PROFESSIONAL CONDUCT
GUIDELINES

Registered veterinary practitioners are required to comply
with all legal obligations relevant to their practice.

The Board has produced these guidelines pursuant to the Veterinary Practice Act 1997. The purpose of the guidelines is to state the Board’s view on what constitutes unprofessional practice in various circumstances.

Definition Unprofessional Conduct

Under the Veterinary Practice Act 1997 (the Act), the definition of unprofessional conduct includes:

(a) professional conduct which is of a lesser standard than that which the public might reasonably expect of a registered veterinary practitioner
(b) professional conduct which is of a lesser standard than that which might reasonably be expected of a veterinary practitioner by his or her peers.

Under section 62(1) of the Act, the functions of the Board include:

(a) to investigate the professional conduct or fitness to practise of registered veterinary practitioners and impose sanctions where necessary;
(b) to issue guidelines about appropriate standards of veterinary practice and veterinary facilities;

Under section 62(2) of the Act:

The Board has all the powers necessary to enable it to perform its functions.

These guidelines are a formal notification to registered veterinary practitioners regarding conduct that the Board considers to be minimum standard. The guidelines do not cover the complete range of veterinary practice; rather, the Board produces a guideline when it sees a need, based upon complaints received.

These guidelines are admissible in proceedings under this Act, against a registered veterinary practitioner, as evidence of what constitutes appropriate professional conduct of practice. Similarly, following a guideline is a defence admissible in proceedings under this Act against an allegation of unprofessional conduct.
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DEFINITIONS

After-Hours Service

After-Hours Service refers to the availability of a veterinary practitioner to the public, outside of their advertised usual hours of business. It is expected that all veterinary businesses that provide a clinical service to the public should make some 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 who is located within reasonable proximity.

Conflict of Interest

A Conflict of Interest arises if there exists:

(a) a conflict between one person’s interests and that of another person or body
(b) a conflict between a person’s differing obligations to two or more other people
(c) the appearance of such a conflict.

Supervision

Direct Supervision is the continuous and explicit personal supervision by a registered veterinary practitioner. The supervising veterinary practitioner must be at the same premises or in the case of a visit, must accompany the person being supervised. The supervising veterinary practitioner accepts responsibility for the standard of care provided by the person under their supervision.

Indirect Supervision is where the supervising practitioner is not required to accompany the supervised person but must be available to provide advice or direction whenever the person being supervised is working. It is expected that the supervising practitioner maintains conscientious oversight of the work that the supervised person performs. The supervising veterinary practitioner accepts responsibility for the standard of care that the person under their supervision provides.

Emergency Centre

Where an Emergency Centre is advertised, it should have both veterinary and support staff in attendance during the stated business hours.

Powers of the Board

Section 62(1)(e) of the Veterinary Practice Act 1997 states the Board’s designated functions as including the authority ‘…to issue guidelines about appropriate standards of veterinary practice and veterinary facilities’.

Professional Interest Practitioner

A Professional Interest Practitioner is a veterinary practitioner who has a demonstrable interest in a particular field but who does not hold endorsement as a veterinary specialist in that field; for example, a Professional Interest Practitioner in Dermatology.

Registered Veterinary Practitioner

A Registered Veterinary Practitioner is a person registered by the Board under the Veterinary Practice Act 1997, whether or not the registration for that person is general or specific. In these guidelines veterinary practitioners may be referred to as practitioners.

Specialists

A Specialist is a veterinary practitioner who holds endorsement as a veterinary specialist (section 8, Veterinary Practice Act 1997). Specialists may function as primary access veterinary practitioners or accept referrals.
24 Hour Contact

24 Hour Contact refers to providing a telephone contact number at which the public can receive care, advice or redirection to an available emergency service at all hours.

24 Hour Service

24 Hour Service refers to the availability of a veterinary practitioner from the practice, outside of usual working hours, to attend to after-hour calls or hospitalised animals within the context of the practice (not by redirecting after-hours calls to an alternate practice).

Unprofessional Conduct

Unprofessional Conduct, as defined in section 3 of the Veterinary Practice Act 1997, includes (but is not limited to) the following points, which have relevance to the issue of guidelines:

(a) professional conduct which is of a lesser standard than that which the public might reasonably expect of a registered veterinary practitioner
(b) professional conduct which is of a lesser standard than that which might reasonably be expected of a registered veterinary practitioner by his or her peers
(c) professional misconduct
(d) infamous conduct in a professional respect
(e) providing veterinary services of a kind that are excessive, unnecessary or not reasonably required for an animal’s well-being
(f) influencing or attempting to influence the conduct of a veterinary practice in such a way that an animal’s well-being may be compromised.

In the case of an allegation of unprofessional conduct, that one veterinary practitioner may make against another, the Board will consider whether the welfare of an animal or client is at stake when determining how to proceed. Employment-based disputes should primarily be pursued through mediation or relevant industrial relations services unless there is a clear impact on the public or the welfare of animals.

Veterinary Practice

The Veterinary Practice Act 1997 (Section 3) defines Veterinary Practice as the practise of veterinary surgery and veterinary medicine.

1. The Board considers that veterinary practice includes the following:

(a) signing any veterinary certificate(s)
(b) prescribing
(c) making a diagnosis or managing the treatment for the prevention or cure of an injury or disease in an animal and/or giving advice in relation to such diagnosis or treatment
(d) reporting or giving advice in a veterinary capacity using the knowledge, skills and competence initially attained for the veterinary degree; ‘practise’ goes wider in this context than clinical veterinary science to include regulatory and compliance functions, teaching, consultancy, advice and health and welfare management.
(e) Undertaking activities or positions that convey the expectation that the holder is a registered veterinary practitioner.

2. When considering whether an individual is required to be registered: Does the position held by the person carry or convey the expectation that the holder is a registered veterinary practitioner?
GUIDELINE 1

STANDARDS OF VETERINARY PREMISES

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

1.1 PREAMBLE

For the purpose of this guideline the definition of veterinary premises is any building or place where veterinary procedures are performed. This includes all fixed premises from large hospitals to consulting rooms as well as mobile clinics and house call practices; and includes rooms embedded in other business premises. Whilst veterinary premises may be owned by any person or company, the Board considers that it is the responsibility of veterinary practitioners employed in or by the practice to ensure that the premises meet certain minimum standards. All veterinary practitioners should be vigilant with regard to biosecurity (refer to Guideline 18: Standards of Biosecurity for Property Visits).

1.2 GENERAL STANDARDS

All veterinary premises, including consulting rooms, clinics and hospitals shall:

(a) be clean and hygienic at all times
(b) have on prominent display the name, telephone number and days and hours of attendance of the veterinary practitioner(s) usually in attendance and arrangements for obtaining after hours services
(c) have a separate area for use as a waiting room and for the purpose of client reception
(d) have internal floor and walls, to a height of 1.5 metres, constructed from an impervious and easily cleaned material in any area or room used for animal accommodation, surgical procedures, medical treatment, other procedures or client waiting rooms
(e) provide facilities to weigh small animal patients
(f) provide for the maintenance of patient records including details of body weights, examinations, procedures, tests and treatments (see Guideline 11: Veterinary Medical Records), including options for treatment (see Guideline 8: Communication with Clients)
(g) provide in the consulting area:
   (1) an examination table with impervious surfaces
   (2) a basin with hot and cold running water and fixed drainage
(h) have storage for veterinary instruments and facilities for their sterilisation
(i) have secure storage for drugs as required by the Drugs, Poisons and Controlled Substances Regulations 2006 and any subsequent amendments to these regulations
(j) have facilities for any excreta, putrescible waste, soiled bedding and carcasses to be stored in such a way and disposed of at intervals sufficient to avoid:
   (1) the generation of offensive odours
   (2) offensive appearance
   (3) those materials becoming hazardous to health
(k) provide facilities that allow for the prevention of spread of contagious disease between patients
(l) have a trained assistant present during sterile procedures for the purposes of anaesthetic monitoring and to assist in maintaining sterility
(m) where general anaesthetics are administered, provide facilities for resuscitation of patients
(n) meet the requirements of local authority by-laws or other regulations applicable to veterinary premises
(o) provide for the veterinary care of any hospitalised animals to be made in accordance with the general standards described in Guideline 4: After-Hours Hospitalisation
(p) provide facilities for correct collection and disposal of sharps
(q) where an emergency centre is advertised, it should have both veterinary and support staff in attendance during stated business hours.

1.3 VETERINARY CONSULTING ROOMS

Veterinary Consulting Rooms are premises wherein examination, diagnostic, prophylactic and medical services for animals are provided. A veterinary consulting room shall not be used for the purpose of surgical procedures (other than minor surgery) or the hospitalisation of animals. Minor surgery does not include procedures involving the opening of body cavities or orthopaedic procedures. The general standards, which apply to all veterinary premises, shall be met.

1.4 VETERINARY CLINICS

Veterinary Clinic means premises wherein examination, diagnostic, prophylactic, medical and surgical services for animals are provided.

1.4.1 Standards

In addition to the general standards, which apply to all veterinary premises, a veterinary clinic shall:

(a) provide for laboratory diagnostic services
(b) provide for radiographic investigation, which complies with all occupational health and safety requirements and any other regulations as may be in force
(c) provide a room or rooms separate from any examination or consulting room for surgical procedures, the sterilisation of instruments, the anaesthesia and resuscitation and recovery of patients
(d) provide a separate room or rooms for housing of animals in which any kennel, cage or stall is of a size appropriate to the animal housed and is constructed of impervious and easily cleaned materials
(e) have adequate facilities for cooling, heating and ventilation of any area in which any kennel, cage, or stall is situated – individual cage heating is acceptable
(f) provide an area separate and apart from any animal accommodation facilities for the hygienic preparation and storage of food
(g) provide equipment for inhalation anaesthesia and the resuscitation of patients.

1.5 VETERINARY HOSPITALS

A Veterinary Hospital or Animal Hospital means any premises wherein veterinary examination, diagnostic, prophylactic, medical and surgical services are provided and where an extended and superior range of services for animals under treatment is provided.

