisfactorily completed a course equivalent to the nationally accredited training package RTE4124A or RTE03 provided by the Charles Darwin University (CDU) Rural Campus, Katherine. Evidence must be submitted that the person is able to detect as pregnant, cows which are 8 or more weeks pregnant with an accuracy of 100% in 20 cows; or
 - b. evidence of recognised prior learning (RPL), and evidence that the person has satisfactorily completed a theory examination equivalent to that required by training package RTE4124A or RTE03 provided by the Charles Darwin University (CDU) Rural Campus, Katherine, and evidence that the person is able to detect as pregnant, cows which are 8 or more weeks pregnant with an accuracy of 100% in 20 cows.
3. Authorisation will not be granted unless the registered veterinary surgeon nominated to direct the applicant is approved by the Board as the directing veterinary surgeon.
4. Authorisation will be for a period no greater than one (1) year.
5. Authorisation will be maintained subject to compliance with these Guidelines during the period of authorisation. Authorisation may be withdrawn immediately where the Board finds that these Guidelines have not been complied with, or will not be complied with during the period of authorisation.
6. The Board may from time to time review and amend these Guidelines, and post the updated Guidelines on the Board's website at www.vsbwa.org.au. At the time of posting, the updated Guidelines will be the Guidelines with which directing veterinary surgeons and authorised persons must comply. It is the responsibility of the directing veterinary surgeon and the authorised person to ensure they are conversant with the current Guidelines.
7. Authorisation may be renewed where the requirements for authorisation as set out in these Guidelines continue to be met and where the Board is satisfied, by evidence provided by the authorised person, that with reference to the preceding period of authorisation:
 - a. the authorised person has satisfactorily performed pregnancy testing by rectal palpation and complied with the requirements listed in the section "maintenance of competency";
 - b. the authorised person has complied with these Guidelines as amended or updated; and
 - c. the accuracy of the authorised person's written records has been verified by the directing veterinary surgeon.
8. The Board may withdraw the authorisation of an authorised person if, after due enquiry, the Board considers the person to have acted in an inappropriate manner.
9. The Board may withdraw the authorisation of an authorised person who performs an act of veterinary surgery for which they are not authorised, including but not restricted to foetal aging, foetal sexing, early pregnancy detection (ie less than 8 weeks), or providing advice on reproductive health or disease.
10. The Board may prosecute a person for performing acts of veterinary surgery for which they are not authorised.

Directing Veterinary Surgeon

1. The directing veterinary surgeon must be resident and registered in Western Australia and must complete the required form. Forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au.
2. The directing veterinary surgeon is responsible for the authorised person in relation to the performance of each authorised act of veterinary surgery.
3. "Direction" means regular and frequent supervision but does not necessarily imply continuous personal supervision.
4. The directing veterinary surgeon must keep a record of each supervision of the authorised person.
5. The directing veterinary surgeon is accountable to the Board for the performance of pregnancy testing by rectal palpation by the authorised person.
6. The directing veterinary surgeon must maintain access to the records of the authorised person in relation to:
 - a. the name and address of the owner of the cattle;
 - b. the address of the property on which the pregnancy testing was performed;
 - c. the number of cattle which were pregnancy tested;
 - d. the number of cattle determined to be pregnant; and
 - e. any advertising by the authorised person for the provision of pregnancy testing by rectal palpation.
7. The directing veterinary surgeon must ensure that a registered veterinary surgeon is available to attend in the event that veterinary expertise is required. Such an event includes, but is not restricted to, injury to a cow (eg rectal tear) during the pregnancy testing.
8. The directing veterinary surgeon will have their approval to direct an authorised person withdrawn if they:
 - a. cease to be a registered veterinary surgeon;
 - b. have conditions placed on their registration such that they are no longer eligible to be a directing veterinary surgeon; or
 - c. do not wish to continue to comply with all of the requirements contained in these Guidelines.

Authorised Persons

1. The Board requires that an authorised person performing pregnancy testing by rectal palpation will conduct themselves in a manner consistent with that expected of a registered veterinary surgeon.
2. Advertising by an authorised person must:
 - a. be factually correct;
 - b. relate only to acts of veterinary surgery that the person is authorised to perform;
 - c. state that the service is performed under the direction of a veterinary surgeon; and
 - d. state the name of the directing veterinary surgeon.

3. The authorised person must maintain an accurate and complete record of:
 - a. the date and details of the pregnancy testing by rectal palpation;
 - b. the name and address of the owner of the cattle;
 - c. the address of the property on which the pregnancy testing was performed;
 - d. the number of cattle which were pregnancy tested; and
 - e. the number of cattle which were determined to be pregnant.
4. The authorised person must provide the directing veterinary surgeon with access to all records required to be made under paragraph 2 above.
5. The authorised person must report clearly, accurately and in a timely fashion to a veterinary surgeon any adverse events.
6. The authorised person must accept advice and instruction from the directing veterinary surgeon.

Insurance

The veterinary surgeons and the authorised person are responsible for their insurance requirements and should seek professional advice on public liability insurance and professional indemnity insurance cover.

Maintenance of competency

Maintenance of competency requires evidence of having examined for pregnancy a moving average over a 3 year period of at least 500 cattle per year.

Evidence of activity by the pregnancy tester must be certified by the directing veterinary surgeon.

In the event that a person does not maintain the moving average of at least 500 cattle per year over a 3 year period, the Board will require re-certification by a Registered Training Organisation.

Record keeping by the Veterinary Surgeons' Board

The Board will provide a certificate of authorisation.

The Board will maintain a register of authorised persons and their directing veterinary surgeons.

Competencies required for persons applying for authorisation

General knowledge

Has knowledge of:

1. the physiology of reproduction of cattle
2. cattle reproductive anatomy
3. cattle embryological development
4. relevant zoonoses and
5. recording and reporting systems used in conjunction with pregnancy testing

Occupational Health and Safety

1. Possesses knowledge of and applies Occupational Health and Safety such that all working routines for animals are carried out in line with the provisions of the relevant Occupational Health and Safety legislation.
2. Eliminates or minimises Occupational Health and Safety risk by means of:

- a. relevant occupational health and safety hazards identification, risk assessment and risk control measures
- b. safe operating procedures
- c. safe manual handling systems and procedures
- d. safe systems and procedures for outdoor work, including protection from solar radiation and
- e. selection, use and maintenance of relevant personal protective equipment.

Animal Health and Welfare

6. Provides empathic care for animals during husbandry operations.
7. Reports clearly, accurately and in a timely fashion on the health and welfare of the animals.
8. Accepts advice and instruction.
9. Works effectively and safely to accurately carry out pregnancy testing by rectal palpation with safety and minimal injury to animals or personnel.
10. Complies with all relevant animal welfare legislation, codes and standards.

