

Background

Veterinarians, as animal health professionals, work in a variety of environments across the Northern Territory (NT). Most work as part of a veterinary practice, offering services that relate to the care and treatment of companion animals. Many provide professional services to the growing Territory primary industries such as cattle production and export, crocodile farming and fisheries, as well as the horse racing industry. There are also a number of government employed veterinarians who deal with animal health and welfare issues for livestock industries.

The treatment and health care of animals has evolved to a point where the professional responsibilities and ethics are of greater significance across the full range of veterinary practice – Tele-medicine, house call, mobile and fixed premises. Examples are, a requirement to administer pain relief, making timely referrals, tele-consultations, obtain second opinions where necessary, the keeping of adequate records of treatment and availability of ongoing care. The community expects all professions to operate with a high level of accountability in a relatively open and transparent manner.

There are livestock industry personnel who are skilled at basic surgical procedures for livestock management. There is Vocational Educational Training (VET) providing educational opportunities for veterinary technical tasks such as veterinary nurses. There will be continued development of VET skills for technical staff such as veterinary nurses, equine dentists etc. Future legislation should be able to accommodate the likely future trends in VET training.

In comparison to other States and Territories the NT is a small jurisdiction by population. Currently there are 286 registered veterinarians in the NT. About 130 registered veterinarians reside and practice principally in the NT. New applications for veterinary registration in the NT average about 50 per year, with about one quarter seeking full registration as they reside and practice locally in the NT. The remaining seek registration as they undertake short term *locums.*

Territory veterinarians practice in both urban and remote/rural settings and currently there are 21 veterinary clinics/hospitals located across the Territory:

**Locations of veterinary practices in the NT**

**Region Practices**

Darwin 15

Katherine 2

Tennant Creek 1

Alice Springs 3

Arnhem 1

Like other professions operating in the NT, veterinarians face the challenges of operating across large distances, often in remote areas where access is restricted to peer, professional and technical assistance.

VETERINARY PRACTICE REGULATION IN THE NT

## Discussion Paper

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# PROPOSAL FOR VETERINARY PRACTICE ACT TO REPLACE THE VETERINARIANS ACT

It is proposed that the *Veterinarians Act* be expanded into a *Veterinary Practice Act* to provide legislation to accommodate current and future development in the provision of veterinary services.The new name will help identify that there has been significant change in the Act.

# REGULATORY REGIME

Veterinary practice in the NT is regulated by the *Veterinarians Act* (the Act) and the Veterinarians Regulations (the Regulations).

The purpose of the Act is described as *“to provide for the registration of veterinarians and veterinary specialists, to regulate the provision of veterinary services and, for related purposes”.*

The Act allows for the formation of the Veterinary Board (“the Board”) and provides the powers for the Board to fulfil its prescribed role, most importantly the regulation of the profession. It also empowers the Board to investigate complaints against veterinarians and others, conduct disciplinary proceedings and enforce compliance with its findings. Veterinarians are therefore accountable to the Board, and are required to practice according to the Code of Conduct in the Regulations and any restrictions or conditions imposed on their registration by the Board. It is proposed to revise the Code. The functions and powers of Board are to promote high standards of professional conduct in the provision of veterinary services in the Territory; including to issue guidelines in relation to standards to be observed by registered veterinarians and veterinary specialists in and in connection with the provision of veterinary services.

## Objectives and scope – suggested changes

Contemporary legislation usually has a statement of the objectives or objects which describe the scope or intent of an Act. The object of the current Act is:

*“An Act to provide for the registration of veterinarians and veterinary specialists, to regulate the provision of veterinary services, and for related purposes:*

This is restrictive as it does not provide information on the scope of the Act nor what it is aiming to achieve and how it should be interpreted. It is proposed to be expanded to include objects such as to:

* ensure standards of veterinary practice meet the public interest, national and international trade requirements
* protect the health, safety and welfare of animals
* protect the public interest in health, safety and animal welfare
* ensure that veterinarians and consumers of veterinary services are well informed about the competencies required of veterinarians
* provide for other related matters.

In addition to the *Veterinarians Act a*nd regulations, the veterinary professional is required to comply with a number of other Commonwealth and NT Acts in relation to professional matters. The Code of Conduct in the *Veterinarians Act* requires veterinarians to have a working knowledge of all the legislation they practice under. This includes being aware of their responsibilities related to prescribing, preparing, administering, storing and supplying poisons, chemicals and drugs (to owners of animals or others) and record keeping. Current legislation is freely available on-line.

Relevant other NT legislation includes:

* *Livestock Act*
* *Medicines, Poisons and Therapeutic Goods Act*
* *Agriculture & Veterinary Chemicals Act*
* *Radiation Protection Act*

## **Questions:**

1. *Can you suggest changes to the objectives of the Act for the regulation of veterinary practice in the Territory?*
2. *Do you think the current veterinarian’s legislation (Act, Regulations including the Code of Conduct and Guidelines) is adequate? If not, indicate possible changes to improve the operation of the legislation.*

# **CONTEMPORARY VETERINARY PRACTICE**

**What is the definition of a veterinary service?**

Veterinary services currently means services which form part of the practice of veterinary surgery or veterinary medicine, and includes:

(a) attendance, examination, the diagnosis of the physiological status of an animal, the diagnosis of disease or injury, the treatment of disease or injury, giving advice on the diagnosis or treatment of disease or injury, the prescribing of medicines and drugs, administering vaccines, and the provision of veterinary certificates; and

(b) a prescribed service, but does not include a service declared by the Regulations not to be a veterinary service.

It is proposed to expand that definition.

It is proposed to expand the definition of the term ‘**registered veterinarian’** to include a veterinary surgeon, veterinary practitioner, veterinarian, vet animal doctor or any derivative of these terms which must not be used by anyone other than a registered veterinarian. The term ‘**veterinary specialist**’ should only be used by a veterinarian registered as a specialist and then only in the field of speciality that they are registered in (clause 25 (2-4) to remain).

The current Act provides information on acts of veterinary science that can be performed by non-veterinarians by exemption. It is proposed that the Act could contain the following information on Restricted and Unrestricted Veterinary Service to clarify the situation.

## **Restricted veterinary services**

It is proposed that Restricted Veterinary Services or formerly known as an ‘act of veterinary science’ or ‘veterinary service’ in the regulations could mean:

* services which form part of the practice of veterinary surgery, and includes attendance, examination
* the diagnosis of the physiological status of an animal
* the diagnosis of disease or injury
* the treatment of disease or injury
* giving advice on the diagnosis or treatment of disease or injur
* performing surgical operations on animals, including castration or spaying an animal unless declared as an unrestricted veterinary service
* administering anaesthetics to animals, including a narcoleptic, analgesic, sedative or tranquiliser; (other than a topical anaesthetic)
* the prescribing of scheduled poisons for use in animals, administering vaccines,
* and the provision of veterinary certificates.