1.5.1 Standards

In addition to all the above standards, a veterinary hospital shall:

(a) provide for a veterinary practitioner to be readily available at all times - this does not necessarily require a veterinary practitioner to be on the premises at all times
(b) have a business information sign containing specific information regarding the
provision of emergency veterinary services

(c) provide at least two examination rooms or in the case of a large animal hospital, a covered area with suitable loading and unloading facilities and crush and/or stocks for restraint during examination and other procedures

(d) provide for laboratory, diagnostic services in which microscopic, routine haematology, faecal and urinary examination would normally be undertaken on the premises

(e) provide equipment and facilities for radiographic investigations

(f) provide an operating theatre used solely for the purpose of aseptic surgical procedures and a separate treatment area for performing contaminated surgical procedures

(g) provide a separate area for the preparation of patients for surgery

(h) provide for the non-chemical sterilisation of surgical instruments and packs

(i) in the case of a veterinary hospital for small animals, provide kennels or cages that comply with this guideline, 1.4.1(d)

(j) in the case of a veterinary hospital for large animals, provide stalls under cover that comply with this guideline, 1.4.1(d)

(k) have an area or areas for the exercise of animals appropriate to the number and size of the animals hospitalised

(l) if performed, have an area for the bathing and grooming of animals separate and apart from the surgical and examination areas

(m) provide appropriate isolation facilities for animals:

(1) with suspected infectious diseases

(2) treated with chemical or radioactive substances that may be harmful to staff.
GUIDELINE 2

STANDARDS OF HOUSE CALL PRACTICES AND ON-SITE SERVICES

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

2.1 PREAMBLE

A House Call Practice is a practice that primarily offers house call veterinary services not including visits for large animal consultations to farms, stables or other livestock premises. An on-site service is the provision of on-property veterinary services to large animals or other livestock. All veterinary practitioners should be vigilant with regard to biosecurity (refer to Guideline 18: Standards of Biosecurity for Property Visits).

2.2 STANDARDS

(a) A house call practice shall provide for reliable means of communication for the client to contact the veterinary practitioner, including arrangements for out-of-hours and/or emergency cases consistent with Guideline 4 After-Hours Hospitalisation.

(b) A house call practice shall have access to a fixed veterinary premise, which complies with Guideline 1: Standards of Veterinary Premises, for the further treatment or referral of cases.

(c) When performing house calls, the veterinary practitioner shall only carry out those procedures for which they have suitable facilities and equipment and that do not require general anaesthetic. All other procedures are to be performed at the base clinic or other suitable veterinary premises.

(d) The vehicle used for house calls shall:
   (1) be clean and hygienic at all times
   (2) have secure storage for carrying drugs as required by the Drugs, Poisons and Controlled Substances Regulations 2006 or any subsequent amendment to these regulations
   (3) carry adequate measures to ensure full and accurate contemporaneous medical records are able to be completed
   (4) provide the necessary facilities for the safe transportation of patients when required
   (5) carry sufficient instruments and equipment for a thorough clinical examination
   (6) be capable of being locked and meet the requirements of all government regulations
   (7) provide facilities that allow for the prevention of spread of infectious disease between patients and premises.

(e) In the case of on-site services:
   (1) protective clothing, footwear and equipment should be thoroughly cleaned between property visits
   (2) veterinary practitioners should be aware of the correct protocol to use if exotic disease is suspected (refer Guideline 18: Standards of Biosecurity for Property Visits).
GUIDELINE 3

STANDARDS OF MOBILE VETERINARY CLINICS

The Veterinary Practitioners Registration Board of Victoria (Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

3.1 PREAMBLE

A Mobile Veterinary Clinic is a facility that provides that form of clinical veterinary practice, which may be transported or moved from one location to another for delivery of a limited range of medical and/or surgical services in a trailer or vehicle. All veterinary practitioners should be vigilant with regard to biosecurity (refer to Guideline 18: Standards of Biosecurity for Property Visits).

3.2 STANDARDS

(a) A mobile veterinary clinic shall provide for reliable means of communication for the client to contact the veterinary practitioner, including arrangement for out-of-hours and/or emergency cases consistent with Guideline 4 After-Hours Hospitalisation.

(a) All mobile veterinary clinics shall:

(1) not carry out procedures involving orthopaedic or thoracic surgery
(2) only carry out abdominal surgery on animals small enough to allow the maintenance of strict sterility
(3) have access to a fixed veterinary premise which complies with Guideline 1: Standards of Veterinary Premises for the further treatment or referral of all other cases
(4) have a trained assistant present during sterile procedures for the purposes of anaesthetic monitoring and to assist in maintaining sterility
(5) where general anaesthetics are administered, provide facilities for resuscitation of patients
(6) retain all animals that have been anaesthetised under veterinary care until they are ambulatory (except where a spinal condition precludes ambulation).

(b) A mobile veterinary clinic shall be a vehicle or trailer specifically modified for the purpose, be maintained in a hygienic manner and have the following:

(1) hot and cold water
(2) power source for diagnostic and treatment equipment
(3) collection tank for disposal of wastes
(4) adequate lighting, heating, cooling and ventilation
(5) impervious flooring capable of being cleansed and disinfected
(6) a surgical light and a table of impervious material
(7) appropriate instruments, sterilisation facility and protective clothing
(8) separate compartment of appropriate size for the safe transport or holding of animals
(9) secure storage for drugs as required by the Drugs, Poisons and Controlled Substances Regulations 2006 and any subsequent amendment to these regulations
(10) provide facilities that allow for the prevention of spread of infectious diseases between premises and patients
(11) provide facilities for the correct collection and disposal of sharps.

(c) The vehicle or trailer is to be capable of being locked and meet the requirements of all necessary government regulations.
GUIDELINE 4

AFTER HOURS HOSPITALISATION

The Veterinary Practitioners Registration Board of Victoria (Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

4.1 PREAMBLE

It is commonly accepted practice within the veterinary profession that animals, which are to be hospitalised after-hours, may not be under constant supervision. Differing expectations as to the level of supervision being provided is often a cause of misunderstanding.

4.2 INFORMING THE CLIENT

The client has a right to be fully informed of the level of supervision being offered. The veterinary practitioner has the responsibility to inform the client of the various options available, their advantages and disadvantages, and the costs of these various options.

4.2.1 Options

Options may include:

(a) no supervision – animal left unattended
(b) minimal supervision – scheduled supervised visits by veterinary or nursing staff during the hospitalisation period
(c) constant supervision – veterinary or nursing staff to provide constant supervision throughout the hospitalisation period
(d) referral to another facility, for example, an after-hours emergency centre
(e) the owner taking the animal home to provide supervision.

Agreement to any of these options constitutes informed consent and should be noted in the clinical record.

4.2.2 Informed Consent

The Board expects that all veterinary practices will adopt protocols to ensure documented, informed consent in relation to after-hours hospitalisation.

4.2.3 Progress Reports

If an animal is hospitalised overnight or longer, veterinary practitioners should make arrangements regarding communication about ongoing costs and progress as part of the informed consent process.

4.2.4 Release Following Anaesthesia

All animals that have been anaesthetised should remain under veterinary care until they are ambulatory (except where a spinal condition precludes ambulation).
GUIDELINE 5

CERTIFICATION

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

5.1 GENERAL

A high standard of veterinary certification is expected of the veterinary profession by the Victorian community and for the international reputation of Australia’s veterinary services. This applies to the formal issuing of veterinary certificates and to various declarations, statements and/or evidence provided by veterinary practitioners in the course of their professional duties (for example, witness statements and insurance claims).

5.1.1 When a veterinary practitioner provides a certificate it must be prepared with honesty, care and accuracy, using terms that are simple and easy to understand and without words or phrases, which are capable of more than one interpretation. It must be legible, preferably type-written, computer generated or produced using a pre-printed form. It should bear the date that the examination or procedure was carried out, the date of issue of the certificate and the name, qualifications, unique registration number (for example, V9999) and address of the issuing, veterinary practitioner. A copy should be made and kept in a paper or computer file.

5.1.2 The veterinary practitioner should certify only those matters that are within the practitioner’s knowledge and that the practitioner can ascertain. Matters known to other persons such as the farmer, breeder, trainer or truck driver should be subject to declaration by those persons not the veterinary practitioner.

5.1.3 The certificate should not contain any matters that may raise questions of possible conflict of interest. Any potential conflict of interest must be disclosed, in advance, to the person requesting the certificate. Examples of such conflict include provision of certification for the veterinary practitioner’s own or family animals or a pre-purchase examination where the veterinary practitioner has an undisclosed practitioner-client relationship with the vendor (also see Guideline 16: Conflict of Interest for Registered Veterinary Practitioners).

5.1.4 The certificate should clearly and accurately identify the animal(s) that is the subject of the certificate, so that there can be no doubt to which animal(s) the certificate applies.

5.1.5 Where appropriate, the certificate may indicate a time period for which the certificate will remain valid.

5.1.6 The certificate should be completed and issued within a reasonable time period (maximum 14 days) from the time of examination of the animal. A longer delay may be reasonable if comprehensive and contemporaneous records are available. The certificate should specify the date of any examination, test or procedure on which the certificate relies.

5.1.7 Certificates should be issued and presented in the original. Where a duplicate certificate is made for any valid reason it must be clearly identified as a duplicate before issue.

5.1.8 Certificates should be produced on one sheet of paper or if more than one page is required, in a form such that any two or more pages are part of an integrated whole and indivisible.
5.1.9 Veterinary practitioners should read thoroughly and consider carefully all the implications of a certificate tendered by a client or a third party for signature and in such circumstances, should test the statements made in such a certificate against the recommendations of these guidelines.

5.1.10 Provision of inaccurate, misleading, false or fraudulent certification can have serious consequences for veterinary practitioners such as:

(a) penalties or sanctions for negligence under common law
(b) liability for consequences (for example, disease spread) under trade practices legislation
(c) criminal proceedings for fraudulent activities
(d) professional misconduct under the Veterinary Practice Act 1997.

5.2 VACCINATION RECORD (CERTIFICATES) FOR DOGS AND CATS

A vaccination record (certificate) should be issued for all dogs and cats that are vaccinated, including individuals in litters. A vaccination record cannot be regarded as certification of the health of an animal.

The record should include:

(a) date of vaccination
(b) breed or type
(c) sex of the animal
(d) known or approximate age or date of birth
(e) colour
(f) any other obvious features that will aid identification
(g) the number of the microchip (if the animal is microchipped)
(h) the name of the owner at the time of the vaccination (this may be a breeder or pet shop)
(i) vaccine batch numbers
(j) the name and address of the veterinary practitioner and veterinary practice
(k) the signature of the veterinary practitioner
(l) the unique registration number of the veterinary practitioner (for example, V9999).

Veterinary practitioners should also ensure that all the information listed from (a) to (l) is included in the clinical record for the animal.

