



PUBLIC CONSULTATION ON REVIEW OF THE GUIDELINES OF THE VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

OPENED FOR CONSULTATION 2 SEPTEMBER 2019
WITH COMMENTS CLOSING 31 OCTOBER 2019

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CONSULTATION PROCESS

REQUEST FOR FEEDBACK AND COMMENT

The purpose of this consultation paper is to seek comments on draft revised Guidelines issued by the Veterinary Practitioners Registration Board of Victoria. The Board is seeking feedback on the draft revised Guidelines from all stakeholders, including veterinary practitioners, veterinary practice owners and employers of veterinary practitioners, pet owners, livestock producers, non-veterinary animal health providers, higher education providers, veterinary students, the Victorian and Commonwealth Government, other Australian and New Zealand veterinary boards, animal welfare organisations, and the general public.

Comments received will be considered when the Board is finalising the Guidelines. Feedback will help to ensure the final version of the Guidelines is informed by a wide range of perspectives, reflect contemporary expectations and fulfil the objectives of the Board's review of the Guidelines.

This consultation paper summarises the substantive changes proposed and outlines the issues on which the Board is particularly interested in receiving stakeholder feedback. Stakeholders are encouraged to respond to the questions in the consultation paper but do not need to answer all questions. Stakeholders are also encouraged in their responses to the questions to give specific examples of how a Guideline may be applied or may impact on veterinary practice.

HOW AND WHEN TO SUBMIT FEEDBACK

Email your general feedback and answers to the questions in this paper to guidelines@vetboard.vic.gov.au. The preferred format for submissions is as a Microsoft Word attachment to the email.

Please title the email, **Consultation: Review of the Guidelines of the Veterinary Practitioners Registration Board of Victoria**

The closing date for submissions is **Thursday, 31 October 2019**.

Submissions by post should be addressed to:

**The General Manager
Veterinary Practitioners Registration Board of Victoria
Level 14, 10-16 Queen Street
Melbourne 3000.**

HOW THE BOARD WILL TREAT SUBMISSIONS

The Board values your personal information and protects your privacy in compliance with the *Privacy and Data Protection Act 2014*. All information (including name and address details) contained in submissions will be made available in a report to the Board and on the Board's website, unless you indicate that you would like all or part of your submission to remain in confidence. **Please inform the Board if you do not want your submission published or want all or part of it treated as confidential.**

LOCATION OF DRAFT REVISED GUIDELINES

The draft revised Guidelines, including a context document with explanatory notes and FAQs, can be viewed at www.vetboard.vic.gov.au/VPRBV/2019_Guidelines_Review.aspx.

QUERIES ABOUT MAKING SUBMISSIONS

Please direct any enquiries to guidelines@vetboard.vic.gov.au

CONSULTATION INFORMATION

BACKGROUND TO THE REVIEW OF THE GUIDELINES

The veterinary profession plays an important role in protecting both public and animal health and ensuring good welfare outcomes for Victorian animals. It plays a crucial role in detecting and managing critical animal diseases, research and teaching, and services the animal health and welfare needs of pet and recreational animal owners. It provides an important contribution to Victoria's reputation for clean and safe agricultural produce, good standards of animal welfare and maintaining the integrity of Victoria's biosecurity and food security arrangements.

The Veterinary Practitioners Registration Board of Victoria ('the Board') is a regulatory body whose primary remit under the *Veterinary Practice Act 1997* ('the Act') is to protect the public by ensuring veterinary practitioners are registered, appropriately qualified and maintain appropriate standards of veterinary practice.

The Board has a responsibility to investigate the professional conduct and fitness to practise of registered practitioners, including in response to complaints from the public.

The Board's Guidelines outline the appropriate standards of practice and veterinary facilities under the *Veterinary Practice Act 1997*. Section 47(c) of the Act allows for both formal and informal hearing panels to inform themselves by reference to the Guidelines in determining whether a practitioner's conduct is unprofessional.

The Board's Guidelines are an important tool in informing veterinary practitioners about minimum expected standards in a variety of areas of veterinary practice, e.g. record keeping, continuing professional development and the supply and use of scheduled drugs.