Pregnancy testing by way of rectal palpation

The applicant must have satisfactorily completed a course equivalent to the nationally accredited training package RTE4124A or RTE03 provided by the Charles Darwin University (CDU) Rural Campus, Katherine. Evidence must be submitted that the person is competent with one hundred percent accuracy, in detecting pregnancy in 20 cattle which are 8 weeks or more pregnant when testing by means of rectal palpation.

Record keeping

Keeps clear, accurate records of work carried out.

6 GUIDELINES FOR AUTHORISATION OF A LAY PERSON TO CARRY OUT PREGNANCY TESTING OF CATTLE BY ULTRASOUND USING A RECTAL PROBE

Background

Section 26(4)(b) of the *Veterinary Surgeons Act* 1960 (the Act) allows for the authorisation of a person who is not a registered veterinary surgeon to carry out, under the direction of a registered veterinary surgeon, an act of veterinary surgery that is specified by regulation.

Regulation 47 of the *Veterinary Surgeons Regulations* 1979 (the Regulations) specifies pregnancy testing by ultrasound using a rectal probe to be an act of veterinary surgery which may be performed by an authorised person, for the purpose of section 26(4)(b) of the Act.

The Veterinary Surgeons' Board (the Board) is responsible for administering the Act and is therefore responsible for the process of authorising a person who is not a registered veterinary surgeon, to perform acts of pregnancy testing by ultrasound using a rectal probe.

Pregnancy testing of cattle in Western Australia is carried out for two main purposes:

1. to assist in the management of cattle in a cattle herd; and
2. to provide certification in relation to pregnancy for cattle intended for export to certain countries.

For the purpose of certifying that cattle intended for export from Western Australia to certain countries are not pregnant, the Australian Quarantine and Inspection Service (AQIS) accepts certification by a state government authorised person. For this purpose, pregnancy testing means detecting as being pregnant, a cow which is 8 weeks or more pregnant.

The following guidelines provide details of the process and criteria applied by the Board when considering an application for authorisation.

Authorisation by the Board

The Board will apply the following criteria in relation to the authorisation of a person to carry out pregnancy testing by ultrasound using a rectal probe under the provisions of section 26(4)(b) of the Act:

1. Authorisation to perform pregnancy testing by ultrasound using a rectal probe:
 - a. means authorisation to detect as being pregnant, a cow which is 8 weeks or more pregnant; but
 - b. **DOES NOT** include authorisation to:
 1. examine a cow and determine the age or sex of a foetus or the presence of twins; or
 2. examine a cow for the purpose of determining the reproductive health of the cow; or
 3. examine a cow for the purpose of the diagnosis of reproductive disease².
2. Authorisation will not be granted to pregnancy test cattle by ultrasound using a rectal probe unless the applicant submits an application in the required format and:
 - a. satisfies the Board that they have undertaken and passed a training course in pregnancy testing by ultrasound using a rectal probe of a standard acceptable to the Board. Evidence must be submitted that the person is able to detect as pregnant, cows which are 8 or more weeks pregnant with an accuracy of 100% in 20 cows; or
 - b. provides sufficient proof of competency and experience by a disinterested party, approved by the Board in advance of the application, by providing evidence that they possess the relevant knowledge and competencies as listed in the Competencies for pregnancy testing by ultrasound using a rectal probe which follow; and evidence that the person is able to detect as pregnant, cows which are 8 or more weeks pregnant with an accuracy of 100% in 20 cows.
3. Authorisation will not be granted unless the registered veterinary surgeon nominated to direct the applicant is approved by the Board as the directing veterinary surgeon.

4. Authorisation will be for a period no greater than one (1) year.
5. Authorisation will be maintained subject to compliance with these Guidelines during the period of authorisation. Authorisation may be withdrawn immediately where the Board finds that these Guidelines have not been complied with, or will not be complied with during the period of authorisation.
6. The Board may from time to time review and amend these Guidelines, and post the updated Guidelines on the Board's website at www.vsbwa.org.au. At the time of posting, the updated Guidelines will be the Guidelines with which directing veterinary surgeons and authorised persons must comply. It is the responsibility of the directing veterinary surgeon and the authorised person to ensure they are conversant with the current Guidelines.
7. Authorisation may be renewed where the requirements for authorisation as set out in these Guidelines continue to be met and where the Board is satisfied, by evidence provided by the authorised person, that with reference to the preceding period of authorisation:
 - a. the authorised person has satisfactorily performed pregnancy testing by ultrasound using a rectal probe and complied with the requirements listed in the section "maintenance of competency";
 - b. the authorised person has complied with these Guidelines as amended or updated; and
 - c. the accuracy of the authorised person's written records has been verified by the directing veterinary surgeon.
8. The Board may withdraw the authorisation of an authorised person if, after due enquiry, the Board considers the person to have acted in an inappropriate manner.
9. The Board may withdraw the authorisation of an authorised person who performs an act of veterinary surgery for which they are not authorised, including but not restricted to foetal aging, foetal sexing, early pregnancy detection (i.e. less than 8 weeks), or providing advice on reproductive health or disease.
10. The Board may prosecute a person for performing acts of veterinary surgery for which they are not authorised.

Directing Veterinary Surgeon

1. The directing veterinary surgeon must be resident and registered in Western Australia and must complete the required form. Forms may be obtained from the Board office or the Board's website at www.vsbwa.org.au.
2. The directing veterinary surgeon is responsible for the authorised person in relation to the performance of each authorised act of veterinary surgery.
3. "Direction" means regular and frequent supervision but does not necessarily imply continuous personal supervision.
4. The directing veterinary surgeon must keep a record of each supervision of the authorised person.
5. The directing veterinary surgeon is accountable to the Board for the performance of pregnancy testing by ultrasound using a rectal probe by the authorised person.
6. The directing veterinary surgeon must maintain access to the records of the authorised person in relation to:
 - a. the name and address of the owner of the cattle;
 - b. the address of the property on which the pregnancy testing was performed;
 - c. the number of cattle which were pregnancy tested;
 - d. the number of cattle determined to be pregnant; and
 - e. any advertising by the authorised person for the provision of pregnancy testing by ultrasound using a rectal probe.
7. The directing veterinary surgeon must ensure that a registered veterinary surgeon is available to attend in the event that veterinary expertise is required. Such an event includes, but is not restricted to, injury to a cow (eg rectal tear) during the pregnancy testing.

8. The directing veterinary surgeon will have their approval to direct an authorised person withdrawn if they:
 - a. cease to be a registered veterinary surgeon;
 - b. have conditions placed on their registration such that they are no longer eligible to be a directing veterinary surgeon; or
 - c. do not wish to continue to comply with all of the requirements contained in these Guidelines.