5.3 PROFORMA VACCINATION CARDS

Proforma cards or generic practice vaccination forms, commonly referred to as vaccination certificates, may not be used for legal purposes, including export certification.

5.4 PROFORMA CERTIFICATES

Often proforma certificates are provided by associations or accreditation groups for specific certification purposes, such as insurance, pre-purchase examinations or animal status levels. It is recommended that if these forms are used, they be completed in full. Any sections not applicable should be neatly ruled off to minimise the opportunity for details to be added by a third party after issue.
GUIDELINE 6

SUPPLY AND USE OF DRUGS, SCHEDULED DRUGS AND OTHER MEDICATIONS IN VETERINARY PRACTICE

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages. Note: ‘registered veterinary practitioner’ in the context of this guideline, means a registered veterinary practitioner whether working in veterinary clinical practice or otherwise.

6.1 PREAMBLE

Veterinary practitioners may use, supply and administer drugs and medications to animals under their care for the prevention, treatment, diagnosis or relief of a disease, condition, infestation or injury or for modifying the physiology or behaviour of the animal. The use of some drugs is regulated but whether regulated or not, when dispensing drugs or medication in the course of treating an animal under their care, the Board considers that the veterinary practitioner has a professional responsibility to uphold the principles of Total Professional Service where applicable, to ensure the appropriate, safe and effective use of the medication in the animal.

The legislation regulating the administration, use, supply, storage and record keeping requirements is complex (see Figure 6.1, page 4) and can be divided into either Commonwealth or State legislation. It is the responsibility of veterinary practitioners to familiarise themselves with this legislative framework and the details contained within it and to keep up to date with changes that occur.

In brief, from a veterinary perspective…

(a) Commonwealth legislation is concerned with:

(1) ensuring conformity among States and Territories
(2) human product licencing (Therapeutic Goods Administration (TGA))
(3) publication of a schedule categorising drugs (Standard for the Uniform Schedule of Medicines and Poisons (SUSMP))
(4) veterinary drug licencing (the Australian Pesticides and Veterinary Medicines Authority (APVMA))
(5) maintenance of the APVMA Register.

(b) State legislation makes provision for:

(1) the registration of veterinary practitioners
(2) recognition of Commonwealth legislation and bodies regulating drugs
(3) authorising veterinary practitioners to possess, use and supply drugs in the lawful practise of their profession, providing that requirements relating to labeling, supply, storage and records are met, particularly for Schedule 4 and 8 drugs (primarily through the Drugs, Poisons and Controlled Substances Act 1981 (DPCS))
(4) prohibiting the illicit production, distribution and use of drugs of dependence (classified into a Schedule 11 of the DPCS Act) comprising all SUSMP Schedule 8 and some Schedule 4 drugs
(5) additional requirements to be met by veterinary practitioners administering drugs to livestock, to mitigate the risks to human health and trade of chemical residues in livestock products.

The Board considers that breaches of the relevant legislation could constitute unprofessional conduct.

### 6.2 DEFINITIONS

**6.2.1 Dispensing** The act of making drugs ready for supply to a client and the sale or supply of those drugs to the client. It includes the acts of labelling and recording and the provision of advice notes. The responsibility for dispensing cannot be delegated to a veterinary nurse or other employee.

**6.2.2 Drug** For the purpose of this guideline, a drug is any substance or mixture of substances that the registered veterinary practitioner recommends, supplies or uses for administration to an animal for prevention, treatment, diagnosis or relief of a disease, condition, infestation or injury or for modifying the physiology or behaviour of the animal. It includes vitamins, minerals and additives when used for any of these purposes.

**6.2.3 Prescribing** The act of writing a prescription for a client to have filled by a registered pharmacist.

**6.2.4 Retailing** Sale by retail in an ‘open’ shop is limited to drugs that are not scheduled plus Schedule 5, 6 and some 7 poisons, in the original unopened package as supplied by the manufacturer. Only pharmacists may sell or supply Schedule 2 and 3 drugs in an ‘open’ shop.

**6.2.5 Scheduled Drugs** Refers to those drugs listed in Schedules 1 to 9 of the SUSMP, including Schedule 4 (Prescription Animal Remedy or Prescription Only Medicine) and Schedule 8 (Controlled Drugs), which the veterinary practitioner is entitled to hold, use and supply in the lawful practise of their profession.

**6.2.6 Unregistered Use** This is use of a drug preparation that is not registered by the APVMA; for example, any preparation produced for the human market. Note that with both production and food producing animals, such use is only permitted for individual animals, not on a herd or flock basis.

**6.2.7 Off-label Use** This is the use of a drug preparation registered by the APVMA not in accordance with the label. It is recommended that veterinary practitioners check the product label to verify that the use is not specifically prohibited.

**6.2.8 Self-administration** A veterinary practitioner is not authorised to obtain Schedule 3, 4 or 8 drugs for personal use or for use by any other person (for example, spouse or employees): see Frequently Asked Questions at 6.4 for further detail.

**6.2.9 Wholesaling** The selling to other, authorised persons for the purposes of on-trading is prohibited unless the appropriate licence is held and includes a veterinary practitioner supplying drugs on another practitioner’s prescription when the animal is not under their care.

### 6.3 TOTAL PROFESSIONAL SERVICE

The supply, prescribing and administration of scheduled drugs is a professional service provided by veterinary practitioners. To assist veterinary practitioners to comply with the legal requirements that apply to proper provision of this service, the Board has devised the principles of Total Professional Service as the set of standards, which should be applied to the use, supply, prescribing or dispensing of any drugs or medications in the treatment of animals.
In providing *Total Professional Service*, all the following criteria should be considered and met:

(a) Is this a *bona fide* client?
(b) Is there a therapeutic need for this drug or medication?
(c) Is this animal/herd under my care?
(d) Has the legislation regarding storage and handling been followed?
(e) Do I have documentation/records for the above?
(f) Do I have a system of follow-up to determine whether the expected outcomes from use of this drug or medication are achieved?
(g) Am I in a position to provide after-care for this animal if needed?
(h) Am I confident that my client understands all instructions (for use and for withholding periods as appears on the label) and will use the drugs or medications properly?
(i) Is the quantity I intend to dispense reasonable?
(j) Is the supply in the best interests of the animal/herd?

### 6.3.1 Bona Fide Client

The veterinary practitioner should know the client and hold clinical records relating to the client's animals; and they should be familiar with the current management and health status of the client's animals. In the case of a new client, the veterinary practitioner should personally familiarise themselves with the client and their animal or herd (by establishing the clinical history and performing appropriate clinical examinations) and commence keeping appropriate records, prior to supplying drugs: This includes for holiday-makers and other, one-off clients.

### 6.3.2 Therapeutic Need

The veterinary practitioner supplying the drugs is required to take all reasonable steps to establish therapeutic need, including clinical justification and documentation of that need. This includes consideration of the issues of a *bona fide* client, withholding periods, residues and advice notices with appropriate labelling, which need to be addressed in each individual case with knowledge about the client, their ability and husbandry practices.

### 6.3.3 Under My Care

Before an animal or herd could be considered in a professional context to be under a veterinary practitioner's care, all the following conditions should be met:

(a) the veterinary practitioner should have been given responsibility for the health of the animal or herd in question by the owner or the owner's agent
(b) the care of the animal or herd by the veterinary practitioner should be real and not merely nominal (that is, 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)
(c) the veterinary practitioner must have a thorough knowledge of the current health and treatment status of the animal or herd by having:

1. seen the animal or herd for the purpose of diagnosis and establishing a therapeutic need immediately prior to dispensing a drug or
2. visited the farm or other 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 state on that premises sufficient to enable the making of a diagnosis and to establish a therapeutic need.

### 6.3.4 Storage and Handling

Requirements for the storage of Schedule 4 and 8 drugs, including greater security
for the latter, can be found in the DPCS Regulations. Veterinary practitioners must meet these requirements at all times and may be audited by the DOH. The DPSC Regulations outline the specific requirements with respect to Schedule 8 drugs, including their destruction.

A veterinary practitioner can leave Schedule 4 drugs with a responsible veterinary nurse or assistant to be provided or delivered to a client, provided the drug has been lawfully dispensed and labelled.

6.3.5 Documentation, Records, Labelling and Dispensing Requirements

The following tables (6.3.5.1 to 6.3.5.3) outline the requirements as at the date of the posting of this guideline. Adequate clinical records (also see Guideline 11: Veterinary Medical Records) are required to justify diagnosis, therapeutic need that the animals are under the veterinary practitioner's care and should identify the veterinary practitioner who has authorised the supplied drugs. This includes the outcomes of treatment and any follow up.

6.3.6 Outcome of Treatment and Follow-up

There should be a method of follow-up to determine whether the expected outcome of treatment is achieved and to review treatment if the expected outcome is not fully achieved. Follow-up is important: it completes the clinical history; ensures appropriate supply; alerts the veterinary practitioner to any unexpected outcomes or to the appearance of side-effects of the medication; allows for monitoring of a client's drug supplies; for the collection and correct disposal of unused drugs; and above all, it demonstrates the practitioner's concern for animal welfare. Reporting of adverse drug reactions to the manufacturer and to the APVMA, through the Adverse Experience Reporting Programme for Veterinary Medicines, should be undertaken by the practitioner in any case where an unexpected or adverse reaction to a drug may have occurred.

6.3.7 After-Care

It is the responsibility of the practitioner to ensure that provision is made for after-care of the animal or herd being treated and to ensure that any animal welfare concerns or adverse effects of drugs are addressed.

In some cases, an animal or herd may be being treated by more than one practitioner (for example, in a breeding herd where the regular attending practitioner and an associated practitioner with a particular interest in reproductive management are both active with the herd). In such cases, after-care could take the form of an agreement between the different practitioners to provide specified after-care and follow up. Agreement between such practices is sometimes difficult but all attempts to pursue agreement should be made for the benefit of the client and the animals and to ensure that each practitioner is in possession of current knowledge about the health and treatment status of the animals.

6.3.8 Client Understands All Instructions and Will Use the Drugs Properly

Client understanding is intrinsic to the practitioner's knowledge of the individual client's husbandry and treatment management knowledge and skills. It is a vital reason for the requirement that the supply of drugs should only occur to bona fide clients. It implies that the practitioner will take care to fully inform the client regarding the proper use of the drug, including dosage, route and method of administration, possible side effects and withholding periods or export slaughter intervals.