OBJECTIVES OF THE REVIEW

For the Board's Guidelines to be of greatest benefit they need to reflect contemporary expectations of veterinary service users and the veterinary profession, be accessible, practical, relevant and easy to understand, while still fulfilling legislative requirements.

As a full review of the Guidelines had not occurred since their publication in November 2015, the Board determined that it was timely to undertake a comprehensive review of the Guidelines.

HOW THE DRAFT GUIDELINES WERE PREPARED

The draft **Guidelines of the Veterinary Practitioners Registration Board of Victoria** and **Guidelines of the Veterinary Practitioners Registration Board of Victoria in Context: A practical guide to professional conduct** were prepared for the Board by Dr Deborah Neutze, an independent veterinary consultant. The context document contains detailed explanatory notes as to how the Guidelines should be applied in practice. The frequently asked questions (FAQs) are based on questions veterinary practitioners commonly ask the Board. The explanatory notes and FAQs do not form part of the Guidelines.

An initial consultative process was undertaken with members and employees of the Board to understand what the review was intended to achieve, what some of the issues of the current Guidelines were, what feedback the Board had previously received around the current Guidelines and what contemporary expectations needed to be incorporated into the new Guidelines.

The Board and staff agreed that the revised Guidelines must:

- reflect contemporary community and veterinary profession expectations
- be practical and easily accessible
- where possible, be written in plain easy to understand English, and
- accurately reflect legislative requirements.

Where appropriate, the Guidelines also needed to incorporate or refer to other legislation relevant to veterinary practice such the *Drugs, Poisons and Controlled Substances Act 1981* and the *Agricultural and Veterinary Chemicals (Control of Use) Act 1992*, and their associated regulations.

The Board's lawyers also provided some high-level input into some suggested inclusions, based on their experience of complaint processes in veterinary and other health professions.

The following resources were then reviewed to assist with developing best practice guidelines and, where possible, harmonising requirements across the Australian jurisdictions:

- [Veterinary Practitioners Registration Board of Victoria: Guidelines 2015](#) (updated 2018)
- [Veterinary Practitioners Registration Board of Victoria: Guidelines for Practitioner 1993](#) (updated 2013)
- [Board Update Newsletters 2014-2018](#) (Veterinary Practitioners Registration Board of Victoria)
- [Veterinary Practitioners Board of NSW: Guidelines](#)
- [Veterinary Practitioners Board of NSW: Continuing Professional Development](#)
- [Veterinary Practitioners Board of NSW: Hospital Licensing](#)
- [Veterinary Surgeons Board of South Australia: Guidelines, Codes and Standards](#)
- [Veterinary Surgeons Board of South Australia: CPD](#)
- [Veterinary Surgeons Board of South Australia: Accreditation of Facilities as Veterinary Hospitals](#)
- [Veterinary Surgeons Board of Queensland: Guidelines and Policies](#)
- [Veterinary Surgeons Board of Queensland: Veterinary Premises](#)
- [Veterinary Surgeons Board of Queensland: Continuing Professional Development](#)
- [Veterinary Board of the Northern Territory: Guidelines and Code of Conduct](#)
- [Veterinary Surgeons Board Western Australia: Guidelines](#)
- [Veterinary Surgeons Board Western Australia: Veterinary Premises](#)
- [Veterinary Surgeons Board Western Australia: Veterinary Handbook](#)
- [Veterinary Board of Tasmania: Standards of Practice and Legislation](#)
- [Veterinary Surgeons Board of ACT: Veterinary Surgeons \(Standards Statement\) Approval 2017 \(No 1\)](#)
- [Veterinary Council of New Zealand: Code of Professional Conduct for Veterinarians](#)
- [Royal College of Veterinary Surgeons of UK: Code of Professional Conduct for Veterinary Surgeons](#)
- [New York State Board for Veterinary Medicine: Practice Guidelines](#)
- [Australian Veterinary Association: Policies](#)
- [Australian Veterinary Association: Member's Code of Professional Conduct](#)
- [Optometry Board of Australia: Codes, Guidelines and Policies](#)
- [Physiotherapy Board of Australia: Codes and Guidelines](#)
- [Medical Board of Australia: Codes, Guidelines and Policies](#)
- [CanMed - Royal College of Physicians and Surgeons of Canada](#)

DRAFT AND CURRENT GUIDELINES

Following preliminary consultation and research, the Board's consultant prepared the following documents:

- DRAFT REVISED Guidelines of the Veterinary Practitioners Registration Board of Victoria
- DRAFT Guidelines in Context: A practical guide to professional conduct

These documents, along with the Board's current Guidelines, can be viewed at www.vetboard.vic.gov.au/VPRBV/2019_Guidelines_Review.aspx.

