



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.

For more information, contact:
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Veterinary Surgeons' Board W.A.
Or visit the website:
www.vsbwa.org.au

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If in doubt, please check the website www.vsbwa.org.au
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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 dermatology
Equine medicine	Veterinary diagnostic imaging
Equine surgery	Veterinary epidemiology
Feline medicine	Veterinary microbiology
Laboratory animal medicine	Veterinary neurology
Large animal medicine	Veterinary nutrition
Large animal surgery	Veterinary oncology
Pig management and diseases	Veterinary ophthalmology
Sheep management and diseases	Veterinary parasitology
Small animal medicine	Veterinary pharmacology
Small animal surgery	Veterinary public health and food hygiene
Veterinary anaesthesia	Veterinary reproduction (species)
Veterinary anaesthesia and critical care	Veterinary toxicology
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 (refer to Appendix I).

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.)

5 TRAINEE VETERINARY NURSES

Regulation 66 prescribes the duties and veterinary services which can be performed by authorised trainee veterinary nurses (refer to 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 (refer to 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 (refer to 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 *Medicines and Poisons Act 2014*; 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. Form a preliminary view 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 view, the Board finalises the matter on the basis of its preliminary view.

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 view 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. Form a preliminary view 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 view 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 view, the Board finalises the matter on the basis of its preliminary view.

The Board advises the complainant and the respondent veterinary surgeon of the Board's further view 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 view accordingly.

The Registrar advises the complainant and the veterinary surgeon of the Board's further view 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 formed a view 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 has formed a view 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 a 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.

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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014*, 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 need to contact the Radiological Council for further information.

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 *Medicines and Poisons Act 2014*, 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 NRVR 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 (refer to Appendix II)
- (b) equine dentistry (refer to Appendix II).
- (c) embryo transplantation
- (d) diagnosis of disease
- (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 (refer to 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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014*.

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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014*. A veterinary surgeon who is convicted of an offence under the *Medicines and Poisons Act 2014* 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 refer to 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 *Medicines and Poisons Act 2014* 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.

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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014* 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 *Medicines and Poisons Act 2014*, 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 *Medicines and Poisons Act 2014*. 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 *Medicines and Poisons Act 2014*.

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.

Schedule 8 drug registers

Any person authorised to supply Schedule 8 medicines or Schedule 9 poisons must keep an accurate record of all inward and outward transactions.

These records must be kept in a Register that has been approved by the Department of Health.

Approved registers can be:

1. bound paper documents
2. electronic databases.

More details can be found in the [Guidance Note: Approved Schedule 8 Registers \(Word 381KB\)](#) in relation to:

- which paper Registers are approved, when each should be used and where to buy them
- commercial systems approved for use by health practitioners as an electronic Register.

More information

Medicines and Poisons Regulation Branch

Mailing address: PO Box 8172, Perth Business Centre, WA 6849

Phone: 9222 6883

Email: poisons@health.wa.gov.au

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 Poisons Information Centre 13 11 26 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:

- *Medicines and Poisons Act 2014*
- *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: [Department of Justice](#).

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 9317 2353.

Other useful resources are:

AVA Telephone Counselling Service	9388 9600 – access only for AVA members
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
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 Primary Industries and Regional Development, Agriculture and Food. For further information contact the FOI Coordinator on (08) 9368 3702 or visit their website at [Agriculture and Food](#).

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.

APPENDIX I CODES AND GUIDELINES

[BOARD GUIDELINES TO PROFESSIONAL CONDUCT](#)

[GUIDELINES FOR REGISTRATION AS HONARARY VETERINARY SURGEON](#)

[GUIDELINES FOR LARGE ANIMAL MOBILE VET CLINICS IN WESTERN AUSTRALIA](#)

[GUIDELINES FOR VETERINARY HOUSE CALL SERVICES FOR SMALL OR COMPANION ANIMALS IN WESTERN AUSTRALIA](#)

[GUIDELINES FOR SMALL OR COMPANION ANIMAL VETERINARY MOBILE SURGICAL FACILITIES IN WESTERN AUSTRALIA](#)

[GUIDELINES INCLUDING APPLICATION, FOR THE DESIGN AND EQUIPPING OF VETERINARY HOSPITALS AND VETERINARY CLINICS](#)

[GUIDELINES ON OWNERSHIP AND MICROCHIPPING OF DOGS AND CATS](#)

[GUIDELINES FOR COMPLEMENTARY AND ALTERNATIVE THERAPY](#)

[GUIDELINES ON VETERINARY TELEMEDICINE](#)

[GUIDELINES IN RELATION TO APPLICATION FOR A CORPORATE BODY](#)

[GUIDE FOR REGISTERED VETERINARY SURGEONS TO RESPOND TO AN INVESTIGATION OF A COMPLAINT](#)

GUIDELINES FOR THE USE OF TITLES AND SPECIALIST REGISTRATION – UNDER REVIEW

APPENDIX II AUTHORISED PERSONS UNDER REGULATION 47

[GUIDELINES FOR THE DIRECTION OF AUTHORISED PERSONS](#)

[GUIDELINES AND COMPETENCIES – EQUINE DENTISTRY](#)

[GUIDELINES AND COMPETENCIES – PREGNANCY TESTING BY RECTAL PALPATION](#)

[GUIDELINES AND COMPETENCIES – PREGNANCY TESTING BY ULTRASOUND](#)

[GUIDELINES AND COMPETENCIES – ADMINISTRATION OF SPECIFIED SCHEDULES DRUGS](#)

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.

APPENDIX IV AUSTRALASIAN VETERINARY BOARDS

[Veterinary Practitioners Board of New South Wales](#)

[Veterinary Practitioners Registration Board of Victoria](#)

[ACT Veterinary Surgeons Board](#)

[Veterinary Surgeons Board of Queensland](#)

[Veterinary Board of the NT](#)

[Veterinary Surgeons Board of South Australia](#)

[Veterinary Council of New Zealand](#)