In the case of drugs that can be dangerous to handle (for example, prostaglandins and cytotoxics), it may include informing the client of any special restrictions on who is to handle the drug and how it is to be handled. Ancillary handling aids, such as latex gloves, can be provided with such drugs and the importance of their use carefully explained. It is imperative in such cases that the practitioner is confident the client will follow the instructions on the dispensing label and has understanding of their importance. It is wise to document any such specific instructions given.
Figure 6.1 Commonwealth and State Legislation related to the use of prescription medicines in veterinary practice
Table 6.3.5.1 General requirements for Schedule 4 and Schedule 8 drugs

<table>
<thead>
<tr>
<th>REQUIREMENTS FOR DRUG USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Record Keeping Requirements</strong></td>
</tr>
<tr>
<td><strong>General requirements for Schedule 4 and Schedule 8 drugs</strong></td>
</tr>
<tr>
<td>ALL the following details are to be recorded as soon as practicable after the transaction:</td>
</tr>
<tr>
<td>(a) the date of transaction</td>
</tr>
<tr>
<td>(b) the name, form, strength of the drug</td>
</tr>
<tr>
<td>(c) the name and address of the person to whom the drug is transferred</td>
</tr>
<tr>
<td>(d) the quantity supplied or used</td>
</tr>
<tr>
<td>(e) the directions for use</td>
</tr>
<tr>
<td>(f) the length of course of treatment</td>
</tr>
<tr>
<td>(g) the name of the prescriber</td>
</tr>
<tr>
<td>(h) importantly, the grounds for the decision having been made that there is therapeutic need for supplying or prescribing should also be recorded.</td>
</tr>
<tr>
<td>Lost or stolen records are to be reported to the police and Secretary of the Department of Health, without delay.</td>
</tr>
<tr>
<td>Records are to be kept for 3 years.</td>
</tr>
</tbody>
</table>

Table 6.3.5.2 Additional requirements for drug use in food production animals

<table>
<thead>
<tr>
<th>ADDITIONAL REQUIREMENTS FOR DRUG USE IN FOOD PRODUCTION ANIMALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Record Keeping Requirements</strong></td>
</tr>
<tr>
<td><strong>Schedule 4 and Schedule 8 drugs; unregistered drugs; off-label use of drugs; any veterinary chemical with a withholding period</strong></td>
</tr>
<tr>
<td>All records must be made within 24 hours of sale or use of these drugs with the additional details as follows:</td>
</tr>
<tr>
<td>(a) the species of animal treated or intended to be treated</td>
</tr>
<tr>
<td>(b) the location of the animal treated or intended to be treated</td>
</tr>
<tr>
<td>(c) the withholding period (if any) for the product.</td>
</tr>
<tr>
<td>Records are to be kept for 3 years.</td>
</tr>
</tbody>
</table>
6.3.9 Quantity Supplied

The quantity of drugs supplied must be commensurate with the therapeutic need. It is the practitioner's responsibility to ensure, by way of record keeping, that the drugs supplied were all used or would be used for the specific purpose intended.

It is not acceptable to supply quantities of drugs for a client to have on a ‘just in case’ basis. If a client requests supplies of drugs for an ‘anticipated need’, it is the responsibility of the practitioner to apply the principles of Total Professional Service and to use (and record the use of) the Dispensing Checklist (see 6.4).

The requirements of after-care and follow-up are vital in this context and an agreement should be made with the client for follow-up in a reasonable time, to monitor the use of the drugs and the outcome of treatment. Consideration should be given to the retrieval of any unused drugs for proper disposal. This is not to imply a refund, rather it is to ensure that clients are not left in possession of indeterminate amounts of unused drugs, which may deteriorate or become out-of-date or which the client may become tempted to use for other (undiagnosed) conditions; and to ensure that all disposal of drugs is performed correctly in accordance with EPA guidelines. Additionally, the responsibility for advising of withholding periods, export slaughter intervals and exact dose of the drug for the specific condition rests with the practitioner for each case in which the drug is used.

### Table 6.3.5.3 Additional requirements for Schedule 8 drug use

<table>
<thead>
<tr>
<th>Record Keeping Requirements</th>
<th>Labelling/Dispensing Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>A separate record book (“Dangerous Drugs Book” or “Drugs of Addiction Register”) must be kept, which:</td>
<td></td>
</tr>
<tr>
<td>(a) records all transactions and shows the true balance remaining of each drug following each transaction</td>
<td></td>
</tr>
<tr>
<td>(b) records each drug on a separate page (ideally) and includes the name; address of the supplier; the quantity supplied; the name of the practitioner carrying out each transaction; their usual signature; and the quantity used or supplied</td>
<td></td>
</tr>
<tr>
<td>(c) is in such form that records cannot be altered, obliterated, deleted or removed without detection</td>
<td></td>
</tr>
</tbody>
</table>

The DOH has provided advice requiring books that are used to record use of dangerous drugs or drugs of addiction to be a purpose designed book obtained from veterinary or medical wholesalers and must not be in a loose-leaf format. Veterinary practitioners must maintain transaction records for Schedule 8 or 9 drugs in a manner that ensures that the records cannot be altered, obliterated, deleted or removed without detection (see Drugs, Poisons and Controlled Substances Regulation 41(5)).

Records must be made as soon as possible after the transaction. In addition, usual veterinary medical records should be kept in accordance with Guideline 11: Veterinary Medical Records, as described for Schedule 4 drugs, above.

The quantity of Schedule 8 drugs supplied or prescribed should be sufficient only for the immediate clinical circumstance. If a circumstance arises where the veterinary practitioner considers that it is possible that the animal may require further supply for the condition (for example, colic in a horse), strong consideration should be given to arranging to re-visit the animal or have the animal brought to a facility for close monitoring and medication.

The Board considers that there is no legitimate, therapeutic reason for dispensing Ketamine in any quantity to any person.

Destruction and disposal of Schedule 8 drugs is subject to regulation (Drugs, Poisons and Controlled Substances), including recording requirements showing the method of destruction and the identity of a witness who must be present who must be another registered health practitioner (for example, veterinary practitioner, medical practitioner, pharmacists or nurse).
6.3.10 Interests of the Animal / Herd

It is the practitioner's responsibility to ensure that animal / herd welfare considerations are taken into account when supplying drugs.

6.4 FREQUENTLY ASKED QUESTIONS

6.4.1 Can I use drugs for myself or another person either purchased from a wholesaler or that I have in stock or on order?

No. A veterinary practitioner is not authorised to obtain drugs for personal use or for use by any other person (for example, spouse or employees). Self-administration of Schedule 4 and Schedule 8 poisons is prohibited unless the drugs have been lawfully prescribed and supplied by a registered health practitioner (for example, medical practitioner or dentist) or supplied by a pharmacist upon presentation of a prescription from a registered health practitioner (DPCS Regulation 48). This does NOT mean that, once prescribed by a health practitioner, a veterinary practitioner may continue the treatment with drugs that were obtained from a wholesale supplier.

6.4.2 Who is a bona fide client?

Establishment of a bona fide vet-client relationship usually requires examination of the animal / herd immediately prior to supply and commencement of appropriate clinical records and advising about expectations of after-care.

When dealing with a request for supply from a client with whom the veterinary practitioner does not have a current professional relationship, it is advisable to enquire of the client whether they have a current professional relationship with another veterinary practitioner. Having established the current veterinary provider, the veterinary practitioner can then refer the client back to the current veterinary provider or establish a current bona fide professional relationship.

Associates and locum working in the practice are acceptable substitutes for the practitioner provided they have unlimited access to the clients records. It is acknowledged that a client may have a bona fide professional relationship with more than one practitioner or more than one veterinary practice.

6.4.3 Who is responsible if more than one practitioner is treating an animal / herd?

There must be communication between each of the veterinary practitioners to ensure that the animal / herd health and treatment knowledge of the usual responsible veterinary practitioner is not compromised. Agreements should be reached as to who provides which specified after-care. Veterinary specialists and referral veterinary practitioners are required to uphold the principles of Total Professional Service to not treat any conditions other than that for which the animal has been referred; and to communicate details of any treatments prescribed to the referring veterinary practitioner and to work with the referring veterinary practitioner to ensure continuity of treatment and after-care. It would not be considered to be in the animal's best interests for veterinary practitioners to allow a situation to develop where business competition over-rides the need to inform a client's usual veterinary provider of the details of any drugs being used on the animal / herd for which they bear usual responsibility.

6.4.4 Can a veterinary practitioner use ‘off-label’ and unregistered drugs?

Yes but with limitations. Veterinary practitioners are permitted to exercise professional judgement in the ‘off-label’ use or supply of most drugs, giving valuable access to drugs, which may be registered for human use or that have limited registration for veterinary use. However, veterinary practitioners need to be acutely aware that the authority to have access to such drugs is the subject of concern in society and that misuse of such drugs may lead to withdrawal of this privilege. Some legal limits have been placed on the ‘off-label’ prescribing and unregistered use of drugs by a veterinary practitioners.
Veterinary practitioners assume full responsibility for the use of any drug contrary to the registered usage scheme as reflected on the manufacturer's label. If using drugs in any manner contrary to the manufacturer's label or product insert it is essential to inform the client of this and the reasons for the choice of drug; any other options available to the client; and to document the informed consent of the client in the clinical records. It is recommended that the veterinary practitioner provides advice in writing about withholding periods to their client.

It is important for those veterinary practitioners, who are treating production animals, to understand that regulatory authorities may take regulatory action where illegal residues are detected or occur. When unregistered chemicals are supplied or registered chemicals are used 'off-label', the veterinary practitioner is legally responsible if the withholding period specified on the label supplied by the practitioner proves to be inadequate.

The veterinary practitioner also assumes full responsibility for use of experimental drugs or those sold under APVMA licence as 'permit products'. It is imperative that the veterinary practitioner adheres to the requirements of the Total Professional Service principles when using or supplying these drugs and does not on-sell these drugs to any person, except the client who is the owner or responsible agent for the end-user animal patient. These drugs must not be re-packaged or re-labelled from the manufacturer's specifications; however, the dispensing, veterinary practitioner should affix an additional label, as described for Schedule 4 drugs.

6.4.5 With respect to drugs, what can veterinary practitioners advertise?

Veterinary practitioners are not permitted to include any reference to drugs included in Schedule 3, 4 or 8 of the SUSMP in any advertisement, except in genuine professional or trade journals or other publications intended for circulation only within the veterinary profession or wholesale drug industry.