CONSULTATION ISSUES FOR CONSIDERATION

Stakeholders are encouraged to download and read the proposed draft Guidelines (including the explanatory notes and FAQs in the context document) at www.vetboard.vic.gov.au/VPRBV/2019_Guidelines_Review.aspx.

The notes below draw attention to the more substantive changes from the current Board Guidelines and include questions on issues about which the Board is particularly interested in receiving stakeholder feedback.

Stakeholders are encouraged to respond to the questions but do not need to answer all questions. When answering questions, stakeholders are also encouraged to give specific examples of how a Guideline may be applied or may impact on veterinary practice.

1) BASIC PRINCIPLES OF PROFESSIONAL CONDUCT

The draft Guidelines propose the introduction of higher-level **underpinning professional conduct principles** expected of veterinary practitioners, to be called the **Basic principles of professional conduct**. When assessing a veterinary practitioner's professional conduct, the Board will consider the practitioner's observation of these eight guiding principles.

Some of the eight conduct principles included are new or extend the expectations on veterinary practitioners compared with previous guidelines. These expectations align with those in guidelines/professional conduct codes from other Australian jurisdictions and internationally. The new or extended expectations include a primary concern for animal welfare; considering the safety of the veterinary practitioner, veterinary staff and the public; ensuring the environment, equipment and assistance is appropriate for the veterinary procedures that are undertaken; and maintaining their own health and wellbeing, and taking steps to modify their practice should issues arise which may adversely affect their judgement or performance.

Proposed Guideline 1.1

The practice and behaviour of veterinary practitioners should be underpinned by basic principles of professional conduct. When assessing a veterinary practitioner's professional conduct, the Board will consider the practitioner's observation of the following eight guiding principles:

1. A primary concern for the welfare of animals.
2. Honesty and integrity.
3. Professional accountability and independence.
4. Maintaining knowledge of and competency in current contemporary standards of practice.
5. Keeping informed of and abiding by all regulatory obligations.
6. Always considering the safety of the veterinary practitioner, veterinary staff and the public.
7. Ensuring the environment, equipment and assistance is appropriate for the veterinary procedures that are undertaken.
8. Maintaining their own health and wellbeing, and taking steps to modify their practice should issues arise which may adversely affect their judgement or performance.

Consultation Question 1

Do you support the inclusion of the Basic Principles of Professional Conduct into the Board's Guidelines? Consider each of the eight proposed professional conduct principles and give feedback as to whether they should be included as underpinning principles for a veterinary practitioner's behaviour.

2) PRIMARY CONCERN IS THE ANIMAL'S WELFARE

Veterinary practitioners are trained on how to assess animal health and welfare, and how to optimise the care and management of animals. It follows that by virtue of their training, skill and expert knowledge, veterinary practitioners have a professional duty to protect animals from pain or distress.

The principle that the animal's welfare is the primary concern of the veterinary practitioner is included in nearly all national and international Veterinary Board guidelines. While many of the Board's current Guidelines implicitly address animal welfare, the Guidelines do not explicitly address animal welfare. It is proposed that animal welfare should be addressed explicitly in the new Guidelines.

Proposed Guideline 2.1

Veterinary practitioners must at all times consider the welfare of animals when practising veterinary science.

Consultation Question 2

Do you agree with the proposed Guideline on the need for a veterinary practitioner's primary concern to be the animal's welfare? Is animal welfare addressed appropriately in the new Guidelines?

3) PAIN MANAGEMENT

Contemporary veterinary medicine recognises that preventing and alleviating pain and distress is necessary to good animal welfare and that it is not reasonable to allow an animal to feel pain or distress where this may be safely prevented and/or managed. Veterinary practitioners are trained in the physiology of pain and pharmacology of pain control substances.

The community expects that the prevention and management of pain in animals should be a priority for veterinary practitioners.