Authorised Persons

1. The Board requires that an authorised person performing pregnancy testing by ultrasound using a rectal probe will conduct themselves in a manner consistent with that expected of a registered veterinary surgeon.
2. Advertising by an authorised person must:
 1. be factually correct;
 2. relate only to acts of veterinary surgery that the person is authorised to perform;
 3. state that the service is performed under the direction of a veterinary surgeon; and
 4. state the name of the directing veterinary surgeon.
3. The authorised person must maintain an accurate and complete record of:
 - a. the date and details of the pregnancy testing by ultrasound using a rectal probe;
 - b. the name and address of the owner of the cattle;
 - c. the address of the property on which the pregnancy testing was performed;
 - d. the number of cattle which were pregnancy tested; and
 - e. the number of cattle which were determined to be pregnant.
4. The authorised person must provide the directing veterinary surgeon with access to all records required to be made under paragraph 2 above.
5. The authorised person must report clearly, accurately and in a timely fashion to a veterinary surgeon any adverse events.
6. The authorised person must accept advice and instruction from the directing veterinary surgeon.

Insurance

The veterinary surgeons and the authorised person are responsible for their insurance requirements and should seek professional advice on public liability insurance and professional indemnity insurance cover.

Maintenance of competency

Maintenance of competency requires evidence of having examined for pregnancy a moving average over a 3 year period of at least 500 cattle per year.

Evidence of activity by the pregnancy tester must be certified by the directing veterinary surgeon.

In the event that a person does not maintain the moving average of at least 500 cattle per year over a 3 year period, the Board will require re-certification by a Registered Training Organisation or an independent assessor appointed by the Board as detailed in these Guidelines.

Record keeping by the Veterinary Surgeons' Board

The Board will provide a certificate of authorisation.

The Board will maintain a register of authorised persons and their directing veterinary surgeons.

Competencies required for persons applying for authorisation

General knowledge

Has knowledge of:

1. the physiology of reproduction in cattle
2. cattle reproductive anatomy
3. cattle embryological development
4. relevant zoonoses and
5. recording and reporting systems used in conjunction with pregnancy testing and animal breeding programs.

Occupational Health and Safety

1. Possesses knowledge of and applies Occupational Health and Safety such that all working routines for animals are carried out in line with the provisions of the relevant Occupational Health and Safety legislation.
2. Eliminates or minimises Occupational Health and Safety risk by means of:
 - a. relevant occupational health and safety hazards identification, risk assessment and risk control measures
 - b. safe operating procedures
 - c. safe manual handling systems and procedures
 - d. safe systems and procedures for outdoor work, including protection from solar radiation and
 - e. selection, use and maintenance of relevant personal protective equipment.

Animal Health and Welfare

1. Provides empathic care for animals during husbandry operations.
2. Reports clearly, accurately and in a timely fashion on the health and welfare of the animals.
3. Accepts advice and instruction.
4. Works effectively and safely to accurately carry out pregnancy testing by ultrasound using a rectal probe with safety and minimal injury to animals or personnel.
5. Complies with all relevant animal welfare legislation, codes and standards.

Pregnancy testing by way of ultrasound using a rectal probe

The applicant must have satisfactorily completed a course in pregnancy testing by ultrasound using a rectal probe of a standard acceptable to the Board. Evidence must be submitted that the person is competent with one hundred percent accuracy, in detecting pregnancy in 20 cattle which are 8 weeks or more pregnant when testing by means of ultrasound using a rectal probe.

Alternatively the applicant must provide evidence to the Board that they possess the relevant competences, theoretical knowledge and experience as listed in this document and assessed by a disinterested party, approved by the Board in advance of the application.

Record keeping

Keeps clear, accurate records of work carried out.

APPENDIX III PROCEDURES ABLE TO BE PERFORMED BY VETERINARY NURSES, TRAINEE VETERINARY NURSES AND VETERINARY STUDENTS

1 PROCEDURES ABLE TO BE PERFORMED BY VETERINARY NURSES

In Western Australia veterinary nurses are approved by the Board. The *Veterinary Surgeons Act* 1960 and its Regulations (regulation 65) prescribe the duties and services that may be performed by veterinary nurses.

r65. Duties and veterinary services that may be performed by veterinary nurses (s. 26(4)(b), 26E(4))

1. The duties and veterinary services set out in this regulation are prescribed for the purposes of sections 26(4)(b) and 26E(4) of the Act as duties and veterinary services that may be performed by a veterinary nurse.
2. A veterinary nurse may, in the presence of, and under the immediate and direct personal supervision of, a registered veterinary surgeon, assist the surgeon to perform surgical procedures.
3. The following duties and veterinary services may be performed by a veterinary nurse under the personal supervision of a registered veterinary surgeon –
 - a. dental prophylaxis, including simple extraction of teeth;
 - b. superficial surgical procedures (such as suturing skin);
 - c. taking images using x-rays, ultrasound, ECG or similar imaging techniques, in accordance with the *Radiation Safety Act* 1975 and any other relevant written law;
 - d. taking samples for the purposes of pathology tests;
 - e. setting up and supervising intravenous drips and transfusions;
 - f. inserting and removing indwelling catheters for the administration of intravenous fluids;
 - g. assisting with and monitoring the administration of anaesthetics;
 - h. monitoring the recovery of animals from anaesthesia.
4. The following duties and veterinary services may be performed by a veterinary nurse under the direction of a registered veterinary surgeon --
 - a. physically examining animals;
 - b. giving general health advice in relation to weight loss, nutrition, parasite control and similar matters;
 - c. isolating animals and carrying out barrier nursing;
 - d. administering scheduled drugs;
 - e. supplying to customers medication specified by the registered veterinary surgeon;
 - f. dressing wounds and post-surgical care;
 - g. supervising, caring for and nursing animals;
 - h. performing clinical pathology tests.

Veterinary surgeons should ensure veterinary nurses undertaking these procedures are trained and competent. Ultimately, the veterinary surgeon will always retain responsibility in relation to these procedures.

2 PROCEDURES ABLE TO BE PERFORMED BY TRAINEE VETERINARY NURSES

Trainee veterinary nurses can apply for authorisation by the Veterinary Surgeons' Board. Once authorised, trainee veterinary nurses can perform the duties listed in regulation 66, but only under the immediate and direct personal supervision of a registered veterinary surgeon.

r66. Duties and veterinary services that may be performed by trainee veterinary nurses (s. 26(4)(b))

1. The duties and veterinary services set out in regulation 65(2), (3) and (4) are prescribed for the purposes of section 26(4)(b) of the Act as duties and veterinary services that may be performed by a trainee veterinary nurses.
2. A trainee veterinary nurse may perform those duties and veterinary services only in the presence of, and under the immediate and direct personal supervision of, a registered veterinary surgeon.
3. An authorisation issued under section 26(4)(b) of the Act to a trainee veterinary nurse –
 - a. is valid for the period specified in it unless it is revoked by the Board before the expiration of that period; and
 - b. may be renewed.
4. An application for authorisation under section 26(4)(b) of the Act as a trainee veterinary nurse, or the renewal of such an authorisation, is to be-
 - a. made in an approved form; and
 - b. accompanied by such evidence with respect to the application as the Board may require; and
 - c. accompanied by the fee set out in regulation 80.