No person other than a person who is a registered veterinary surgeon or an authorised government livestock biosecurity officer shall sign any certificate or other document prescribed by or under any Act which requires the signature of a veterinary surgeon or veterinary officer in respect of the freedom from disease of any animal or animal product.

In addition to the above, the following should also only be performed by registered veterinary surgeons.

* Stomach tubing - oesophageal intubation of horses
* Artificial insemination of horses
* Sampling for disease or residue – production animals
* Pregnancy testing of horses by rectal examination
* Laparoscopic insemination
* General anaesthesia
* The carrying out of any treatment, procedure or test that involves the insertion of anything in the nasal passage, nasal sinuses, thoracic cavity, abdominal cavity, pelvic cavity, cranial cavity, spinal cavity, tooth alveolar cavity, eye, orbital cavity tympanic cavity, joint spaces or any other synovial cavity of any animal
* The performing of any dental procedure on any animal other than manual rasping on a horse performed by a person with an appropriate Certificate IV training
* The performing on a horse of any dental procedure that involves making an incision through the skin or oral mucosa or extracting a tooth by repulsion or entry below the gum line or any other activity to maintain or restore correct dental function
* Use of a power tool to carry out a procedure to manage or restore correct dental function in a horse
* Micro chipping of horses
* Carrying out artificial breeding services unless declared as a unrestricted veterinary service.

Exemptions are as follows as per the current Section 7 regulations:-

* treatment of an animal by a person who has the right to practice under the Health Practitioners Regulation National Law in medicine, dentistry, chiropractic or physiotherapy if a registered veterinarian has examined the animal before the treatment is undertaken and the treatment is carried out under the direct supervision of a registered veterinarian
* administration of a vaccine or drug other than an anaesthetic in Schedule 4 of the *Medicines, Poisons and Therapeutic Goods Act* by a person to an animal where a registered veterinarian has made enquiries about the animal and decided that the vaccine or drug is required to be administered; is satisfied that the person is competent to do so and supplied or prescribed the drugs and given full directions with respect to its administration.
* anything done by an inspector within the meaning of the *Livestock Act* at the direction of the Chief Inspector of Livestock in the exercise of the power conferred by that Act
* provision of a veterinary service in an emergency when a registered veterinarian is not reasonably available.
* veterinarians who are employed in public service positions within a government department where the position requires the employee to hold a veterinary degree or where they are certifying freedom from disease should be required to be registered.

For animal welfare and practicality reasons there are some areas that may be exempt from the above. The principle of protection of the animal should be the cornerstone of any exemptions. These exemptions can be grouped in specific areas:

* species specific
* research – laws presently vary in different states, as to what should only be performed by a veterinarian or what needed direct veterinary supervision.
* husbandry
* student
* veterinary technician.

## **Unrestricted veterinary services**

Unrestricted Veterinary Services as they exist in the current Section 6 regulations by exemption:-

* dehorning cattle or buffalo less than 12 months old
* castration of cattle, buffaloes and camels that are less than 12 months old
* castration of goats and sheep that are less than six months old
* tailing of lambs less than six months old
* mulesing of sheep
* vaccinating animals kept for primary production with a registered veterinary product according to the label directions
* implanting registered hormonal growth hormones in cattle
* pregnancy testing of cattle or buffaloes by rectal examination
* treatment of internal and external parasites except by naso-gastric intubation
* spaying cattle by the Willis Dropped Ovary Technique with the written approval of the Chief Inspector of Livestock under the *Animal Welfare Act*
* non-surgical artificial insemination in cattle, sheep, goats, horses and pigs
* cleaning and rasping the teeth of horses with a manual tooth rasp
* removing a loose tooth or deciduous tooth cap from a horse
* micro chipping of companion animals by persons who hold a current certificate.

These activities are generally consistent with the welfare standards in the Australian Animal Welfare standards and guidelines for cattle and sheep and the industry welfare standards (non-mandated) for buffalo, horses and goats. A particular issue exists for the castration of horses which is generally considered to be no longer permitted without effective analgesia. The requirement for pre and post-operative analgesia in this species effectively means that the procedure will become an act of veterinary service due to the drugs required and their delivery. A similar situation exists with spaying of cattle by the flank approach[[1]](#footnote-1), but pain relief can be delivered by an injection or oral dose of meloxicam under veterinary prescription.

Unrestricted veterinary services will be able to be conducted by owners of animals and other members of the public.

The Department of Primary Industry and Resources administers a scheme to recognise lay manual pregnancy testers of cattle and Willis dropped ovary technique of cattle spaying. This function is not under control of the Vet Board. It is proposed to include the ability to register veterinary technicians to conduct some prescribed restricted veterinary services by non-graduate trained and competency assessed personnel. Cost recovery would apply. Compliance with other legislation such as the use of veterinary drugs is regulated independently. The use of sedatives and other restricted veterinary medicines are managed under the Agricultural and *Veterinary Chemicals (Control of Use) Act* and the *Medicines, Poisons and Therapeutic Goods Act*. Currently there are no other technician’s schemes available.

A particular issue is the extensive comment provided on the provision of equine dentistry services. There was argument by some veterinarians that only veterinarians should conduct any equine dentistry tasks. The Australian Veterinary Association Policy 7.2 states “that all dental procedures on horses and related species should be performed only by registered veterinarians and that sedation is required for effective examination and treatment”. There was argument by equine dentists the equine dentists should be able to provide world best practice including the use of sedatives and surgery. It is accepted that other than very basic dentistry tasks, sedation is essential for effective diagnosis and treatment. It is proposed to define manual rasping and removal of ‘milk’ teeth as unrestricted veterinary services. All other equine dentistry tasks are restricted veterinary services to be provided by registered veterinarians or registered veterinary technicians authorised to conduct specified tasks.

Graduate veterinarians have a very broad training in livestock and other animals. Further consideration is required on the most appropriate registration and ongoing professional standards and skills required for veterinarians providing non-clinical veterinary services. An example is government vets who make a field or laboratory based diagnosis and conduct disease control programs who do not treat animals or conduct surgery in their job. Autopsies, clinical examination and sample collection are done with an interpretation of the results to make a diagnosis. It is possible for limited primary registration to apply to such individuals.

The proposed regime represents a low change scenario.