In line with these expectations, new Guidelines are proposed requiring veterinary practitioners to give appropriate pain control when undertaking surgery and invasive non-surgical procedures.

Proposed Guideline 2.4

Veterinary practitioners who perform a surgical or invasive non-surgical procedure on an animal without appropriate pain management that is effective for an appropriate length of time may be engaging in unprofessional conduct.

Consultation Question

Do you agree with the inclusion of the above proposed pain management Guideline? Is pain management addressed appropriately in the proposed Guidelines?

4) CORRECTION OF INHERITABLE DEFECTS

It is widely considered unethical for a veterinary practitioner to perform a surgical operation on, or to provide medical treatment for an animal, if the primary purpose of the operation or treatment is to conceal the animal's true genetic status in order to enhance its value for sale, breeding or showing in competition. A new guideline is proposed that states that veterinary practitioners should not correct or treat inheritable defects or disease unless it is to relieve or prevent pain or discomfort to the animal concerned.

Proposed Guideline 2.5

Veterinary practitioners 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.

Consultation Question 4

Do you agree with the inclusion of the proposed Guideline about the correction of inheritable defects?

5) VICARIOUS LIABILITY

A new Guideline is proposed stating that a veterinary practitioner must be satisfied that any person under their authority who performs an invasive procedure on an animal is appropriately trained and supervised, and that the animal does not suffer unnecessary pain or distress.

In considering whether a procedure can be delegated to a person who is not a registered veterinary practitioner, the following criteria should be applied:

- The procedure must not be a prohibited procedure.
- There must be no increased risk of pain or distress to the animal or breach of animal welfare legislation or codes.
- Agricultural compounds and veterinary medicines legislation or codes of practice must not be breached.
- Where there is likely a reasonable expectation by a client that a procedure will be undertaken by a veterinary practitioner, the consent of the owner must be given if the procedure will be carried out by a person who is not a veterinary practitioner.

Proposed Guideline 2.6

Veterinary practitioners must be satisfied that any person under their authority who performs any invasive procedure on an animal is appropriately trained and supervised, and that the animal does not suffer pain or distress.

Consultation Question 5

Do you agree with the proposed Guideline about persons performing invasive procedures under the authority of a veterinary practitioner? Please give feedback as to any issue identified when applying this Guideline in respect to veterinary students, veterinary nurses and other animal health providers.

6) VETERINARY PRACTITIONER HEALTH

It has been proposed to introduce the professional expectation that a veterinary practitioner has an obligation to protect patients from risk of being placed at harm due to their own or a colleague's poor physical or mental health. This guideline is modeled on Codes of Conduct which apply to other Australian health professionals.

If a practitioner knows or suspects that they have a health condition or impairment that could adversely affect their judgement or performance, they would be expected to obtain advice about whether and in what ways they may need to modify their practice and follow that advice.

The Guideline also impose an obligation on veterinary practitioners to protect patients from risk of being placed at harm posed by a colleague's ill health and to take appropriate steps to assist a colleague to receive help if there are concerns about a colleague's fitness to practise. In doing so they can protect patients from risk of being placed at harm posed by a colleague's conduct, practice or ill health. This includes:

- encouraging a colleague to seek appropriate help if it is reasonably believed they may be ill and/or impaired

- seeking advice from an experienced colleague, veterinary practitioner health advisory services, the Board or Australian Veterinary Association, if a veterinary practitioner is not sure what to do
- notifying the Board if this impairment places patients, clients, other employees or themselves at risk of substantial harm
- recognising the impact of fatigue on the health of colleagues, including those under supervision, and facilitating safe working hours wherever possible.

Proposed Guideline 5.1

Veterinary practitioners have an obligation to protect patients from risk of being placed at harm posed by their or a colleague's poor physical or mental health

Consultation Question 6

Do you agree with the proposed Guideline on veterinary practitioner health? Please comment on implications of this proposed guidelines.

7) OBLIGATION TO KEEP INFORMED AND ABIDE BY STATUTORY OBLIGATIONS

A new Guideline has been recommended that covers veterinary practitioners working in the animal racing industry. This proposed Guideline is based on the NSW Veterinary Practitioner Board Code of Professional Conduct, which requires veterinary practitioners to maintain their knowledge of and obey any code or rules of an animal sporting organisation when attending on that organisation or working within the industry to which it relates, provided that these rules are not contrary to the Board's Guidelines or any other legislation.