3 VETERINARY SERVICES THAT MAY BE PERFORMED BY VETERINARY STUDENTS

The veterinary services that may be performed by veterinary students from a school of veterinary science at an Australian university are prescribed in regulation 46.

Reg 46. Veterinary services that may be performed by veterinary students (s. 26(4)(a))

1. The veterinary services set out in this regulation are prescribed for the purposes of section 26(4)(a) of the Act as veterinary services that may be performed by a veterinary student.
2. A veterinary student may, in the presence of, and under the immediate and direct personal supervision of, a registered veterinary surgeon, diagnose disease in, or injury to, the animal and propose treatment for the animal.
3. The following veterinary services may be performed by a veterinary student under the direction of a registered veterinary surgeon –
 - a. administering scheduled drugs;
 - b. supervising, caring for and nursing animals;
 - c. administering, monitoring and managing intravenous fluid therapy and transfusions;
 - d. providing to the owner of an animal that is under the care of the registered veterinary surgeon –
 - i. advice as to the treatment of the animal; and
 - ii. information as to the clinical progress of the animal.
4. A veterinary student may, under the personal supervision of a registered veterinary surgeon, perform any veterinary service not referred to in subregulation (2) or (3).
5. A veterinary student must not perform a veterinary service unless –
 - a. performance of the service is required as part of the student's course of study; and
 - b. the veterinary surgeon under whose supervision or direction the service is performed is approved by the university at which the student is enrolled to supervise or direct the performance of that veterinary service; and
 - c. the owner of the animal has given permission for the service to be performed by a veterinary student; and
 - d. if the owner's permission is given subject to any conditions, those conditions are complied with.
6. The approval by a university of a registered veterinary surgeon for the purposes of subregulation (5)(b) –
7. must be made in writing; and
8. may be given generally or subject to any conditions or restrictions specified in it; and
9. remains in force for the period specified in it (if any) or until it is revoked by the university.
10. A university must keep a written record of an approval given under subregulation (5)(b) for not less than 7 years after the approval ceases to be in force, and make that record available for inspection by the Board on request.

SAMPLE – CONSENT FOR ANAESTHESIA AND SURGICAL PROCEDURES

Currently under review.

SAMPLE – REQUEST FOR EUTHANASIA

Currently under review

SAMPLE – AGREEMENT BETWEEN VETERINARY SURGEON AND PERSON IN THE PASTORAL REGION

Veterinary Surgeons Regulations (1979) Regs 29A, 29B and 29C

| | |
|--|--|
| Veterinary Surgeon – BLOCK CAPITAL LETTERS | |
| Last Name | |
| Given Name | |
| Registration Number | |
| Address | |
| Main Contact Details (Daytime) Tel/mobile Fax Email (please print) | |
| Owner or person in charge of animal(s) – BLOCK CAPITAL LETTERS | |
| Last Name | |
| Given Name | |
| Address | |
| Main Contact Details (Daytime) Tel/mobile Fax Email (please print) | |
| <p>Property on which the animal(s) is/are to be kept: Note the property must be either: a) in the pastoral region AND equipped with a medical chest provided by the Royal Flying Doctor Service; or b) otherwise approved by the Veterinary Surgeons’ Board of Western Australia for the purpose of the veterinary chest.</p> | |
| Name: | |
| Location: | |

Medications to be prescribed and supplied by veterinary surgeon under the provisions of regulation 29A

Prescribing Veterinary Surgeon

Owner or person in charge of animals and address

| Class of Medication | Brand Name | Medication Concentration | Quantity Supplied | Date First Supplied | Date First Audit is Due (30 June of financial year first supplied) | Date Subsequent Audits Due (Every subsequent anniversary, until the medication has been completely used) |
|------------------------------------|-------------------|---------------------------------|--------------------------|----------------------------|---|---|
| Adrenaline | | | | | | |
| Antibiotics | | | | | | |
| | | | | | | |
| | | | | | | |
| Antihistamine | | | | | | |
| | | | | | | |
| Atropine | | | | | | |
| | | | | | | |
| Local Anaesthetics | | | | | | |
| | | | | | | |
| NSAIDs | | | | | | |
| | | | | | | |
| Short Acting Corticosteroid | | | | | | |
| | | | | | | |
| Snake Antivenom | | | | | | |
| | | | | | | |
| Tranquilliser or sedative | | | | | | |
| | | | | | | |
| | | | | | | |

* If medications not listed in this form are to be later prescribed under the provisions of regulation 29A, a further and separate agreement is to be completed and submitted to the Board.

Record of instructions given by veterinary surgeon to owner or person in charge of animal(s):

(a) instructions given in relation to the safe transport, storage and handling of the medication(s)

(b) instructions given in relation to the correct administration of the medications(s) to the animal or animals

(c) instructions given in relation to any period after treatment with the medication during which the animal or animals are not to be slaughtered or exported, or any other withholding periods

(d) date instructions given

*** If medications not listed in this form are to be later prescribed under the provisions of regulation 29A, a further and separate agreement is to be completed and submitted to the Veterinary Surgeons' Board of Western Australia.**

Veterinary Chest Holder's Form

Medications to be prescribed and supplied by veterinary surgeon under the provisions of *Veterinary Surgeons Regulations 1979 Reg. 29A*

Prescribing Veterinary Surgeon

Owner or person in charge of animals and address

| Date of Administration | Medication Name | Quantity Administered | Reason for Administration | Withholding Period |
|------------------------|-----------------|-----------------------|---------------------------|--------------------|
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Annual Audit Form for medications prescribed and supplied by veterinary surgeon under provisions of regulation of 29A

Date of Audit _____

Prescribing Veterinary Surgeon

Name and address of owner or person in charge of animals

| Name of Medication | Amount first supplied, or amount in possession on July 1 of year before this audit | Amount further supplied through the year, to end of audit period | Amount used according to records | Amount expired and disposed of correctly, or wastage | Calculated amount remaining on hand | Does this amount reconcile with the quantity of medication remaining? |
|--------------------|--|--|----------------------------------|--|-------------------------------------|---|
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I confirm:

- (a) I have reviewed the veterinary chest holder's record of use form and checked the medications remaining in the Veterinary Chest;
- (b) the details in this form accurately reflect my audit of the veterinary chest; and
- (c) the record of instructions given by veterinary surgeon to owner or person in charge of the animal accurately reflects my instructions.