## Questions

*3. Does the proposal provide greater clarity to what is permitted? What would you consider as restricted and unrestricted veterinary service?*

*4 Should horse castration (at any age) be a restricted veterinary service?*

*5. Do you have any comments on the proposed registration of veterinary technicians?*

*6. Do you have any comments on the appropriate registration of veterinarians conducting non-clinical veterinary services?*

# FUNCTIONS OF THE BOARD

All Veterinary Boards act as a peer review system, where professional standards can be addressed and improved, and registration of veterinarians controlled.

The Board is a body corporate under the Act and is responsible for administering the legislation and providing guidance for veterinary practice in the NT. The current Act provides the legislative framework for its operation and powers and outlines its function and responsibilities. These include:

* promoting high standards of professional conduct in the provision of veterinary services in the Territory.
* processing applications for the registration of veterinarians or veterinary specialists
* investigating professional misconduct of veterinarians
* investigating offences against the Act and the prosecution of offences
* applying disciplinary measures
* issuing guidelines on standards to be observed in providing veterinary services
* making the public aware of its existence and its functions
* providing advice where requested on matters relating to the professional conduct of a registered veterinarian or veterinary specialist or the provision of veterinary services.

A suggestion to change the functions of the Board is to:

* register veterinary practitioners and veterinary specialists
* investigate the professional conduct or fitness to practise of registered veterinary practitioners and impose sanctions where necessary
* investigate allegations of professional misconduct by registered veterinarians
* facilitate mediation between a veterinarian and complainant where appropriate
* investigate suspected offences against *Veterinary Practice Act* and to prosecute such offences, including persons not registered with the Board who engage in acts of veterinary science
* investigate and regulate the performance of ‘acts of veterinary science’
* issue guidelines about appropriate standards of veterinary practice and veterinary facilities
* arrange, where it thinks necessary, for the inspection of veterinary facilities
* promote high standards of professional conduct in the provision of veterinary services
* prepare or endorse guidelines on continuing education for veterinary surgeons
* to prepare or endorse a Code of Conduct and professional standards for veterinary surgeons
* provide advice to the Minister and government with respect to any matters in connection with the administration of this Act and in relation to veterinary services and any other information reasonably required by the Minister.

It is not proposed to change any other aspect of Board operation.

## Questions

1. *Do you support the Board continuing to perform all the functions currently listed in the proposed? What would you add or remove?*

# VETERINARY REGISTRATION – NATIONAL RECOGNITION OF VETERINARY REGISTRATION (NRVR)

Veterinarians are required to maintain primary registration in the State or Territory that is their principal place of residence (in Victoria, this is based on the electoral roll). Under NRVR, a veterinarian who is registered in one State will be “deemed” to be registered in all other States and Territories in Australia and legally entitled to practise within the provisions of the legislation of each jurisdiction without the need to lodge any form of notice or application for registration. NT and WA are the only jurisdictions that currently require secondary registration (a free process but a letter of good standing is required in the NT).

There is a number of unresolved issues with national registration:

* There is no effective, national veterinary registration coordination system, de-registration in the State of primary registration will mean de-registration in all States and Territories, and it is implicit that the controlling jurisdiction provides advice of deregistration to other Boards. Where registration has lapsed in the jurisdiction of primary registration, the veterinarian will no longer be registered in any State or Territory. The onus is on the veterinarian to ensure currency.
* Supervision of limited registration will be difficult without a requirement to advise a secondary Board. The NT will retain this secondary process with a letter of good standing requirement and the ability to further register a veterinarian with conditions to avoid any legal jurisdiction issues.
* Action regarding investigation of complaints and disciplinary action will occur in the jurisdiction where the alleged incident occurred.
* The basis for registration will be based on the electoral roll process. You are eligible to enrol for your new address if you have lived there for at least one month.

When veterinarians re-locate to a different State or Territory, they must advise the Veterinary Board with which they hold primary registration before the due date for renewal of their registration and lodge an application for primary registration with the Veterinary Board in the new jurisdiction (either under the relevant State/Territory *Veterinary Registration Act* or the *Mutual Recognition Act).*

In summary, the agreed model for NRVR provides for veterinarians to have an automatic right to practise in all jurisdictions in Australia provided they maintain registration in their principal place of residence and comply with the relevant local laws in whichever jurisdiction they practise in. The NT Board will continue to offer limited registration in the NT for persons who do not fulfil all the requirements of registration.

It is proposed to adopt the NRVR system in principal and not abolish secondary registration. No other changes to Part 3 Registration of Veterinarians is proposed.

## **Question**

8. Do you have any suggestions on NRVR?

# CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

## Standards for registration as a veterinarian and continuing professional development for re-registration.

The standard for registration as a veterinarian is managed nationally by the Australasian Veterinary Board Council (AVBC). The AVBC assesses Australian and other universities on meeting the standards for graduates to be registered as a veterinarian in Australia. The AVBC publishes the list of approved universities with the list adopted by the NT legislation. Graduates from other universities may be registered by passing an examination – the National Veterinary Examination which is also approved by the AVBC.

Demonstrated ongoing continuing professional development (CPD) is mandatory for re-registration in a number of states with a trend for all jurisdictions to require CPD for re-registration. The current NT legislation does not mandate this requirement. There were differing views expressed by respondents to a discussion paper in 2012. There was general agreement the CPD was necessary to maintain contemporary professional skills and that records of CPD should be kept. There were differing views on mandatory CPD for re-registration.

The jurisdictions with mandatory CPD for re-registration support the Australian Veterinary Association CPD scheme which requires a minimum of 20 points annually or a minimum of 60 points over three years of which 15 must be structured points. The points allocated comprises structured points such as assessed courses, workshops and publications, unstructured points such as unassessed courses, reading and mentoring and self-validating points such as small group learning. Validation to support the CPD claim is required. Twenty to forty hours annually would be required which is considered to be acceptable. There is a concern with the availability of relevant CPD for veterinarians providing a limited range of clinical services or veterinarians working in non-clinical practice. It is likely that there are concerns on how the assessment of inadequate CPD would be managed by the Veterinary Board.

Examples are private vets working within a narrow area at a particular industry e.g. cattle, crocodile farming or providing a narrow range of services e.g. reproductive services to the cattle industry. Similarly, government veterinarians do make a diagnosis with direct or indirect involvement in field or make a laboratory diagnosis based on a number of laboratory test results. These veterinarians do not practice the traditional clinical services for diagnosis and treatment including surgery. Continuing education is necessary with training targeted to the job. There may be limited structured training opportunities available. Attendance at an irrelevant conference should not be mandated to maintain registration.

At least one jurisdiction will create an offence of unsatisfactory professional conduct for non-compliance with ongoing CPD with CPD being mandatory for re-registration.