6.4.6 Are there any special requirements for veterinary practitioners supplying drugs to intensive livestock Industries?

Veterinary practitioners supplying drugs to the pig, poultry and feedlot industries should adhere to the Total Professional Service principles. Those prescribing medicated stock feeds et cetera need to be aware of the relevant legislation and may be held responsible for residues found in animal products. A useful guide for veterinary practitioners is the Code of Use of Antibiotics in the Poultry Industry.

6.4.7 Are there any special requirements for veterinary practitioners supplying drugs for the treatment of racing animals?

Supply needs to be undertaken with care to ensure that the requirements of the racing authorities for animals to race 'drug free' are met. This is taken to include drugs which may not be scheduled but which are included in the racing authority's list of prohibited substances.

Under the rules of racing for most codes, registered trainers must not have Schedule 4 drugs in their possession unless these have been lawfully supplied by a veterinary practitioner. This places an enhanced obligation on veterinary practitioners to ensure that any drug supplied for a racing animal is clearly and properly labelled and quantities supplied should be limited to that required to meet the therapeutic need. Stewards undertake checks of drugs held at racing stables and kennels.

6.4.8 Who is responsible for drugs in veterinary practices that are not owned by veterinary practitioners?

It is possible for entities, who are not veterinary practitioners, to own veterinary practices. In this case, a nominated, registered veterinary practitioner employed by the business is required to purchase and supply scheduled drugs. This veterinary practitioner is the 'responsible person' and is answerable to the Board for any breaches of professional conduct in relation to the procurement, storage, use or supply of drugs and also to the law for any breaches of the DPCS legislation or the...
Agricultural and Veterinary Chemicals legislation. Veterinary practitioners employed in practices, not owned by veterinary practitioners, must not allow commercial pressures from non-veterinary business owners to compromise their professional integrity regarding the possession, supply or use of drugs.

6.4.9 Can a veterinary practitioner supply drugs to persons other than the animal owner?

The supply of drugs to any person who is not the owner or responsible agent for the animal is not permitted. Accordingly, supply of drugs to a third party where the veterinary practitioner has not personally established a therapeutic need for the animal(s) could be considered as wholesaling and may be unlawful; this includes dispensing another veterinary practitioner’s script. The veterinary practitioner who sells or supplies drugs in such a manner is unacceptably abrogating their responsibility to establish and record therapeutic need; to control the dose and frequency of use of the drug; to provide follow-up and after-care; and to ensure correct use of the drug and understanding of its use and contraindications by the end-user.

Supply to a person who is a proper ‘responsible agent’ for an animal is acceptable provided the requirements of the Total Professional Service principles are applied. Examples of this type of situation would be supplying to a racehorse trainer, stud manager or boarding kennel proprietor for the treatment of an animal under the care of the veterinary practitioner. There is usually a formal agreement between the owner and the responsible agent. This does not abrogate the responsibility of the veterinary practitioner to make the diagnosis and establish therapeutic need prior to supply.

6.4.10 Must veterinary practitioners supply drugs without payment?

Without removing the right of the veterinary practitioner to ensure that they receive appropriate payment for services and drugs dispensed, it is of concern that some veterinary practitioners may inform a client that a drug is necessary for the health or well-being of their animal but then refuse to supply that drug because of the client’s inability to pay at the time of supply.

The veterinary practitioner must hold uppermost in their considerations the duty of care to the animal, which may involve a decision as to whether a recommended drug is immediately necessary (for example, antibiotic for an infection) or optional (for example, medicated shampoo). The animal’s life or reasonable comfort should not be jeopardised (also refer to Guideline 9: Obligation to Provide Treatment).

6.4.11 What are Schedule 11 drugs?

Under State legislation, Schedule 8 drugs and some Schedule 4 drugs (including anabolic and androgenic steroids) are classified as drugs of dependence and listed in Schedule 11 of the DPCS Act. The effect of this is to provide for a greater range of law enforcement tools to be used in investigating their misuse and to provide penalties appropriate to trafficking offences: Very significant penalties apply to the misuse or unlawful supply of Schedule 11 substances.

SUSMP Schedule 6 anabolics and androgenics (implant preparations of Trenbolone and Testosterone for use in farm animals) have been excluded from Schedule 11.

For a complete list of Schedule 11 drugs, consult the DPCS legislation.
6.4.12 Can I supply scheduled drugs merely on the basis of another practitioner’s prescription?

No. A veterinary practitioner must not administer, prescribe, sell or supply a scheduled drug unless the drug or poison is for the treatment of an animal under their care; and they have taken all reasonable steps to ensure a therapeutic need exists for that drug or poison (Regulation 13 DPCS Regulations). For a veterinary practitioner to lawfully supply on the basis of another's prescription, they would still need to comply with Regulation 13 of the DPCS Regulations, although the prescription might serve as a component of the steps that are required to be taken. Only a registered pharmacist can supply a scheduled drug based solely on another practitioner’s prescription.

6.4.13 Am I required to write a prescription where the client wishes to obtain scheduled drugs from a pharmacy or over the internet?

A veterinary practitioner is not obliged to write a prescription simply because a client requests it but could be obliged to do so to provide the treatment that they advocate as a result of a consultation. The decision of whether or not to charge a fee for a consultation or for writing a prescription is at the discretion of the individual veterinary practitioner.

Veterinary drugs and poisons cannot be imported from overseas if a registered product is available in Australia. For unregistered products, written consent for importation must be obtained from the APVMA. For scheduled drugs ordered over the internet from Australian based companies, a registered pharmacist must oversee the supply of drugs based on another practitioner’s prescription.
DISPENSING CHECKLIST

Prior to supplying a scheduled drug or medication, have I satisfied all of the following requirements?

- The client is a bona fide client or a client presenting an animal for examination.
- I have current knowledge of the management, health status and drug status of the animal(s).
- I have established a therapeutic need for the use or supply of this drug or medication.
- I have satisfied myself that the animal or herd is currently under my care.
- I have followed the Drugs, Poisons and Controlled Substances legislation or the Agricultural and Veterinary Chemicals legislation in respect of storage requirements.
- I have followed the Drugs, Poisons and Controlled Substances legislation or the Agricultural and Veterinary Chemicals legislation in respect of labelling requirements.
- I have followed the Drugs, Poisons and Controlled Substances legislation or the Agricultural and Veterinary Chemicals legislation and Board guidelines in respect of recording requirements.
- I have a system of follow up in place to determine whether expected outcomes of treatment are achieved.
- I am in a position to provide or arrange after care for this animal if needed and the client is aware of my position in this respect.
- I am confident the client understands all instructions regarding the use (and, where appropriate, withholding restrictions) of this drug or medication.
- I am confident the client knows how to use the drug or medication properly and safely.
- The quantity I am supplying is reasonable for treatment of the condition for which I have documented the therapeutic need and is not excessive so as to create a possible inappropriate stockpiling of drug or medication by the client.
- I have considered the welfare of the animal / herd in supplying this drug or medication.

* Contact the Veterinary Practitioners Registration Board of Victoria to obtain a display version of this checklist.
GUIDELINE 7

EMPLOYER / EMPLOYEE RELATIONS AND THE EMPLOYMENT OF INEXPERIENCED REGISTERED VETERINARY PRACTITIONERS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

7.1 PREAMBLE

The increasing expectations of clients of veterinary practices regarding the standards of veterinary practitioners, requires employers to regularly review the support provided to employed, associate veterinary practitioners.

7.2 RECENT GRADUATES AND INEXPERIENCED VETERINARY PRACTITIONERS DEALING WITH CLIENTS

Practice Principals / Employers should be aware that recent veterinary graduates and veterinary practitioners who are inexperienced in their current field of practice employment may not have the surgical, medical or communication skills expected by the employer’s clients.

7.3 CLIENT EXPECTATIONS

7.3.1 Veterinary practitioners should know the expectations of their clients and should ensure that these expectations are managed appropriately.

7.4 EDUCATION

Veterinary graduates are provided with core veterinary skills and an increasingly sophisticated knowledge base. However, it is unrealistic for the employer to expect the new graduate upon graduation, to be competent in all veterinary skills, procedures and techniques - despite the expectations of the clients. Knowing how to apply the knowledge base takes time and experience. Until the new graduate is competent in a particular field of practice it is reasonable for practice clients to expect that new graduates will have support from the principal or senior veterinary practitioners in the practice: The new graduate has this expectation and so does the Board.

7.5 EMPLOYERS

7.5.1 Practice Principals / Employers intending to employ a veterinary practitioner should ensure that the prospective new employee’s registration is current prior to commencement of employment. This may be confirmed via the on-line register or by telephoning the Board’s office.

7.5.2 Employers must comply with ALL statutory payroll and employment obligations in relation to all staff engaged to work in the practice.
7.5.3 Employers have an obligation to supervise the inexperienced, veterinary practitioner at all times until competency is achieved; that is, until they have demonstrated a level of skill equivalent to that expected by the public and their peers of a reasonably skilled and experienced veterinary practitioner. This includes the employer being available to assist in person or by telephone or by the provision of access to alternate back-up; for example, a neighbouring practice, a veterinary specialist, referral centre or out-of-hours veterinary clinic.

7.5.4 Mistakes and errors of judgement should be pointed out to the associate in a sensitive and collegial manner. They should never be discussed in front of other staff or in front of the clients and under no circumstances should any employer belittle the efforts of an employed veterinary practitioner.

7.6 EMPLOYEES

Employed veterinary practitioners should recognise that they are not competent in all aspects of veterinary medicine and surgery and that an ‘on the job’ learning curve exists. They are encouraged to seek assistance within the practice, in the first instance, whenever they find themselves out of their depth or at the limit of their experience and knowledge.

7.7 COMMUNICATIONS

7.7.1 All veterinary practitioners should be aware of the importance of effective communication and application of interpersonal skills in veterinary practice. The employer has an obligation to ensure that the systems of communications used between all staff members and with clients are highly effective. New employees and especially inexperienced veterinary practitioners should be well instructed in communicating effectively.

7.7.2 Employers should support inexperienced veterinary practitioners in their professional communications with clients. Employers should encourage formal and informal discussions on clinical cases and client expectations at practice meetings, practice seminars, regular performance feedback/review meetings and formal induction of the new graduates to assist in the successful adoption of the practice culture, professional standards and business ethics.

7.8 CONCLUSION

7.8.1 Employers should recognise that they have an obligation to veterinary practitioners whom they employ to provide support, guidance and assistance. The long-term result for the practice will be the maintenance of high standards of veterinary service, a healthy interaction with employed veterinary practitioners, better client relations and an appropriate professional image for the practice as perceived by clients.