Any discrepancies noted in the veterinary chest holder's use form, the veterinary chest contents or the record of instructions given by the veterinary surgeon or person in charge of the animal are set out below together with the veterinary chest holder's explanation of the reason for those discrepancies.

Signed: _____ Veterinary Surgeon

Date: _____

APPENDIX V

Qualifications recognised by the Australasian Veterinary Boards Council Inc as providing a holder with eligibility to apply for registration as a veterinary surgeon in Australia and New Zealand without further examination.

Effective date June 2013

| Country | University | Qualification | Year | Awarding Body |
|----------------|---|---|-------------|---|
| Australia | University of Sydney | Bachelor of Veterinary Science (BVSc) | → current | Veterinary Schools Accreditation Advisory Committee (VSAAC) |
| | The University of Melbourne | Bachelor of Veterinary Science (BVSc) Doctor of Veterinary Medicine (DVM) (2011) | → current | VSAAC |
| | Murdoch University | Bachelor of Veterinary Medicine and Surgery (BVMS) | → current | VSAAC |
| | University of Queensland | Bachelor of Veterinary Science (BVSc) | → current | VSAAC |
| | Charles Sturt University | Bachelor of Veterinary Science (BVSc) | → current | VSAAC |
| | James Cook University | Bachelor of Veterinary Science (BVSc) | → current | VSAAC |
| New Zealand | Massey University | Bachelor of Veterinary Science (BVSc) | → current | VSAAC |
| United Kingdom | Royal Veterinary College University of London | Bachelor of Veterinary Medicine (BVetMed) | → current | Royal College of Veterinary Surgeons (RCVS) |
| | Bristol University | Bachelor of Veterinary Science (BVSc) | → current | RCVS |
| | University of Liverpool | Bachelor of Veterinary | → current | RCVS |

| | | | | |
|---|--|---|---------------|---|
| | | Science (BVSc) | | |
| | University of Cambridge | Bachelor of Veterinary Medicine (VetMB) | → current | RCVS |
| | University of Glasgow | Bachelor of Veterinary Medicine (BVM) | → current | RCVS |
| | The University of Edinburgh | Bachelor of Veterinary Medicine and Surgery (BVM&S) | → current | RCVS |
| | The University of Nottingham | Bachelor of Veterinary Medicine and Science (BVM BVS) | → current | RCVS |
| Ireland | National University of Ireland (University College Dublin) | Bachelor of Veterinary Medicine (MVB) | → 1986 | RCVS |
| | | | 2004 - 2011 | European Association of Establishments for Veterinary Education (EAEVE) |
| | | | 2012→ current | AVMA (NAVLE required) |
| South Africa | University of Pretoria (Onderstepoort) | Bachelor of Veterinary Science (BVSc) | → current | RCVS |
| The United States of America (NAVLE required) | Auburn University | Doctor of Veterinary Medicine (DVM) | → current | American Veterinary Medical Association (AVMA) |
| | Tuskegee University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of California | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Western University of Health Sciences | Doctor of Veterinary Medicine (DVM) | 2008→ current | AVMA |
| | Colorado State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Florida | Doctor of Veterinary Medicine (DVM) | → current | AVMA |

| | | | | |
|--|---------------------------------|-------------------------------------|-----------|------|
| | University of Georgia | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Illinois | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Purdue University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Iowa State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Kansas State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Louisiana State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Michigan State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Tufts University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | The University of Minnesota | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Mississippi State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Missouri-Columbia | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Cornell University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | North Carolina State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | The Ohio State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Oklahoma State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Oregon State University | Doctor of Veterinary | → current | AVMA |

| | | | | |
|----------------------------------|---|--------------------------------------|---------------|------|
| | | Medicine (DVM) | | |
| | University of Pennsylvania | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Tennessee | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Texas A&M University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Virginia Tech | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Washington State University | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Wisconsin-Madison | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| Canada (NAVLE required) | University of Guelph | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Prince Edward Island | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | Université de Montréal | Docteur en Médecine Vétérinaire | → current | AVMA |
| | University of Saskatchewan | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| | University of Calgary | Doctor of Veterinary Medicine (DVM) | → current | AVMA |
| Mexico (NAVLE required) | Universidad Nacional Autónoma de México | Medico Veterinario Zootecnista (MVZ) | 2011→ current | AVMA |
| The Netherlands (NAVLE required) | State University of Utrecht | Dierenarts (D) | 1973→ current | AVMA |
| West Indies (NAVLE required) | Ross University School of Veterinary Medicine | Doctor of Veterinary Medicine (DVM) | 2011→ current | AVMA |
| | St. Georges School of Veterinary Medicine | Doctor of Veterinary Medicine (DVM) | 2011→ current | AVMA |

| Non-award Qualifications | | | | |
|---------------------------------|--|---|---------------|---|
| Australia | | Australian National Veterinary Examination Certificate (ANVE) | → current | AVBC Inc. |
| New Zealand | | New Zealand National Veterinary Examination Certificate (NZNVE) | → current | VCNZ |
| North America (NAVLE required) | | Program for the Assessment Veterinary Education Equivalence (PAVE) | 2011→ current | American Association of Veterinary State Boards (AAVSB) |
| North America (NAVLE required) | | Educational Commission for Foreign Veterinary Graduates Examination | → current | Educational Commission for Foreign Veterinary Graduates (ECFVG) |

1 UNREGISTERED PERSONS PERFORMING ACTS OF VETERINARY SURGERY

Background

The *Veterinary Surgeons Act* 1960 provides for the registration of qualified veterinary surgeons and veterinary nurses, and for the good practice of veterinary science in Western Australia.

The Act defines acts of veterinary surgery and requires that such acts be performed by a person registered by the Board or as otherwise provided for by the Act.

The Act provides for the Veterinary Surgeons' Board to approve suitably qualified persons to carry out specified acts of veterinary surgery.

Historically, there have always been people who seek opinion, advice and services from other than professional and trade service providers registered under legislation. Historically, there have always been people who provide such opinion, advice and services.

The Board, subject to the Minister, administers the Act.

The Board is funded solely by registration fees paid by registered veterinary surgeons and veterinary nurses.

In the case of an alleged offence against the Act by a registered veterinary surgeon or veterinary nurse, the Act enables the Registrar to carry out an investigation. The Act enables the Board to bring a complaint against a registered veterinary surgeon or veterinary nurse to the State Administrative Tribunal. The bringing of a complaint against a registered veterinary surgeon or veterinary nurse to the State Administrative Tribunal is funded by the Board.