The Board may test compliance by requesting that a small percentage of veterinarians annually show proof of CPD, including any subject to a complaint.

## **CPD return to work proposed**

CPD should be mandated for all registered veterinarians. The minimum requirement should be 60 points over a consecutive three year period of which, at least 15 points must be structured points. The remaining 45 points may be unstructured points or more structured points.

The CPD points system should be the same as the current AVA’s VetEd points table. If there were any change in the amount of CPD or allocation of points this should be agreed to through the AVBC.

There should be consistent requirements of currency, CPD and evidence of competency for those returning to practice after a prolonged absence. For those moving to another area of veterinary practice – this may be difficult to enforce other than retrospectively.

## Questions

*9. Do you support ongoing CPD for re-registration for veterinarians as described?*

*10 How should a veterinarian not working in traditional clinical practice be assessed for compliance with CPD for re-registration?*

# **ABILITY OF A VETERINARIAN TO PRACTICE**

The Board has relatively limited powers to ensure that a veterinarian is fit to practice. In other jurisdictions, similar statutory Boards are provided with the authority to require a veterinarian to undergo an examination by a health professional, and a report be supplied to the Board.

It would be useful for the Board in the NT to have the authority to ascertain whether a veterinarian is medically fit to continue to practice. The Act currently allows some flexibility as the Board can impose conditions on registration which could accommodate a person’s ability while regaining health or undergoing agreed rehabilitation.

The AVA has provided the following information which they would like to see contained within the Act:

A veterinarian should be considered to suffer from **impairment** if the person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person’s capacity to practise veterinary science, cause potential endangerment of public health and the veterinarian’s own health. Habitual drunkenness or addictions to a deleterious drug are also considered to be a physical or mental disorder.

The power to require medical examination by a medical professional determined by the Board when there is a complaint or evidence that a veterinarian may be impaired should be in place. The Board should be able to place conditions or suspend a veterinarian in the case where an animal’s health, safety or welfare is endangered.

The Board should only remove the right to practice where it is clearly evident that patient care or safety is endangered. Where the impairment is due to substance abuse, alongside or instead of any restrictions the Board should establish an impaired veterinarian program similar to that available to the medical profession. This impaired veterinarian program should be consistently applied by rule and include a program of care, counselling, or treatment for impaired registered veterinarians.

The program of care, counselling, or treatment shall include a written schedule of organised treatment, care, counselling, activities, or education satisfactory to the Board, designed for the purposes of restoring an impaired person to a condition whereby the impaired person can practice with reasonable skill and safety of a sufficient degree to deliver competent patient care.

In the case of controlling access to scheduled 8 drugs available within the workplace, it may be necessary to inform other staff members if the veterinarian is to return to the workplace and this should be part of the agreed program of rehabilitation.

The Act must include a clause to ensure privacy of medical reports relating to impaired veterinarians.

## Question

1. *Do you support the Board’s need to require a veterinarian to have a medical or physical assessment at any time to maintain registration?*

# ANNUAL FEE

Currently the Veterinary Board registrations are from 1 January to 31 December each year. All other states and territories renewals are financial year 1 July to 30 June.

It is proposed to change the registration system to financial year with the option for a six month or 18 month payment to commence the new arrangement.

It is proposed to moderately increase the annual fee in line with other jurisdictions.

It is proposed to require proof of residency (Australian Electoral roll) or other substantiation of intention for registration.

**Current rates in other States/Territories as at May 2017**

|  | **NT current rates** | **SA** | **WA** | **VIC** | **TAS** | **QLD** | **NSW** | **ACT** | **NT new rates** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Primary Registration | 172 | 820 | 535 | 510 | 504 | 240.15 | 420 | 408 | **390** |
| Annual Renewal | 115 | 640 | 410 | 360 | 384 | 165.15 | 290 | 290 | **290** |
| New Specialist Registration | 333 | 510 | 265 | 760 | 200 | 304.65 | 250 | 703 | **400** |
| Specialist Renewal | 287 | 910 | 490 | 610 | 384 | 330.30 | 290 | 552 | **330** |
| Restoration to register | Nil | 210 | 125 | 510 | 504 | 195.55 | 290 | 424 | **150** |
| Financial Year or Calendar Year | Cal | Cal | Cal | Fin | Fin | Fin | Fin | Fin |  |
| Letter of Good Standing |  | 160 | 50 |  | 50 |  |  | 47 | **50** |
| Late renewal fee |  | 210 | Nil |  | 70 | Nil |  |  | **60** |

## Questions

1. *Is there any reason not to change renewal of registrations from the current 1 January to 31 December to a financial year 1 July to 30 June?*
2. *Should a late fee be charged for late payment of fees?*

# COMPLAINT HANDLING

The Act requires the Board to investigate complaints that are lodged about the professional service of a veterinarian where it is alleged that he or she:

* is guilty of misconduct
* has habitual drunkenness or drug addiction
* has committed offences under specified NT Legislation
* made false or misleading statements in connection with an application for Registration
* is not correctly registered to practice or provide certain services.

Misconduct includes:

* being guilty of improper or unethical conduct, or is incompetent (unable or
* fails to uphold contemporary professional standards) or negligent in or in
* connection with provision of a veterinary service
* contravenes or fails to comply with the Act, the Code of Conduct, or a
* condition of registration
* uses or presents a qualification relating to competence to provide a service that is not shown on the Veterinary Register.

The Board has the power to generate an investigation on its own behalf without receiving a complaint and typically the first response by the person subject to the matter is in writing. This is in addition to the legislation stating that any person may lodge a complaint. This is necessary to ensure that veterinarians comply with and uphold the standards of the profession.

One jurisdiction has an additional power to conduct informal proceedings. This is an informal hearing where the veterinarian subject to complaint is asked to appear before the Board so that it can decide whether the matter should go to a hearing, or be dealt with in other ways. This introduces some flexibility into complaint management.

Also, the Board can investigate suspect offences under the Act and prosecute those offences in Court. These powers have not been used, largely because there has been found to be no need in the past. However, the Board now needs to use its powers as inspectors, find the resources and expertise to investigate people other than veterinarians, collect evidence and prepare prosecution briefs. Updated legislative provisions would assist the Board with this process.

## What can be investigated

The definition of a “veterinary service” in the Act includes all attendance; examination and diagnosis of the physiological status of animals. This definition may place a number of practitioners who are not veterinarians, but who attend and treat animals, in conflict with the provisions of the Act (e.g. canine chiropractors or equine dentists).