7.8.2 Employers should not employ an inexperienced veterinary practitioner unless they are capable and willing to provide the level of support detailed above.
GUIDEINE 8

COMMUNICATION WITH CLIENTS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

8.1 PREAMBLE

Many of the complaints that the Board receives arise because of the breakdown of communications with clients. Often the outcome of a particular treatment provided for an animal does not meet or is different from the expectations of the owner. Some of the complainants maintain that they were not given a clear understanding of the available options, cost, prognosis and complications that may result from treatment that the attendant veterinary practitioner provided for their animal. Often complainants express concern at the apparent lack of compassionate communication and empathy, which veterinary practitioners may demonstrate. This is particularly important when procedures may not have gone to plan or the recovery of a sick animal is not as favourable as expected.

8.2 ESTABLISHING AUTHORITY

There are a number of situations arising in veterinary practice when it is particularly important for veterinary practitioners to establish that the person presenting the animal has the authority to consent to a procedure or treatment. Such situations include euthanasia, major surgery, committing to a prolonged and/or expensive course of therapy or treatment and even decisions to follow a minimalist course of action. Veterinary practitioners should take care to establish the authority of the person presenting the animal to make decisions in these situations. Such authority can be presumed to exist when the veterinary practitioner has taken reasonable steps to establish the identity of the animal and that the person presenting the animal is:

(a) an established client associated with that animal
(b) the owner of the animal
(c) the authorised agent of the owner of the animal
(d) a person with the day-to-day responsibility for the care of that animal at the time.

Reasonable steps in this context would include the veterinary practitioner directly enquiring of the person, that they fit at least one category of (a) to (d) above and this should be associated with the use of a consent form on which, the person declares that they are the owner or acting with the authority of the owner. The identity of the animal can be reasonably established by reference to existing records or other information (for example, brands, microchip and tattoos).

8.3 PERFORMING NECROPSY

It is recommended that, in the event of an unexplained / unexpected death of an animal while under the care of a veterinary practitioner, that practitioner should advise the owner that a necropsy can be performed. Options for performing the necropsy should be provided to the owner and the fees for these services negotiated between the owner and the veterinary practitioner.

Where an owner has given permission for a necropsy to be performed on an animal, this must be performed without undue delay. If storage is necessary, every effort should be made to ensure the body is stored in a way that reduces deterioration of tissues before the necropsy is conducted.
To prevent potential conflict of interest, an independent veterinary practitioner should carry out the necropsy.

8.4 DISCUSS OPTIONS

The Board expects that before undertaking veterinary procedures upon an animal, the attending veterinary practitioner will fully discuss the available options for treatment, their associated costs, prognosis, potential complications and consequences. The Board recognises that while there are often several satisfactory ways to treat a particular condition, some methods may be more effective than others. It is always prudent to recommend the most appropriate treatments for the animal; make the client aware of the costs and prognosis; and allow them to take part in decisions regarding treatment. Palliative care or euthanasia may be the most reasonable option, taking into account the animal’s welfare, quality of life and prognosis with treatment and the owner’s financial situation.

Taking into account the fact that not all information may be absorbed by the client at the time of discussion and given the proliferation of information available on the internet, the attending veterinary practitioner may wish to provide or recommend printed information to the client about the diagnosis and recommended treatment. If the veterinary practice offers services to a community of clients where English is not the first language spoken, it may wish to translate information brochures, consent forms and other documents into the relevant language/s.

8.5 RECORD INFORMED CONSENT

Where a number of options for treatment are available and discussed with the client, the Board recommends that each option, its associated costs and prognosis, be listed on either the consent form or clinical record. The consent of the client or their agent to any particular procedure should be obtained, documented and evidenced by their dated and witnessed signature: this is particularly important when the treatment chosen by the client may be less than optimal or different from that primarily recommended by the veterinary practitioner.

The Board recommends that informed consent be discussed for the extraction of diseased or compromised teeth, prior to commencement of a general anaesthetic where a dental examination or dental procedure may occur or has been recommended.

8.6 PRINTED FORMS

The use of printed consent and estimate forms will facilitate the recording of informed consent and may prevent misunderstandings. Consent forms should be printed on practice letterhead paper and a copy should be given to the owner or agent presenting the patient, which should include:

(a) the owner’s name, address and telephone number including a contact number for the day of the procedure, where possible
(b) a description of the patient (name, species, breed, colour, age and sex)
(c) name, address and telephone numbers of the agent if the patient is not presented by the owner; and there should be a statement for the agent to sign, indicating they are legally authorised to present the patient
(d) a clear description of the procedure/s to be undertaken
(e) a statement of the risks involved with the procedure and the owner or agent’s consent to perform the stated procedure/s
(f) the witnessed and dated signature of the owner or agent.

The Board recommends that consent forms also document an estimate of the cost of the procedure and the expected payment terms.
8.7 CLIENT CHOICE OF TREATMENT OPTION

The client should always be made aware that despite using an optimal method of treatment, it is both impossible and unethical to guarantee a full recovery. Where a client is either unwilling to accept the optimal treatment for their animal and / or chooses a less satisfactory method of treatment, it is important to ensure that the client is fully aware of any possible complications and further costs that may be associated with their particular choice of treatment; and this should be noted on the consent form.

8.8 REFERRAL

If the attendant veterinary practitioner lacks the necessary skills or equipment to provide the most optimal or preferred treatment for an animal, the owner should be given the option of a referral to another veterinary practitioner who possesses such skills or equipment.

8.9 INTERPRETER SERVICES

Interpreter services should be used when necessary to avoid potential misunderstandings.

8.10 PROGRESS REPORTS

If an animal is hospitalised overnight or longer, veterinary practitioners should make arrangements regarding communication about ongoing costs and progress as part of the informed consent process.

8.11 INFORMATION AT DISCHARGE

Upon discharge of a patient following treatment (especially surgery), the veterinary practitioner who performed the treatment / surgery should discuss the patient’s aftercare with the owner. If it is not possible to do this, then comprehensive written instructions should be provided. The client should also be aware of the options for obtaining further assistance should they be concerned about their animal’s progress.

8.12 COMPLICATIONS

If complications or unexpected results arise during or after treatment, the possible causes, further treatment options, costs and prognosis should be discussed promptly, fully and openly with the client, preferably in person.
GUIDELINE 9

OBLIGATION TO PROVIDE TREATMENT

The Veterinary Practitioners Registration Board of Victoria (Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

9.1 PREAMBLE

9.1.1 Each year, the Board receives a number of complaints regarding the refusal of some veterinary practitioners to treat animals that are either sick or injured.

Some of the complaints involve owned animals, while others involve stray or wild animals.

While it is recognised that there is no statutory requirement compelling veterinary practitioners to accept an animal for veterinary treatment under all and any circumstances, it is extremely important that all veterinary practitioners understand their specific legal and ethical obligations regarding the treatment of sick and injured animals.

9.2 LEGAL AND ETHICAL CONSIDERATIONS

9.2.1 The legal obligations and responsibilities of a veterinary practitioner, to consider the welfare of sick and injured animals, are covered under subsections 9(1)(c) and (i) of the Prevention of Cruelty to Animals Act 1986 (the PCA).

9.2.2 The power of a veterinary practitioner to destroy an animal is covered under subsection 24D(1)(a) and 24D(1)(b) of the PCA.

9.2.3 A veterinary practitioner, who provides a direct veterinary service to the public, either in a self-employed or salaried capacity, has an obligation to ensure that the provisions of the PCA are not contravened.

9.2.4 All veterinary practitioners should be cognisant of the PCA.

9.2.5 Sub-section 9(1)(c) of the PCA defines the committing of an act of cruelty as when a person:

   does or omits to do an act with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal.

9.2.6 Sub-section 9(1)(i), further defines the committing of an act of cruelty as when a person:

   is the owner or the person in charge of a sick or injured animal ...
   unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal.

9.2.7 Both sub-sections 9(1)(c) and (i) apply to all members of the community, including registered veterinary practitioners.

Specifically, subsection 9(1)(c) may apply to a veterinary practitioner who fails to provide veterinary or other appropriate attention or treatment to a sick, injured or stray animal to reasonably alleviate the animal's pain and suffering. Note that this statement is broad and thus not limited to custody, ownership or the person in charge of an animal.

Subsection 9(1)(i) covers an act of forbearance towards a sick or injured animal and may include the refusal of a veterinary practitioner to treat the animal.
9.2.8 A veterinary practitioner should take appropriate measures to minimise or alleviate the pain, suffering or distress of any animal presented for treatment as far as is reasonably possible, irrespective of the prospect of receiving payment for the treatment rendered. Such measures must not be unreasonably delayed or withheld while financial negotiations take place. There is a minimum ethical obligation to provide emergency treatment, including euthanasia, whether or not the animal is owned or whether or not the owner is a client of the practice.

9.2.9 Refusal by a veterinary practitioner to examine or treat sick and injured animals presented for treatment, either in usual hours or as an out-of-hours emergency may result in prosecution under the PCA; and may also constitute unprofessional conduct under the Veterinary Practice Act 1997.

9.2.10 A veterinary practitioner should ensure that an animal does not suffer unnecessary pain or distress because of a client's unwillingness to provide adequate or appropriate veterinary care. The range of options available for treatment of the animal's condition, including the preferred method, should be clearly conveyed to the client and their legal obligation to provide appropriate care should be carefully explained.

9.2.11 If the owner or custodian of an animal requires time to consider their options for treatment of that animal, appropriate measures to alleviate pain or suffering of the animal should commence immediately, while they consider their alternatives.

9.2.12 If the owner or custodian of an animal refuses to allow the animal under their care to be given appropriate treatment, either on a short- or long-term basis, the veterinary practitioner should convey such information to an Inspector appointed under Section 18 of the PCA as soon as possible.

9.3 EMERGENCY TREATMENT

9.3.1 An emergency case is defined as that which is life threatening or where delay in the provision of treatment would be likely to cause or prolong pain, suffering or distress to the animal or when an examination of the animal is required at the earliest possible opportunity to assess whether or not its condition is life threatening or likely to cause or prolong pain, suffering or distress.

9.3.2 When alerted to or presented with an emergency case, a veterinary practitioner should establish clear priorities for action.

9.3.3 The first priority should be to assess the animal's condition either by discussion with the informant when the animal is not brought to the clinic or when it is, through proper clinical examination.

9.3.4 The range of options available for dealing with the animal, including the preferred method, should be clearly and concisely communicated to the person presenting the animal or asking for information.