In the case of an alleged offence against the Act by a person who is not a registered veterinary surgeon or veterinary nurse, the Act enables the alleged offence to be prosecuted in the Court. The prosecution of such an alleged offence is brought by the Board and funded by the Board.

From time to time, the Board receives, in the form of a complaint, claims that a person other than a registered veterinary surgeon is undertaking acts of veterinary surgery for fee or reward. Such acts may include diagnostic testing procedures and/or examinations and/or treatments on animals for fee or reward.

In a number of cases, the procedures allegedly carried out by the person against whom a complaint is made to the Board are not accepted by the wider scientific community as being scientifically proven.

Such procedures carried out by a person who is not registered under the Act are sometimes termed 'alternative medicine'.

Issues

Anecdotally, it appears that, as in human medicine, the market demand by animal owners for such 'alternative' medicine is increasing. In a number of cases, it appears that for various reasons, some members of the public are dissatisfied with traditional veterinary services and deliberately seek out non-veterinary care for their animals.

The provision of alternative medicine is considered to be a matter of concern to the veterinary profession. However, there are a number of issues that need to be considered:

- The prosecution of the providers of alternative medicine services by the Board could be seen as being protectionist of veterinary surgeons and anti-competitive.
- The welfare of animals is governed by the provisions of the *Animal Welfare Act* 2002. Offences in relation to the welfare of animals being attended by a person who is not registered may be addressed by the prosecution of alleged offences by the relevant authorities under the *Animal Welfare Act*.

- The supply of scheduled medications is governed by the provisions of the *Poisons Act* 1964. Offences in relation to the use or supply of scheduled medications may be addressed by the prosecution of alleged offences by the relevant authorities under the *Poisons Act*.

The intent of the *Veterinary Surgeons Act* could be taken as being to provide protection to the public from unprofessional conduct by registered veterinary surgeons and from unscrupulous or fraudulent behaviour by unregistered persons posing as veterinary surgeons. Such an interpretation appears to be consistent with the approach taken in relation to other professions.

The Board has limited resources with which to investigate and prosecute alleged offences against the *Veterinary Surgeons Act* and those resources are consumed by the investigation and prosecution of claims of unprofessional conduct by registered veterinary surgeons.

The Board accepts that members of the public who knowingly choose to have their animals examined and treated by a person who is not a registered veterinary surgeon do so at their own risk.

Conclusion

In the case where a complaint is brought to the Board of a person who is publicly providing services that may include acts of veterinary surgery, the Board will inquire into the matter.

In the case where the inquiry finds that the person is publicly providing services for fee or reward that appear to include acts of veterinary surgery but the person is not purporting to be a veterinary surgeon, the Board will advise the person of the provisions of the Act and that they make themselves liable to prosecution in carrying out such acts for fee or reward.

Unless an exceptional circumstance exists, the Board will limit the prosecution of alleged offences against the Act by a person who is not a registered veterinary surgeon or veterinary nurse or authorised person to those cases where the complaint relates to an act of veterinary surgery carried out for fee or reward by a person who wrongfully makes claim or purports to be a veterinary surgeon or wrongfully makes claim to be registered or authorised to carry out such acts.

2 TITLES IMPLYING SPECIALIST QUALIFICATIONS OR SERVICES

This paper is currently under review

| | | Fee (\$) |
|----|--|--------------|
| | Part A — Applications for registration etc | |
| 1 | Application for registration as a veterinary surgeon by a natural person (r. 15(1)) | 110 |
| 1A | New graduate registration (r. 15(1)) | 110 |
| 1B | Certificate of provisional registration as a veterinary surgeon (r. 15(1a)) (applicable to a maximum of 3 months under s. 20B) | 40 per month |
| 2 | Application for registration as a veterinary surgeon by a body corporate (r. 15(3)) | 110 |
| 3 | Application to alter the Register in respect of a body corporate (r. 15(4)) | 60 |
| 4 | Application for registration as a specialist veterinary surgeon (r. 16B) | 165 |
| 5 | Application for registration as an honorary veterinary surgeon (r. 16C)..... | 25 |
| 6 | Application for insertion in the Register of additional qualification etc. (r. 20) | 25 |
| 7 | Application to have name restored to the Register (r. 22) ... | 60 |
| 7A | Application for authorisation under s. 26(4)(b) as an authorised person (r. 47) (i) if the person is employed or engaged by a non-profit organisation | 120 |
| | (ii) in any other case..... | 400 |
| 7B | Application for the renewal of an authorisation under s. 26(4)(b) as an authorised person (r. 47) (i) if the person is employed or engaged by a non-profit organisation | 120 |
| | (ii) in any other case..... | 200 |
| | Part B — Annual roll fees | |
| 8 | Roll fee for a natural person, resident in the State, registered as a veterinary surgeon (r. 19(1)) | 365 |
| 9 | Roll fee for a natural person, resident outside the State, registered as a veterinary surgeon (r. 19(1)) | 180 |
| 10 | Roll fee for a body corporate registered as a veterinary surgeon (r. 19(1)) | 365 |
| 11 | Roll fee for a registered honorary veterinary surgeon (r. 19(1)) | 45 |
| 12 | Roll fee for a registered specialist veterinary surgeon (r. 19(1), (3)) | 75 |

| | | |
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| | Part C — Applications relating to premises | |
| 13 | Application to have premises registered as a veterinary clinic (r. 34) Includes 3 years registration..... | 1,790 |
| 14 | Application to have premises registered as a veterinary hospital (r. 34) Includes 3 years registration..... | 1,790 |
| 15 | Application for transfer of management of a veterinary clinic or veterinary hospital (r. 38) | 60 |
| 16 | Application for renewal of registration of a veterinary clinic for 3 years (r. 37) | 1,260 |
| 17 | Application for renewal of registration of a veterinary hospital for 3 years (r. 37) | 1,260 |
| | Part D — Veterinary nurses | |
| 18 | Application for approval as a veterinary nurse (r. 64) | 65 |
| 19 | Renewal of approval as a veterinary nurse (r. 64) | 45 |
| 19A | Application for authorisation under s. 26(4)(b) as a trainee veterinary nurse (r. 66) | 20 |
| | Part E — Application for licence by animal welfare society | |
| 20 | Application by animal welfare society for a licence to treat sick and injured animals (r. 74) | 275 |
| 21 | Application by animal welfare society to renew a licence to treat sick and injured animals (r. 74) | 220 |