In New South Wales (NSW), this problem has been resolved by having the legislation cover the usual registration and investigations, but with an additional focus on veterinary *practices* or *services* rather than just *veterinarians*. This is achieved by including clear definitions of what services may be carried out on an animal only by a veterinarian, and what may be carried out by other people and not subject to the legislation. The legislation also has clear and specified accountability in corporate veterinary hospitals and practices. The Veterinary Board in NSW has the power to summons any person who carries out a “veterinarian only” service on an animal to appear before it, regardless of their profession or qualifications. Since the legislation was introduced and associated regulations updated, there has been a significant reduction in the number of complaints received by their Board.

A clearer statement of what is considered to be standard veterinary practice would make it easier for the Board to determine if it needs to conduct an investigation. Any complaint that falls outside provisions of the Act must be pursued through other systems such as the Small Claims Court or through Consumer Affairs.

## **Investigation of complaints**

The powers of the Board are broad, similar to other jurisdictions. An example is “*power to do all things necessary or convenient to be done for or in conjunction with the performance if its functions or the exercise of its powers”.* Investigations can be carried out by inspectors. Note that Board members are inspectors under the provisions of the Act, or they may appoint investigators to act on their behalf. Inspectors can enter premises at reasonable times, and search and seize evidence. The Board has not needed to use the powers of inspectors to date, but this is likely to change. Similar to other professional bodies that investigate the professional conduct of its members (e.g. health practitioners, police etc), the person being investigated is compelled to answer the questions put to them by the Board. All other Australian jurisdictions have similar processes to gather information and evidence under veterinary legislation, and several require a search warrant to enter premises.

All Australian Veterinary Boards can require veterinarians to make a written submission or attend hearings to answer questions from the Board. In practice, this is how the Board investigates complaints rather than using powers of investigators.

When investigating, the Board generally asks the veterinarian concerned to produce the relevant case records. As there are no clearly stated minimum standards, the quality of records varies between practices, and they can be incomplete or have insufficient detail. Some jurisdictions give clear direction in either the Code of Conduct or legislation on the minimum amount of information that must be included in case notes. It would be useful if the Board could require a veterinarian (or other animal health practitioner) to produce particular notes irrespective of whether the owner agrees to release them or not. These powers would provide clarity for the Board in instances where a complaint is lodged by a person other than the owner of an animal, when a practitioner or person other than a veterinarian is being investigated, and when the Board initiates a complaint.

There is a legislated process for complaints investigations in the NT. A flow chart of the processes required by the Act can be seen in figure 1. Note that the procedures are inconsistent; timeframes vary with the type of complaint and the difference stages of an investigation. The number of days allowed for service of various notices, submissions, hearing dates, results and findings also vary. These inconsistencies have been identified by the Board as something that needs updating to be a consistent and logical process.

## Questions

1. *Complaints can be made in five categories under the current Act. Are these adequate or is there a need for expanding the criteria?*
2. *What activities would you include as being covered in the definition of “misconduct”?*
3. *Nominate the types of conditions or standards that should be in the Code of Conduct?*
4. *Are there any services that you would shift from or to veterinarian only? Please refer to Appendix 1.*

## **Appeals and Review**

Under the Act, a veterinarian can appeal a decision of the Board in the local or civil arm of the Magistrate’s Court. The court has flexibility under the *NT Local Court Act* and Rules to hear the appeal under any rules or practices it or the Chief Magistrate deems appropriate. Only the veterinarian concerned may appeal any decision of the Board in the Local Court. The complainant has no recourse to appeal Board decisions under the Act.

At a higher level than Boards, tribunals can either be specifically constituted to hear or review complaints, or associated with the local court system. In other Australian jurisdictions, a tribunal reviews or investigates matters referred to it by the Boards of a number of professions or vocations. This system is well established and it is a streamlined way of ensuring a consistency high level of accountability and decision making across all professions without going to the Court system. Tribunals are used by professions such as veterinarians, medical doctors, architects, surveyors, nurses and others. Examples are the NSW Administrative Decisions Tribunal, the Victorian Civil and Administrative Tribunal, the Western Australian State Administrative Tribunal and the NT Health Professional Review Tribunal. The NT does not have any equivalent to an administrative tribunal, but an association with the Health Professional Review Tribunal could be considered.

Veterinary tribunals generally have at least two representatives of the profession to provide expert advice to the chair or magistrate. In South Australia and Queensland, tribunals are formed under veterinary legislation to hear serious complaints. Tribunals may be run informally, with flexible rules about the admissibility of evidence. Decisions of the Boards and tribunal actions in other Australian jurisdictions may be appealed against at the Supreme Court.

The Local Court in the NT conducts a number of tribunals (e.g. Land, Planning and Mining Tribunal, Mental Health Review Tribunal) and can hear appeals. A tribunal to hear veterinary matters in addition to appeals could be considered. It could be associated with the Court, or separately constituted.

**Figure 1. Summary of the complaints and investigation processes in the current *Veterinarians Act*.**

Notice of determination and certification of registration served (if suspended) on person investigated Notice also served on complaint *Within 28 days of completion of investigation*

Findings in writing and certification of registration served on the person investigated and the complainant *Within 28 days of completion Disciplinary action reasons conditions costs fine compensation specified*

Hearing *Refer to procedure S32*

Investigated person *may* require a hearing – *by written request – no time limit specified*

Notice of Hearing served on person being investigated *S26 & S30 Specify time and place hearing to be not less than 14 days from service Entitlement described*

Notice of hearing served on complaint *S26 Entitlement described* Investigation by Board

Reprimand or caution

*Prima facie* evidence *S26* OR Board determine to go to hearing*S30*

Complaint dismissed

Board initiated investigation of a registered veterinarian *S30. No time specified*

Complaint of misconduct against formerly registered veterinarian *S27. Made within 6 months of the grounds*

Notice of investigation served *Copy to completion date to be specified, not earlier than 28 days from service of notice. Advise vet has right to make submission to Board by a specified date not less than 7 days from service of notice. Notice of suspension may be served as part of notice of investigation or separately*

Board initiated investigation of a previously registered veterinarian *S30. Misconduct within 2 years of date of service of intention to investigate*

Complaint against registered veterinarian *S26. Made within 2 years of the grounds*

Offence committed or suspected under the Act

Option for Vet to appeal the *decision* in Local Court

Prosecution of offence under the Act in Magistrate Court

Investigation by Board

## Communication and mediation

Under the Act, there are no provisions for the Board to direct or to allow for mediation to resolve complaints or disputes. Mediation is a well-accepted element in managing complaints in veterinary and health legislation in other jurisdictions when both parties agree to it.

The WA Veterinary Surgeons Board recommends mediation wherever possible, noting their Annual report; that many of the complaints it receives are the result of poor communication. Consumer Affairs in the NT will not accept a complaint until the complainant has attempted to resolve the issue with a verbal or written approach. It is appreciated that mediation is not suitable in all cases (e.g. alleged negligence of a serious nature) however a significant number of complaints could be resolved this way if it was considered appropriate by the Board.