Proposed Guideline 7.2

Veterinary practitioners must maintain knowledge of and obey any code or rules of an animal sporting organisation when attending that organisation or working within the industry to which it relates (unless the code or rules are contrary to the *Veterinary Practice Act 1997*, its associated Regulations, these guidelines or any other legislation).

Consultation Question 7

Do you agree with the proposed Guideline on rules of animal sporting organisations? Please comment on any implications on the introduction of this Guideline.

8) WORKING WITHIN AREAS OF COMPETENCE AND LIMITATIONS

Veterinary practitioners may not be competent in all aspects of veterinary medicine and surgery, and for graduates in particular an 'on the job' learning curve exists. Practitioners are encouraged to seek assistance within the practice, from peers in the first instance or from experienced colleagues whenever they find themselves out of their depth or at the limit of their experience and knowledge.

New Guidelines are proposed requiring veterinary practitioners to be mindful of their limitations and to work within their area of expertise; and to also seek assistance from other more experienced veterinary practitioners where needed.

Proposed Guideline 8.1

Veterinary practitioners must work within their areas of competence and be mindful of their limitations.

Proposed Guideline 8.2

Veterinary practitioners should seek appropriate assistance from within the practice or from other experienced veterinary practitioners.

Consultation Question 8

Do you agree with the proposed Guideline on veterinary practitioners needing to work within their area of competence and within their limitations?

9) BIOSECURITY AND INFECTION CONTROL

Zoonoses are diseases which can be transmitted to humans or other animals from animals. There are many disease agents that can cause disease in multiple species of animals including humans.

Where risk assessment indicates the possibility of a zoonotic disease, veterinary practitioners must take additional appropriate measures to minimise the risk of infection to themselves and the infection of other people.

A new proposed Guideline states that veterinary practitioners will take appropriate measures to protect themselves and others from zoonotic diseases.

Proposed Guideline 15.2

Veterinary practitioners must take appropriate measures to protect against infection of themselves and other people from zoonotic disease.

Consultation Question 9

Do you agree with the proposed Guideline on zoonotic disease risk management?

10) ANTIMICROBIAL RESISTANCE STEWARDSHIP

Antimicrobial resistance is one of the biggest threats to global human and animal health. Over time, strains of bacteria have become resistant to multiple classes of antibiotics both in humans and animal patients. Veterinary practitioners have a professional obligation to ensure their prescribing practices minimise antimicrobial resistance. Reducing the practices which promote resistance in bacteria will help ensure that effective antimicrobials are available for use in both human and veterinary medicine in the future.

It is proposed to introduce a new Guideline that requires veterinary practitioners to keep informed on recommended antimicrobial prescribing recommendations and to prescribe appropriately.

Proposed Guideline 16.4

Veterinary practitioners must maintain a knowledge of current appropriate antimicrobial prescribing guidelines, and they must prescribe antimicrobials appropriately and judiciously to minimise the development of antimicrobial resistance.

Consultation Question 10

Do you agree with the proposed Guideline that addresses antimicrobial prescribing practices?

11) CONTINUING CARE AFTER-HOURS

There is a community and veterinary profession expectation that veterinary patients should have access to emergency care.

It is expected that all veterinary businesses which provide a clinical service to the public make suitable provision for after-hours service, whether that be by making a veterinary practitioner available to provide direct after-hours service or facilitating appropriate redirection arrangements with an alternative, agreeable veterinary practitioner **located within reasonable proximity**. What 'reasonable proximity' is will need to be considered, e.g. what may be considered reasonable in a city area may be considerably different from what is considered reasonable in a rural or remote area.

The alternate veterinary practitioner or emergency centre should be made aware that such redirection is being made and accept this arrangement.

The Board has received several queries about practices not providing on-call services. In the current Guidelines, it is a requirement that if a veterinary practice/veterinary practitioner provides veterinary services, the practice/practitioner has a responsibility to ensure that those patients have access to emergency care after-hours. For instance, if a practitioner has performed abdominal surgery on a patient and the wound dehisces, there needs to be emergency services available. The same principle applies when dispensing drugs: the legislation requires a veterinary practitioner to ensure there is after-care to address any adverse drug reactions.