AUSTRALASIAN VETERINARY BOARDS – REGISTRARS

| | Postal Address | Office Address | Contact |
|----|--|---|--|
| 1. | Dr J Baguley (John) Registrar Veterinary Practitioners Board of NSW PO Box 6391 ALEXANDRIA NSW 2015 | Suite 7.09 247 Coward Street MASCOT NSW 2020 | Tel: 02 8338 1177 Fax: 02 8338 1077 Email: registrar@vpb.nsw.gov.au Website: www.vpb.nsw.gov.au |
| 2. | Ms L King (Louisa) Registrar Veterinary Practitioners Registration Board of Victoria Level 11, 470 Collins Street MELBOURNE VIC 3000 | | Tel: 03 9620 7444 Fax: 03 9620 7044 Email: registrar@vetboard.vic.gov.au Website: www.vetboard.vic.gov.au |
| 3. | Ms V Mustafay (Valerie) Registrar Veterinary Surgeons Board of Queensland GPO BOX 46 BRISBANE QLD 4001 | Level 3 Primary Industries Building 80 Ann Street BRISBANE QLD 4000 | Tel: 07 3239 3600 Fax: 07 3225 1488 Email: vsbqld@dpi.qld.gov.au Website: www.vsb.qld.gov.au |
| 4. | Ms C Irvine Registrar Veterinary Surgeons Board of South Australia 185 Fullarton Road DULWICH SA 5065 | | Tel: 08 8331 9433 Fax: 08 8364 4688 Email: admin@vsbsa.org.au Website: www.vsbsa.org.au |
| 5. | Dr S Godkin (Sue), Registrar Veterinary Surgeons' Board Western Australia PO Box 1721 MELVILLE SOUTH WA 6156 | Suite 1, First Floor 275 Marmion Street MELVILLE WA 6156 All correspondence to PO address | Tele: 08 9317 2353 Fax: 08 9317 2363 Email admin@vsbwa.org.au Website: www.vsbwa.org.au |
| 6. | Ms A Horner (Anne) Registrar Veterinary Board of Tasmania PO Box 183 HUONVILLE TAS 7109 | 1441 Huon Highway Lower Longley TAS 7109 | Tele: 03 6239 6823 Fax: 03 6239 6824 Email: vsbtas@bigpond.com Website: www.dpiw.tas.gov.au/inter.nsf/ThemeNodes/EGIL-5D78W3?open |
| 7. | Ms S Gillis Registrar Veterinary Board of the NT GPO BOX 3000 DARWIN NT 0801 | Goff Letts Building Berrimah Farm Makagon Road Berrimah NT 0820 | Tele: 08 8999 2028 Fax: 08 8999 2089 Email: vetboard@nt.gov.au or Website: www.nt.gov.au/d/vetboardnt |
| 8. | Ms B Herd (Brenda) Executive Officer ACT Veterinary Surgeons' Board Secretariat Locked Bag 5 WESTON CREEK ACT 2611 | ACT Veterinary Surgeons' Board Level 5 Macarthur House 12 Wattle Street, Lyneham ACT 2601 | Tele: 02 6207 7624 Fax: 02 6205 1705 Email: vetboard@act.gov.au or brenda.herd@act.gov.au Website: www.health.act.gov.au/healthregboards |
| 9. | Ms J Eden (Janet), Registrar Veterinary Council of New Zealand Box 10 563 Wellington 6143 NEW ZEALAND | Level 11, Kordia House 109 Willis Street Wellington 6143 NEW ZEALAND | Tele: 0064 4 473 9600 Fax: 0064 4 473 8869 Email: vet@vetcouncil.org.nz or janet.eden@vetcouncil.org.nz Website: www.vetcouncil.org.nz |

APPENDIX VIII **GUIDE FOR REGISTERED VETERINARY SURGEONS TO RESPOND TO AN INVESTIGATION BY THE VETERINARY SURGEONS' BOARD OF A COMPLAINT**

Under the provisions of the *Veterinary Surgeons Act 1960 (WA)* (Act), the Veterinary Surgeons' Board of Western Australia (Board) must investigate complaints received regarding the professional conduct of a person who is or was, at the time the conduct took place, a registered veterinary surgeon. The Board will investigate the allegation on behalf of the complainant. It should be noted that an investigation of a complaint by the Board is in itself not an allegation of unprofessional conduct. However if the Board investigation receives sufficient evidence of unprofessional conduct by a veterinary surgeon, the Board is obliged to refer a complaint to the State Administrative Tribunal (SAT).

This document provides a guide for veterinary practitioners to assist them in responding to an enquiry from the Board, and provides information on how complaints are managed.

If a veterinary surgeon receives a letter of enquiry from the Board, they are obliged to provide the information requested. The response should include detailed information of the events surrounding the complaint and address the specific concerns raised by the complainant or the Board. It should be noted that under some circumstances the Board will instigate an enquiry without having received a complaint from a member of the public or a veterinary surgeon.

Responding to an Enquiry from the Board

- The Board requires that all evidence provided relating to a complaint be in the format of a statutory declaration. You can access a statutory declaration form for your reply at http://www.courts.dotag.wa.gov.au/manifest/stat_dec.jmf or at any Post Office or use the form at the end of this document.
- The clinical records for the animal which is the subject of the complaint are required in your response. If you do not have access to, or the legal right to the clinical records, you need to advise the Board of the name of the principal of the practice who can provide the clinical records at the earliest opportunity.
- The response must be posted within the time indicated in the letter of enquiry from the Board. Failure to reply to the Board in a timely manner may in itself constitute unprofessional conduct.
- It is recommended that supporting statements from other persons who witnessed the events or were involved in the treatment of the animal are in the form of a statutory declaration.
- The information contained in your response may be sent to the complainant but your letter of response will not be available to the complainant.

A checklist is provided at the end of this document which sets out in detail the documents you should supply to the Board in your response.

The Board is subject to the provisions of the *Freedom of Information Act 1992 (WA)* which covers some privacy principles. The Board will only use and disclose personal information about you for the purpose of conducting an investigation of the complaint, unless consent has been obtained to use the information for additional purposes. The Board's privacy policy can be obtained from the address below or from the Board's website <http://www.vsbwa.org.au/>.

Any enquiries about the complaint or the response should be directed to the Registrar (08 9367 4674) or via email admin@vsbwa.org.au. This is particularly important if there is any difficulty in responding by the deadline.

The complaints process takes a minimum of three months. Resolution may take up to six months or longer depending on the level of evidence required.

Unprofessional Conduct

Unprofessional conduct is defined within section 23 of the Act and regulation 28 of the *Veterinary Surgeons Regulations 1979*. The Board has wide authority to consider whether the standard of conduct by a veterinary surgeon falls substantially short of that to be reasonably expected of a veterinary surgeon of good repute and competency.