While not referred to in the principal legislation, easy access to information and complaint processes is desirable in organisations. This is an element in the Australian Standard for complaint handling and material published by the NT Ombudsman and it could be incorporated into sub-legislation or regulations in some form.

## ***Questions***

1. *How could the current complaint handling process can be improved?*
2. *Do you think a Tribunal system should be considered to hear serious complaints?*
3. *Should the complainant (as well as the person being investigated) have the right to appeal a decision of the Board?*
4. *Should the complainant be protected from liability when lodging a complaint? (As in the Health Practitioners Act?)*
5. *Should the Board be empowered to direct mediation?*

# COMPLIANCE

## Disciplinary provisions

The Board has the power to discipline veterinarians in a number of ways. Examples are:

* Issue a notice of reprimand or caution, with reasons for the decision.
* Impose or vary conditions of registration.
* Specify a date, before which no application for registration can be made.
* Cancel registration, or suspend registration for up to five years.
* Issue a fine to be paid to the Board, less than or equal to 200 penalty units.
* Require a veterinarian to pay compensation and/or costs to a complainant, costs to the Board.

Other provisions to consider including requiring a veterinarian to:

* work under the supervision of another veterinarian for a specified time
* undertake specified educational courses
* report on his/her veterinary practice to a certain person at certain times
* seek and take advice on the management of his/her veterinary practice
* receive an infringement notice (fine) for some categories of offences as defined by the Regulations (none yet).

## **Powers of compliance under the Act**

The Board can impose fines and the Local Court may direct a registered veterinarian to pay a fine to the Board. Monetary penalties are set for failing to comply with the provisions of the Act, starting with up to 20 penalty units for not keeping addresses up to date to 500 units for providing veterinary services when unregistered or outside the scope of a limited registration. A unit is currently valued at $154 under the *Penalty Units Act 2017*. Other offences where compliance is expected are:

* failure to pay the prescribed annual fee for registration
* failure by the veterinarian or veterinary specialist to display the certificate of registration conspicuously at the principal place where services are provided
* failure to deliver the registration certificate to the Registrar when required
* failure to advise the Registrar of changes of name or place of veterinary practice
* failure to comply with written notice to appear before the Board to give evidence or produce documents and records
* refusal to answer questions from the Board without reasonable excuse
* resisting or obstructing inspectors, personating an inspector
* make false or misleading statements in an advertisement or notice about veterinary services provided
* failure to notify Board of civil claims
* breach of confidentiality.

## ***Questions***

1. *Are the current penalties considered effective or are there additional powers that could be included in the Act to aid compliance? If so, are you able to nominate or suggest additional penalties?*
2. *Are there offences that would be better dealt with using an infringement notice?*
3. *Is there an alternative way to regulate veterinarians in the NT? Please provide details.*
4. *Are the disciplinary provisions sufficient to enable the Board to fulfil its obligations to the profession and the community in general?*
5. *Do you have any other comments or suggestions for improvements to the regulation of veterinary practices?*
6. *Is the current Veterinarians Act adequate? If not, what do you suggest could be changed?*

# The VETERINARY CLIENT PATIENT RELATIONSHIP (VCPR) and DRUG **PRESCRIBING**

A veterinarian may only practice in the NT within the context of a veterinarian-client-patient relationship (VCPR). The VCPR is fundamental to professional practice and cannot be established solely by telephonic or other electronic means. It is proposed to insert the definition below into the Code and or a guideline.

It is proposed to define a VCPR when all of the following requirements are met:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are maintained. A patient may include a group of animals.

Source: *AVMA Model Veterinary Practice Act*

Remote (mail order) drug supply is an issue in the NT. The intention is to strengthen the accountability by veterinarians for this activity which is a feature of our lightly populated jurisdiction. A new clause has been suggested to appear under the Act. There is a clause under the Code of Conduct (22 Supply of Restricted Substances). The text below has more details than that contained in the Code of Conduct.

A veterinarian is required to follow all legislation relating to prescription of scheduled drugs. Any veterinarian found guilty of an offence under this legislation should be found guilty of unprofessional conduct or misconduct.

It is proposed that:

*A veterinarian should only supply prescription or scheduled substances for animals under their care* *where there is a Veterinary Client Patient Relationship.*

*For an animal/herd to be under a veterinarian’s care:*

* *the veterinary surgeon must have been given responsibility for the health of the animal or herd by the owner or the owner’s agent;*
* *this responsibility must be real and not nominal;*
* *the animal or herd must have been seen immediately before prescription; or recently enough or often enough for the veterinarian to have personal knowledge of the condition of the animal or current health status of the herd or flock to make a diagnosis and prescribe; and*
* *the veterinarian must maintain clinical records of that herd/flock/individual.*

*A veterinarian who supplies or prescribes a scheduled drug must make a clinical record of the supply or prescription including:*

* *the name and address of the owner of the animal; and*
* *sufficient details to identify the animal; and*
* *the clinical history of the animal including the results of any examination of, or diagnostic tests carried out on, the animal; and*
* *the name of the drug; and*
* *the quantity of the poison supplied or prescribed.*

## Questions

1. *Do you consider it necessary to include the new clauses in the Act or in the Code of Conduct?*

# REMOTE CONSULTING (TELE-MEDICINE)

Consultation and advice provision is now possible with modern communications tools whilst clients and patients are remotely located from the veterinarian. The NT has many remote localities and definition of remote consulting practice is now necessary to meet the objectives of the Act. The intention is to strengthen the accountability by veterinarians for this activity which is a feature of our lightly populated jurisdiction. Tele-medicine shall refer to all forms of non-contact consultation.

It is proposed; *tele-medicine shall only be conducted within an existing Veterinary Client Patient Relationship, with the exception for advice given in an emergency care situation (tele-triage) until that patient can be seen by or transported to a veterinarian*.

The veterinarian who establishes the VCPR is responsible for and has the liability to manage the case and must have a primary registration. Any consultant who is giving advice to the veterinarian of VCPR also has to be registered. Communication to the client must go through or be controlled by the veterinarian who has established the VCPR.

With the exception of tele-triage, including poison control services, a veterinarian may not practice remote consulting including telemedicine when the intent is to diagnose and/or treat a patient in the absence of a VCPR.

Without a VCPR, telemedicine should not be practiced, and any advice given should remain in general terms, not specific to an individual animal, diagnosis, treatment etc. Thus, non-client electronic communication should be in the non-client realms of web content and other messaging.