9.3.5 Where assistance from Victoria police, local government officers, RSPCA, Department of Environment and Primary Industries animal health staff or another registered veterinary practitioner is required, it should be sought promptly.

9.3.6 While the PCA would generally require a veterinary practitioner to render emergency treatment, it does not explicitly oblige them to attend a reported accident or emergency scene. In some circumstances it may be reasonable for further enquiry to be made with Victoria police or other emergency services before attending an emergency scene.

9.3.7 Occupational health and safety considerations may be brought into account when making decisions to attend outside of a veterinary practitioner's usual work hours or environment. A veterinary practitioner is not obliged to attend a house-call after-hours or accident/emergency when the veterinary practitioner has reason to feel that their personal safety (or that of their staff) may be at risk. The owner or person making the request for treatment of the animal may be
asked to bring the animal into the surgery/practice or may be directed to another available, nearby veterinary service or animal rescue service so that first aid can be provided. Alternatively, the veterinary practitioner may elect to attend only if they can arrange to be accompanied by a supportive person(s).

9.3.8 Emergency treatment of a case brought to a veterinary clinic should be undertaken as soon as practicable. The veterinary practitioner must use professional judgement to establish priorities when faced with more than one case requiring urgent attention.

9.3.9 Prior to initiating treatment of an animal, whether the owner is known or not, a veterinary practitioner must perform a proper clinical examination. The results of the examination, including the identification of the animal must be recorded. Treatments carried out must also be recorded, particularly the use of Schedule 4, 8 or 11 drugs.

9.3.10 The emergency treatment of an animal may be considered as the application - at the earliest possible opportunity - of simple medical and other procedures that will provide relief from unnecessary pain, suffering or distress on the part of the animal or which will improve, as far as is practical and reasonable under the circumstances, the prognosis of any life-threatening conditions.

9.4 EUTHANASIA

This section should be read in conjunction with Guideline 10: Euthanasia of Animals.

9.4.1 Euthanasia may be considered a legitimate emergency treatment of an animal (under the definition of an ‘appropriate treatment’ in subsection 9(1)(i) of the PCA) in those circumstances where it is impossible or impractical to provide for satisfactory alternative treatment; and where indicated by the veterinary practitioner’s clinical examination.

9.4.2 Sub-sections 24D(1)(a) and 24D(1)(b) of the PCA provide a veterinary practitioner with power to destroy an animal, as follows.

24D(1) A veterinary practitioner may, with any assistance that is necessary, destroy any animal –
(a) that is behaving in such a manner and there are such circumstances that the veterinary practitioner reasonably believes that the animal is likely to cause death or serious injury to any person or another animal; or
(b) that is abandoned, distressed or disabled if the veterinary practitioner reasonably believes that the animal’s condition is such that it would continue to suffer if it remained alive.

This sub-section extends the common law on euthanasia of animals to specifically allow a veterinary practitioner to destroy an animal in certain circumstances without reference to the owner of the animal and to indemnify veterinary practitioners who act within this power. Clearly, this power would not be exercised if an owner was available to be consulted but it does enable a veterinary practitioner to act in the best interests of an animal when the owner cannot be readily contacted or identified.

9.5 SICK AND INJURED STRAY ANIMALS

9.5.1 The minimum obligation of a veterinary practitioner to sick or injured stray domestic or wild animals is to provide emergency treatment to relieve pain and suffering; This may include euthanasia.

9.5.2 Stray domestic animals fall into two categories - those with identification and those without identification of their ownership.
9.5.3 Healthy, unidentified stray animals should be sent to the appropriate pound, shelter or the RSPCA at the earliest possible opportunity.

9.5.4 The attending veterinary practitioner must give emergency treatment when indicated to a sick or injured stray animal regardless of the prospect of payment for the service.

9.5.5 If the animal is unidentified, it should be sent to the pound, shelter or RSPCA as soon as possible after its condition has stabilised.

9.5.6 If emergency treatment of a stray animal consists of euthanasia and especially if the animal is away from a veterinary clinic, the body should be placed in a suitable position; for example, off the road and verge and the appropriate authority notified of its position and the method of euthanasia.

9.5.7 Where a sick or injured stray animal carries suitable identification of its owner or custodian and euthanasia is indicated, before this is carried out, all reasonable measures should be taken to contact its owners or custodians. If it is not clinically reasonable to provide pain relief until the owner can be contacted and immediate euthanasia is indicated, the identified owner should be contacted as soon as possible after the euthanasia has been carried out. Thorough documentation of the clinical need for urgent euthanasia (before owner's authority can be obtained) is of the utmost importance.

9.5.8 Declared Pest Animals

Declared pest animals should be immediately euthanased.

9.5.9 Protected and Native Species

(a) Where there is a reasonable expectation that the animal can be treated and released back to the wild without causing unnecessary pain, suffering or distress, the animal should be treated as required and then released or referred to the appropriate licensed wildlife care centre for further necessary care prior to being released.

(b) Where there is not a reasonable expectation that the animal can be treated successfully and released back to the wild, then the animal should be euthanased immediately.

9.6 RIGHT TO REFUSE VETERINARY TREATMENT

9.6.1 A veterinary practitioner may be unwilling to provide treatment for animals on behalf of clients because:

(a) they have a history of poor payment or non-payment (bad debt) for veterinary services

(b) they are unable to afford veterinary treatment for the animals under their care

(c) they have been notified previously in writing by the veterinary practitioner concerned that further veterinary services will not be rendered (dismissed by the practice)

(d) the veterinary practitioner has an objection to euthanasia of healthy animals

(e) the client usually uses another veterinary practitioner or service.

9.6.2 Under such circumstances, the veterinary practitioner requested to treat the animal must always ensure that emergency treatment and pain relief are provided regardless of financial or other considerations.

9.6.3 The veterinary practitioner who is unwilling to accept the animal for treatment may respond in one of the following ways.
(a) If an alternative veterinary practitioner or animal welfare organisation is readily available and willing to accept the animal for treatment, the client should be referred promptly to that veterinary practitioner or animal welfare organisation for the examination of the animal and the relief of unnecessary pain, suffering or distress.

(b) If an alternative veterinary practitioner or animal welfare organisation is not immediately available or if immediate treatment is necessary, emergency treatment should be provided by the veterinary practitioner before referring the animal to an alternative veterinary practitioner or recognised animal welfare organisation for ongoing treatment.

9.6.4 The dismissal of a client does not relieve the veterinary practitioner of their obligations and responsibilities to provide emergency treatment.

9.7 TREATMENT OF UNFAMILIAR ANIMALS

9.7.1 Where the veterinary practitioner does not normally treat the species of animal presented for emergency treatment, basic medical measures for the relief of any unnecessary pain, suffering or distress should be provided before immediately referring the animal to an appropriate veterinary practitioner for ongoing care.

9.8 PROVISION OF EMERGENCY AND AFTER HOURS TREATMENT

9.8.1 All veterinary practitioners, who provide a direct veterinary service to the public, should make suitable provision for their clients to obtain alternate veterinary services for their animals when a veterinary practitioner is unavailable at their place of business.

9.8.2 Alternate Veterinary Services

Alternate veterinary services may be provided by redirection to another veterinary practitioner or emergency centre, located within reasonable proximity, by means of suitable telephone message and signage on the veterinary premises. The alternate veterinary practitioner or emergency centre should be made aware that such redirection is to be made and accept this arrangement.

9.8.3 Advertising After-Hours and Emergency Services

When veterinary practitioners advertise their services, including after-hours and emergency services - in any medium including the telephone directory, they must ensure that the statements made or implied in their advertising are true and accurate for the advertised business conducted. If a practice does not provide 24 hour attendance (for example, if they routinely redirect after-hours work to an alternate practice) they should not advertise that they provide 24 hour service or care, as this would be misleading. It would be acceptable however, to advertise a 24 hour contact telephone number where the public may phone to obtain information about service. This information could redirect the client to an after hours service as appropriate.

9.8.4 After-Hours Hospitalisation

Guideline 4: After-Hours Hospitalisation is to be followed regarding the manner in which hospitalisation services are provided outside of normal working hours.
GUIDELINE 10

EUTHANASIA OF ANIMALS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

10.1 ETHICAL CONSIDERATIONS

10.1.1 Unwanted or abandoned animals and those which are stressed, diseased or disabled to such an extent that their condition cannot be satisfactorily relieved by veterinary care, should be humanely destroyed to relieve suffering or prevent further suffering.

10.1.2 This ethical principle has been incorporated into various statute laws and codes of practice and is used as a guiding principle by the judiciary, especially when deciding on issues relating to animal cruelty.

10.1.3 The veterinary profession has always supported this ethic and when supporting this principle, veterinary practitioners do so primarily for the benefit and welfare of the animals concerned but must be careful to consider the emotional well-being of the owner.

10.2 RESPONSIBILITY FOR EUTHANASIA

10.2.1 There appears to be little difficulty if the owner is available and agrees to the veterinary practitioner’s recommendation. If the animal is insured and a claim is to be made, it is the owner’s responsibility to advise the insurance company, which can then arrange an inspection by its veterinary practitioner (if this is appropriate and does not adversely affect the welfare of the animal or unacceptably delay euthanasia). The veterinary practitioner, which the insurance company employs, is ethically bound to advise the client’s veterinary practitioner of the time and date of when the examination is to be made.

10.2.2 A difficult situation arises when an animal is in great pain and is considered to have terminal illness but the owner refuses to permit euthanasia. In most cases, it is best to concentrate on persuasion and the addition of other opinion (other veterinary practitioner or the Royal Society for the Prevention of Cruelty to Animals (RSPCA)), which may sway the owner. The only other rational procedure is to humanely destroy the animal against the owner’s wishes but the case would need to be extreme and obtaining the agreement of at least two other senior, experienced veterinary practitioners would be advisable.

10.3 CONSENT FORMS

10.3.1 To make decisions in such situations as the euthanasia of animals, veterinary practitioners should take reasonable steps to establish the authority of the person presenting the animal. Such authority can be presumed to exist when the veterinary practitioner has taken reasonable steps to establish that the person presenting the animal, is:

(a) an established client associated with that animal
(b) the owner of the animal
(c) the authorised agent of the owner of the animal
(d) a person with day-to-day responsibility for the care of that animal.
Reasonable steps in this context would include the veterinary practitioner directly enquiring of the person that they fit at least one category of (a) to (d) above and should be associated with the use of a consent form on which the person declares they are the owner or acting with the authority of the owner.