Without limiting the meaning of the expression, unprofessional conduct may mean all or any of the following:

1. conduct of a lesser standard than that which the public or other veterinary surgeons may reasonably expect of a registered veterinary surgeon;
2. providing veterinary services of a kind that are excessive, unnecessary or not reasonably required for the animal's wellbeing;
3. the veterinary surgeon is convicted of an indictable offence that would render them unfit to practise;
4. contravention of or failure to comply with a condition, limitation or restriction on the registration of the veterinary surgeon;
5. the veterinary surgeon has a deleterious medication or alcohol addiction;
6. the veterinary surgeon is suffering from a physical or mental illness to the extent that his or her ability to practise as a veterinary surgeon is likely to be affected;
7. the veterinary surgeon is guilty of infamous or improper conduct in a professional respect;
8. gross carelessness or incompetency; and
9. influencing or attempting to influence the conduct of veterinary practice in such a way that an animal's wellbeing may be compromised.

Summary of Steps Involved in Processing a Complaint

1. Written complaint received by the Board from complainant.
2. The veterinary surgeon is required to respond to the complaint as described above in the form of a statutory declaration.
3. Relevant witnesses are requested to provide their versions of events or documentation in the form of a statutory declaration.
4. The complaint is considered at a Board meeting. Based on the information that the Board has received, it may determine that:
 - a. there is insufficient evidence to refer an allegation of unprofessional conduct to the SAT and the complaint is dismissed; or
 - b. the Board requires additional information before making a decision. This information may be acquired from the complainant, the veterinary surgeon, other witnesses, expert opinions, or legal advice. Once the Board is in possession of that information the Board may determine there is insufficient evidence to make an allegation of unprofessional conduct; or
 - c. there is sufficient evidence for the Board to refer a charge of unprofessional conduct to the SAT.

Matters Referred to the SAT

All matters referred to the SAT are referred to compulsory mediation or conferences. The Board always has legal representation at these meetings and while it is not obligatory, veterinary surgeons are encouraged to have legal representation.

These meetings are without prejudice which means the matters discussed cannot be raised if the matter is not resolved at the mediation and proceeds to a formal SAT hearing. If the

veterinary surgeon accepts that their conduct has been unprofessional, an appropriate penalty can be negotiated between the veterinary surgeon and the Board subject to approval by the SAT. Penalties can include any of those which could be imposed by a formal hearing and range from a reprimand, or an undertaking not to repeat the conduct which was the cause of the complaint, through to removal from the register (deregistration).

In the event that mediation is unsuccessful the complaint is referred to a formal SAT hearing. The members of the tribunal consist of a legal practitioner, a registered veterinary surgeon who is not a member of the Board, and a member of the public. The Board always has a legal representative and the veterinary surgeon is strongly encouraged to also have legal representation. While not as formal as a court hearing, the tribunal is conducted in a similar fashion. The legal representatives are entitled to call the complainant or other witnesses for questioning, and these people may also be questioned by the members of the tribunal or the veterinary surgeon.

Should the veterinary surgeon be found guilty of unprofessional conduct the following penalties may be imposed:

1. a fine of up to \$1000;
2. a reprimand;
3. a requirement to provide an undertaking to refrain from the conduct which was the subject of the complaint;
4. suspension of the veterinary surgeon from being able to work as a veterinary surgeon for up to 12 months;
5. removal of the veterinary surgeon from the Veterinary Surgeons Register; or
6. conditions may be imposed upon:
 - a. the registration of the veterinary surgeon; or
 - b. the veterinary surgeon's right to practise.

In addition, the SAT may impose an order requiring the payment of costs against the veterinary surgeon to partially or completely cover the Board's legal expenses.

Once the complaint is finalised the complainant is advised by the Board of the outcome. The results of all matters dealt with by the SAT which result in a finding of unprofessional conduct are published on the SAT website.

A veterinary surgeon found guilty of unprofessional conduct may appeal the decision.

Veterinary Surgeon's Response Checklist

This checklist is supplied to assist in preparing a response and the ticked checklist is not required to be returned to the Board, but all of the relevant listed documents are required.

| LIST OF REQUIRED DOCUMENTS TO BE SUPPLIED TO THE BOARD | PROVIDED IN RESPONSE |
|--|--------------------------|
| LETTER OF RESPONSE Matters to be addressed - <ul style="list-style-type: none"> • STATEMENT OF EVENTS (in the form of a statutory declaration) <input type="checkbox"/> • SPECIFIC ISSUES TO BE ADDRESSED <input type="checkbox"/> • OTHER COMMENTS <input type="checkbox"/> | <input type="checkbox"/> |
| CLINICAL RECORDS | <input type="checkbox"/> |
| ADMISSION FORMS | <input type="checkbox"/> |
| CONSENT FORMS | <input type="checkbox"/> |
| RADIOGRAPHS | <input type="checkbox"/> |
| PATHOLOGY REPORTS | <input type="checkbox"/> |
| ANAESTHESIA RECORDS | <input type="checkbox"/> |
| HOSPITAL IN-PATIENT RECORDS | <input type="checkbox"/> |
| STATUTORY DECLARATIONS FROM OTHER RELEVANT WITNESSES | <input type="checkbox"/> |
| OTHER RELEVANT DOCUMENTS/FORMS | <input type="checkbox"/> |
| CONTINUING PROFESSIONAL DEVELOPMENT LOG | <input type="checkbox"/> |

***Important** This Declaration must be made before any of the following persons:-

Academic {post-secondary institution}
Accountant
Architect
Australian Consular Officer
Australian Diplomatic Officer
Bailliff
Bank Manager
Chartered secretary
Chemist
Chiropractor
Company auditor or liquidator
Court officer {Judge, magistrate, registrar or clerk}
Defence Force officer {Commissioned, Warrant or NCO {with 5 years continuous service}}
Dentist
Doctor
Electorate Officer {State – WA only}
Engineer
Industrial organisation secretary
Insurance broker
Justice of the Peace {any State}
Lawyer
Local government CEO or deputy CEO
Local government councillor
Loss adjuster
Marriage Celebrant
Member of Parliament {State or Commonwealth}
Minister of religion
Nurse
Optometrist
Patent Attorney
Physiotherapist
Podiatrist
Police officer
Post Office manager
Psychologist
Public Notary
Public Servant {State or Commonwealth}
Real Estate agent
Settlement agent
Sheriff or deputy Sheriff
Surveyor
Teacher
Tribunal officer
Veterinary surgeon

Or,

Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

FOR INFORMATION: Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing {Schedule 2, item 231 of the Commonwealth Statutory Declarations Regulations 1993}.

IMPORTANT INFORMATION:

AS OF 1 JANUARY 2006 THERE IS NO PROVISION FOR COMMISSIONERS FOR DECLARATIONS IN THE STATE OF WESTERN AUSTRALIA