The veterinarian must exercise professional discretion in the context of advising the need for a veterinarian to physically assess an animal and the extent to which the client might be requested to undertake actions with the animal which could be considered to be an act of veterinary science. To this end the veterinarian must provide a suitable veterinary premises or have access to a suitable veterinary premises for consultation and surgery.

The credentials of all advice givers as well as disclaimers on all tele-health and tele-medicine resources need to be prominent so as not to mislead readers or users.

The Veterinary Board advocates for continued allowance of tele-consultation between veterinarians of VCPR and consultants, that it is the professional discretion of veterinarians to consult with specialists or other consultants and that consultants should not be required to hold an active veterinary medical license in the state from which the veterinarians of the VCPR practices.

The legal accountability and recourse for tele-medicine should be at both places – the state in which the patient is located and the state in which the veterinarian is located. It is recommended the following definitions for legal accountability of practicing veterinary medicine: the legal accountability, liability and responsibility of practicing veterinary medicine are in the state(s) where the veterinarian has a registration to practice and has an established VCPR with the client.

## Questions

1. *Do you consider it necessary to include the new clause on telemedicine in the Act? and are all relevant aspects covered?*

# ABANDONED/STRAY ANIMALS

It has been suggested that a new clause be placed in the Act in regards to stray or abandoned animals. The following is a draft new clause.

Any animal placed in the custody of a registered veterinarian for treatment, boarding or other care, which is not retrieved by the client within fourteen calendar days after written notice is sent by certified mail, registered mail, postage pre-paid return receipt request or courier with confirmation of receipt to the client at the client’s last known address shall be deemed to be abandoned.

The veterinarian needs to inform the owner in writing when they leave the animal that this will be the case. Such abandoned animal may be turned over to a humane society or animal shelter, adopted or otherwise disposed of by the registered veterinarian. If notice is sent, after 14 days, the registered veterinarian responsible for such abandoned animal is relieved of any further liability for disposal. If a registered veterinarian follows the procedures of this clause, the veterinarian shall not be subject to disciplinary action under this Act, unless such registered veterinarian fails to provide the proper notification to the client.

If in the case of stray animals being presented to a veterinary practice the registered veterinarian should endeavour to place notices in appropriate areas to seek the animals’ owner. If no such owner comes forward after fourteen days of the notices being posted such abandoned/stray animal may be turned over to a humane society or animal shelter, adopted or otherwise disposed of by the registered veterinarian. If notice is provided, the registered veterinarian responsible for such abandoned animal is relieved of any further liability for disposal***.***

## Question

*31 Do you have any suggestions for the above proposed new clause?*

# REVISED CODE OF CONDUCT FOR VETERINARIANS

The current NT Code of Conduct is defined in Schedule 2 of the Regulations but may not be sufficiently specific in places to provide guidance to registered veterinarians. A revised code is presented below.

The NSW Code of Conduct has been used as the basis for the revised document as it is easy to read and provides more detail. Some aspects of the NT Code and the Australian Veterinary Association, not included in the NSW Code of Conduct, have been added.

If the registration of veterinary technicians is adopted in the proposed *Veterinary Practice Act*, a Code of Conduct for registered veterinary technicians will also need to be developed.

## Questions

*32 Do you have any comments on the revised code of conduct for veterinarians?*

1. *What is your view on a code of conduct for registered veterinary technicians?*

***Revised Veterinarian Code of Professional Conduct***

1. BASIC PRINCIPLES OF PROFESSIONAL CONDUCT

*The basic principles of professional conduct for a veterinarian are:*

*(a) to recommend appropriate preventive measures and provide suitable management and treatment for diseases conditions. Although actions may be influenced by consideration of client’s commercial, financial, emotional or other circumstances a veterinarian should not condone animal suffering or be a party to it.*

*(b) be familiar with and abide by all relevant legislation affecting their professional activity and behaviour.*

*(c) a primary concern for the welfare of animals, and*

*(d) the maintenance of professional standards to the standard expected by:*

*(i) other veterinarians, and*

*(ii) users of veterinary services, and*

*(iii) the public.*

1. VETERINARY CLIENT PATIENT RELATIONSHIP (VCPR)

A veterinarian may only practice in the NT within the context of a veterinarian-client-patient relationship (VCPR). The VCPR is fundamental to professional practice and cannot be established solely by telephonic or other electronic means. It is proposed to insert the definition below into the Code and or a guideline.

It is proposed to define a VCPR when all of the following requirements are met:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.

***3 WELFARE OF ANIMALS MUST BE CONSIDERED***

*A veterinarian must at all times consider the welfare of animals when practising veterinary science. A veterinarian should handle animals with a minimum of stress and a maximum of care and encourage people to handle animals as gently and safely as circumstances allow. Pain relief should be used when appropriate.*

***4. NO REFUSAL OF PAIN RELIEF***

*(1) A veterinarian must not refuse to provide relief of pain  
or suffering to an animal that is in his or her presence.*

*(2) In this clause, relief, in relation to pain or suffering, means:*

*(a) first aid treatment, or*

*(b) timely referral to another veterinarian, or*

*(c) euthanasia,*

*as appropriate.*

***5. KNOWLEDGE OF CURRENT STANDARD OF PRACTICE***

*(1) A veterinarian:*

*(a) must maintain knowledge to the current standards of the practice of veterinary science in the areas of veterinary science relevant to his or her practice, and*

*(b) must always carry out professional procedures in accordance with those current standards.*

*(2) A veterinarian must base professional decisions on evidence-based science or well-recognised current knowledge and practice, or both.*

***5. UTILISATION OF SKILLS OF COLLEAGUES***

*A veterinarian should practise within the limits of their knowledge and expertise and must utilise the skills of colleagues, by consultation or referral, where appropriate.*

***6. PROFESSIONAL CONDUCT***

*A veterinarian must not mislead, deceive or behave in such a way as to have an adverse effect on the standing of any veterinarian or the veterinary profession.*

***7. INFORMED CONSENT***

*A veterinarian must, where it is practicable to do so, obtain the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal.*

***8. AVAILABILITY TO CARE FOR ANIMAL***

*A veterinarian must, when accepting an animal for diagnosis or treatment:*

*(a) ensure that he or she is available for the ongoing care of the animal, or*

*(b) if he or she will not be so available, make arrangements for another veterinarian to take over the care of the animal.*

***9. REFERRALS AND SECOND OPINIONS***

*A veterinarian must not refuse a request by a person responsible for the care of an animal for a referral or second opinion.*

***10. PROVISION OF RECORDS***

*A veterinarian who has previously treated an animal must, when requested to do so, and with the consent of the person responsible for the care of the animal, provide copies or originals of all relevant case history records directly to another veterinarian who has taken over the treatment of the animal.*