As this is an issue about which the Board has had several enquiries recently, the Board would appreciate careful consideration and feedback on this issue.

Proposed Guideline 17.1

Veterinary practitioners must, when accepting an animal for diagnosis or treatment: (a) ensure that they are available for the ongoing care of the animal or (b), if they will not be so available, make arrangements for another veterinary practitioner within reasonable proximity to take over the care of the animal.

Consultation Question 11

Do you support the proposed Guideline on continuing after-care? Please give feedback on how reasonable proximity should or should not be further defined.

12) VETERINARY MEDICAL RECORDS

The Board's current Guidelines require veterinary medical records to be kept for 6 years. However, the *Drugs, Poisons and Controlled Substances Act* requires records for the supply of drugs to be kept for 7 years. It is proposed, for consistency, that the requirement to keep medical records be changed to 7 years.

Proposed Guideline 20.2

Veterinary practitioners must retain records for at least seven (7) years after the last occasion on which the animal received treatment.

Consultation Question

Do you agree with changing the time required to keep veterinary medical veterinary records to 7 years?

13) PROVIDING VETERINARY SERVICES TO REMOTE CLIENTS

There is an increasing trend for services to be available to clients over the internet, particularly where the customer is in a remote location. In the future, telemedicine services are likely to use tools that allow veterinary practitioners to remotely gather all essential veterinary medical information including by conducting a virtual

exam. However, presently the technology is not adequate for this purpose and direct physical examination of a patient by a veterinary practitioner is central to quality veterinary care. This applies to both primary accession and referral cases.

Under the proposed Guidelines, before an animal or herd could be considered to be under a practitioner's care, the following conditions would need to be met:

- the practitioner must have been given responsibility for the health of the animal or herd in question by the owner or the owner's agent, and
- the care of the animal or herd by the practitioner should be real and not merely nominal (i.e. there must be evidence of personally having contact with the animal/herd for diagnosis and treatment and of assuming responsibility for the diagnosis, treatment and outcome), and
- the practitioner must have a thorough knowledge of the current health and treatment status of the animal or herd by having:
 - seen the animal or herd for the purpose of diagnosis and establishing a therapeutic need immediately prior to supplying a medicine, or
 - visited the premises where 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 status of that premises sufficient to enable the making of a diagnosis and to establish a therapeutic need.

The proposed guidelines would still allow veterinary practitioners to use telemedicine to:

- give general health information, opinion, guidance or recommendation concerning prudent future actions that are not specific to a particular patient's health, illness or injury. This is general advice that is not intended to diagnose, treat, or give a prognosis to any condition.
- undertake some general triage to determine the urgency and need for immediate referral to a veterinary practitioner, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual information, e.g. photographs, video. A diagnosis should not be rendered.

The proposed Guidelines allows veterinary practitioners in Victoria with primary care of an animal to seek advice and/or services from veterinary practitioners elsewhere, provided that the veterinary practitioner registered in Victoria continues to provide the primary ongoing care for that animal. In these cases, telemedicine technologies are often used to seek second opinions from colleagues and not to refer responsibilities. The animal remains under the care of the primary veterinary practitioner.

Proposed Guideline 23.1

All the standard legal and professional obligations of veterinary practitioners apply to the provision of any veterinary-related service by remote means.

Proposed Guideline 23.3

Veterinary practitioners should only conduct veterinary services using remote electronic means when it can be demonstrated that the animal(s) are under the care of the veterinary practitioner, with the exception of general advice or advice given in an emergency until that patient can be seen by a veterinary practitioner.

Proposed Guideline 23.4

Veterinary practitioners in Victoria with primary care of an animal may seek advice and/or services from veterinary practitioners elsewhere, provided that the veterinary practitioner registered in Victoria continues to provide the primary ongoing care for that animal.

Consultation Question 13

Do you support the Guidelines relating to servicing remote clients? Please provide feedback/comments on any implications of these Guidelines.

14) OTHER COMMENTS

Consultation Question 14

Do you have other comments about the review of the Guidelines of the Veterinary Practitioners Registration Board of Victoria?

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