*The referral information must be provided in a timely manner.*

***11. RETURN OF RECORDS***

*A veterinarian to whom another veterinarian has referred an animal for treatment or a second opinion must return records provided by the referring veterinarian as soon as practicable.*

***12. CONFIDENTIALITY***

*Except as otherwise required by this code of conduct or there is a legislative obligation to report a notifiable disease, a veterinarian must maintain the confidentiality of information obtained in the course of professional practice.*

***13. SKILLS, KNOWLEDGE AND EQUIPMENT OF ASSISTANTS***

*A veterinarian must ensure that all persons assisting in the provision of veterinary services to animals in his or her care have the skills, knowledge and available equipment to enable them to perform their duties according to current standards of the practice of veterinary science, except in the case of an emergency.*

***14. KNOWLEDGE OF THE RULES OF ANIMAL SPORTING ORGANISATIONS***

*A veterinarian must maintain knowledge of the rules of an animal sporting organisation when attending on that organisation or working within the industry to which it relates (unless the code or rules are contrary to the Act, this Regulation or any other legislation).*

***15. RECORDS***

*(1) A veterinarian must ensure that a detailed record of any consultation, procedure or treatment is made as soon as is practicable.*

*(2) The record:*

*(a) must be legible and in sufficient detail to enable another veterinarian to continue the treatment of the animal, and*

*(b) must include the results of any diagnostic tests, analysis and treatments.*

*(3) If a record is altered, the alteration must be clearly identified in the record as such.*

*(4) A veterinarian must ensure that all records of any consultation, procedure*

*or treatment are retained for at least 3 years after they are made.*

***16. FEES FOR VETERINARY SERVICES***

*A veterinarian must, where it is practicable to do so and before providing veterinary services in relation to an animal, inform the person responsible for the care of the animal of:*

*(a) the nature, purpose, benefits, effects and risks of the veterinary services and options for alternative veterinary services, and*

*(b) the estimated cost of those services.*

***17. CERTIFICATION BY VETERINARIANS***

*(1) A veterinarian must not certify to any fact within his or her professional expertise or knowledge, or that a veterinary service has been provided, unless the veterinarian has personal knowledge of the fact or has personally provided, or supervised the provision of, the veterinary service concerned.*

*(2) Any certification by a veterinarian must contain such detail as is necessary to ensure that it is complete and accurate and that the meaning is clear.*

***18. CORRECTION OF GENETIC DEFECTS***

*A veterinarian must not perform a surgical operation for the correction of an inheritable defect, or provide medical treatment for an inheritable disease, unless the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort to the animal concerned.*

***19. SPECIAL INTEREST AREAS***

*Before undertaking practice in a particular area of veterinary science, a veterinarian must ensure that he or she has the knowledge and competence necessary to practise in that area.*

1. ***INFORMATION TO BE GIVEN WHERE DRUGS PROVIDED OR PRESCRIBED***

*A veterinarian who provides a client with a drug, or a prescription for a drug, for an animal shall give the client proper directions with respect to the administration of the drug, and advise the client of any safety or other precautions that should be taken in connection with the drug and of any withholding period that may be applicable.*

***21. SUPPLY OF RESTRICTED SUBSTANCES*** *(a substance that is specified in the Medicines, Poisons and Therapeutic Goods Act).*

*(1) A veterinarian may supply restricted substances only:*

*(a) to a person responsible for the care of an animal that the veterinarian has physically examined or has under his or her direct care or made enquiries about the animals and decided that the restricted substance is required to be administered, or*

*(b) with the authority of another registered veterinarian who has physically examined the animal concerned or has it under his or her direct care, and only in respect of that animal.*

*(2) A veterinarian must not obtain any restricted substance medications in order to take that substance himself or herself.*

***22. INDUCEMENTS***

*A veterinarian must not provide a referral or recommendation the request for which is accompanied by an inducement to the veterinarian.*

***23. PROHIBITED PROCEDURES***

*A veterinarian must not carry out a prohibited procedure under the Animal Welfare Act on an animal unless satisfied the procedure is a reasonable and necessary therapeutic measure in the treatment of a disease from which the animal is suffering; or if the procedure is not carried out, it will be necessary to induce euthanasia in the animal.*

***24. VETERINARY PREMISES***

*A veterinarian shall ensure that any premises at which he or she provides veterinary services, and all equipment that he or she has for use in the carrying out of veterinary procedures, are kept in a safe and clean condition.*

1. ***ATTENDANCE BY VETERINARIAN AT VETERINARY PREMISES***

*A veterinarian shall not permit the use of his or her name in connection with the provision of veterinary services at particular premises unless the veterinarian, or a person appointed to provide services on his or her behalf, is in regular attendance at the premises during the hours advertised for the provision of the services at the premises.*

1. ***ETHICAL COMPETITIVE BEHAVIOUR***

*A veterinarian who:*

*(a) has acted as locum tenens of, or assistant to, another registered veterinarian; or*

*(b) has been a prospective purchaser of the practice of another registered veterinarian, shall not use any information obtained by him or her in that capacity, or take advantage of acquaintances made by him or her in that capacity with clients of the other registered veterinarian, in establishing a practice in competition with the other veterinarian.*

# REGISTRATION OF VETERINARY NURSES

Veterinary nurses are recognised valuable contributors to providing quality veterinary services. Tasks include administration of injections and intravenous fluids, blood sample collection, bandaging, anaesthetic monitoring, dental scaling, dental polishing.

There are varying opinions on the benefit of the registration of veterinary nurses and the additional costs involved. It would be possible to register veterinary nurses as a veterinary technician following the completion of Certificate IV VET training to conduct tasks for which training and competency assessment have been completed.

It is proposed to define **direct supervision** as ongoing, continuous and direct personal supervision of an activity by a veterinarian who must be on the same premises or in the case of a visit must accompany the person being supervised and can immediately render assistance to the supervised person. **Indirect supervision** is supervision of a person by a veterinarian who while not on the same premises provides instructions and guidance to the supervised person and is contactable by the supervised person.

Therefore a veterinarian may directly or indirectly supervise a person conducting veterinary nurse duties without the registration of veterinary nurses. There is one jurisdiction that currently can register veterinary nurses.

A person including a veterinary nurse is excluded from potential prosecution for conducting a restricted veterinary service in the case of an emergency and a veterinarian not reasonably available (Veterinarians Regulation 7(1)(f)).

## Questions

*34 What is your view on the registration of veterinary nurses?*

1. <http://www.animalwelfarestandards.net.au/> [↑](#footnote-ref-1)