10.3.2 If the animal and client are unknown to the veterinary practitioner, the person presenting the animal should be asked to sign a euthanasia consent form. Authorisation should be obtained from parents when minors present animals for euthanasia.

10.3.3 Where any doubt exists that the person presenting the animal for euthanasia may not have the common law right to do so, a veterinary practitioner must ensure that a euthanasia consent form is completed and signed. In the absence of a written authority, the euthanasia of the animal should be refused and the person clearly informed of the basis of such a refusal, unless the need to destroy the animal on humane grounds over-rides the lack of bona fides.

10.4 LEGAL CONSIDERATIONS

10.4.1 When the owner of an animal is unknown, the first responsibility of the veterinary practitioner to an injured animal is to relieve its pain and suffering. If an animal is too badly injured or too ill to warrant prolonging its life, the veterinary practitioner can euthanase the animal but every effort should be made to contact the owner. It is best not to take the decision to destroy an animal in these circumstances without some other person being present as a witness and to agree that euthanasia is necessary. If an owner subsequently appears, they may prosecute on the grounds of loss of personal property. On the other hand, failure to perform euthanasia on a badly injured animal might be considered to constitute an act of cruelty. Medical records should be kept identifying as best as possible, the animal and the procedure.

10.4.2 The Prevention of Cruelty to Animals Act 1986 defines an act of cruelty at Section 9 (1)(c) and (i), as when a person who:

- does or omits to do an act with result that unreasonable pain or suffering is caused or is likely to be caused, to an animal; and

- is the owner or the person in charge of a sick or injured animal and unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal [and who] commits an act of cruelty upon that animal and is guilty of an offence.

10.4.3 Further, the Prevention of Cruelty to Animals Act 1986 in sub-section 24D(1) states that:

A veterinary practitioner may, with any assistance that is necessary, destroy any animal –

(a) that is behaving in such a manner and there are such circumstances that the veterinary practitioner reasonably believes that the animal is likely to cause death or serious injury to any person or another animal; or

(b) that is abandoned, distressed or disabled if the veterinary practitioner reasonably believes that the animal's condition is such that it would continue to suffer if it remained alive.

10.4.4 Section 24D(1) of the Prevention of Cruelty to Animals Act 1986 extends common law on euthanasia of animals to specifically allow a veterinary practitioner to destroy an animal in certain circumstances without reference to the owner of the animal.

10.4.5 Clearly, a veterinary practitioner would not exercise this right if the owner was available to be consulted; however, if the owner is not readily available the right should not be ignored and the veterinary practitioner should not refuse to act in the interest of the animal concerned.
10.5 EUTHANASIA OF A COMPANION ANIMAL

10.5.1 It is helpful as part of their grieving process, to encourage clients to remain with the animal while it is destroyed and actively participate in the euthanasia process by holding some part of the animal, such as the head or paw and talking calming and soothingly to the animal. However, it is essential that no animal be destroyed in the presence of the owner unless all the required factors are in place to enable a professional result to be achieved—positioning of the animal, access to a suitable vein, an experienced assistant holding the animal and adequate equipment during a house-call. If experienced assistance is unavailable then proper sedation of the animal prior to euthanasia is essential.

10.5.2 When a person presents a normal, healthy animal for euthanasia this should be carried out without the imposition of moral judgement by the veterinary practitioner or practice staff as the consequences of such action may impair the welfare of the animal and be quite unfair to the person concerned. In the case where a practice has a moral objection to the euthanasia of healthy animals, there is an obligation to refer the owner, without moral judgements being imposed, to a practice which does not have this objection.

10.5.3 When the decision to destroy an animal is made it must be done without unnecessary delay but all clients should be given the opportunity to be alone with the animal before euthanasia actually takes place.

10.5.4 Prior to destroying any animal, all administrative details, such as determining the client’s wishes regarding disposal of the body and payment of the account, should be finalised.

10.6 METHODS OF EUTHANASIA

10.6.1 Veterinary practitioners are advised to consider options for the method of euthanasia, which will produce a painless and peaceful death. The use of a humane killer or firearm for large animals, such as horses or cows, although it is traditional and practical, may provoke an adverse reaction if there is a public audience. This method should not be used unless the veterinary practitioner can be confident that the euthanasia can be performed with a single shot and without risk to animal handlers or bystanders. Veterinary practitioners must comply with the relevant firearms legislation.

10.6.2 Prior to the use of barbiturates or other anaesthetic agents to euthanase animals that could subsequently be utilised as food, the veterinary practitioner must advise the owner or responsible agent that the carcass must not be used for food or pet food. Similarly, the carcass must not be sent to a facility (for example, knackery) where it may be used for pet food.

GUIDELINE 11

VETERINARY MEDICAL RECORDS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

11.1 VETERINARY MEDICAL RECORDS

11.1.1 Veterinary medical records are an important tool in the practice of veterinary medicine. They serve as a basis for planning patient care and as a means of communication between members of the clinic staff. They furnish documentary evidence of the animal’s illness, care and treatment. They serve as a basis for review, study and evaluation of medical care rendered by the clinic. They form an essential record of restricted drugs used or supplied and the basis for their supply.

11.1.2 A veterinary medical record may be handwritten on client cards or entered and stored as a computer record. They must be readily retrievable, legible and a complete record of all consultation between animal or herd / flock, owner and veterinary practitioner. Veterinary records must contain sufficient information to justify the diagnosis and treatment of the animals or herd / flock concerned. In the case of a herd or flock, the record should contain sufficient information to identify the herd / flock concerned, the problem under consideration and record all investigation results and treatments prescribed.

11.1.3 Copies of any certificate issued should be retained as part of the animal's clinical records (see Guideline 5.1.1: Certification).

11.1.4 The veterinary medical records of each animal should provide the following history data:

client identification
(a) date treated
(b) animal patient or herd identification
(c) medical history
(d) physical examination details
(e) provisional and final diagnosis
(f) treatment given, dispensed or prescribed
(g) vaccination record
(h) a copy of any certificate issued (see Guideline 5.1.1: Certification).

In addition, where relevant:
(a) prognosis
(b) consultation progress notes
(c) radiographic reports
(d) imaging reports, for example, CAT, MRI, Ultrasound, ECG, EEG, Scintigraphy
(e) laboratory reports
(f) autopsy reports
(g) specialist reports
(h) surgical record
(i) surgical mortality record
(j) anaesthetic record
(k) dental record
(l) hospitalisation treatment record
(m) consent forms.
11.1.5 Veterinary medical records are required to satisfy the requirements of various legislation including: the Veterinary Practice Act 1997; Prevention of Cruelty to Animals Act 1986 and Regulations 2004; the Drugs, Poisons and Controlled Substances Act 1981 and Regulations 2006; or any subsequent amendments to the abovementioned legislation.

11.1.6 All veterinary medical records are the property of the clinic and maintained in the clinic for the benefit of the client, the animal, the staff and the clinic. Veterinary medical records should be confidential and no information in these records should be released to anyone without clear authorisation from the owner of the particular animal, other than to those persons legally authorised to request them (see this Guideline 11.5 and Guideline 15.3: Inter-Practitioner Communications).

11.1.7 Objective comments regarding an animal's temperament may be included; for example, nervous, aggressive or fear biter; however, subjective personal comments about clients or animals should be avoided.

11.1.8 In the case of a stray animal, medical records should be kept, which identify, as best as possible, the animal and the procedure (see Guideline 10.3 and 10.4.1: Euthanasia of Animals).

11.2 RETENTION OF MEDICAL RECORDS

11.2.1 The length of time that veterinary medical records must be kept is not legislated; however, should legal action be brought against a veterinary practitioner, all documentary evidence would be brought to account. In that case, it can be considered that veterinary medical records would be needed in defence. Records must be held for a minimum of three (3) years to comply with the Drugs, Poisons and Controlled Substances Act 1981 and should (for the purposes of defence) be held for at least six (6) years after the last occasion on which the animal received treatment.

11.3 CLIENT ENTITLEMENT TO THE RECORDS OF THEIR ANIMALS

11.3.1 Recent Court decisions have ruled that it is not a legal requirement to provide copies of the clinical record to the client; however, sufficient information to allow for on-going or future treatment should be provided to the client. Where a request is made with client consent, veterinary practitioners should supply a history to another veterinary practitioner who may be providing an opinion or treatment.

11.3.2 Transfer of Records to another Veterinary Practitioner

Whether the request to forward veterinary medical records is made by the client or the second veterinary practitioner, with client consent, this request should be treated professionally and actioned as quickly as possible by the first veterinary practitioner. When a medical record is transferred and a copy is not retained (that is, radiographs), a note should be made of the name and address of where the information was transferred.

11.4 SALE TRANSFER OR CLOSURE OF A PRACTICE

11.4.1 In the event of a sale, transfer or closure of a practice, the veterinary practitioner must decide what to do with the medical records that they hold. They can elect to sell, transfer, retain or hand the information directly to the client. The veterinary practitioner is obliged to notify clients of what is going to be done with their animal's records, as follows.

(a) Publish a notice in a local newspaper: In the case of metropolitan practices, publication in a metropolitan newspaper in addition to a local newspaper is recommended. The notice should set out the details of the proposed changes in the practice and state whether the records are to be retained by the veterinary practitioner, transferred to another veterinary practitioner or made available to the clients.
(b) Place a notice within the practice: A written notice should be placed in a prominent location within the practice for a period of not less than two (2) months prior to the date of the change in the practice.

(c) Existing Clients: Clients with animals currently receiving a course of treatment, therapy or being monitored by the practice, should be sent notification in writing about the change to the practice.

See Appendix 1 for a sample Notice of Closure of Business

See Appendix 2 for a sample Notice of Sale / Transfer of Business.

11.4.2 Veterinary practitioners who elect to retain medical records must comply with the requirements set out in this guideline at 11.2.

11.4.3 In succession and estate planning, veterinary practitioners should consider making provision for the medical records that they hold.

11.5 RELEASE OF RECORDS FOR INVESTIGATION OF COMPLAINT AND / OR LEGAL ACTION

11.5.1 It is expected that veterinary practitioners would respond in a timely and substantive manner to all formal communications from the Board. Failure to do so may be considered to be unprofessional conduct.

The Board can demand to see all pertinent records as part of a complaint investigation.

11.5.2 The Board is subject to the Freedom of Information Act 1982 (FOI Act) and upon receipt of an application for access, would make a decision according to the respective provisions. Although exemptions exist under the FOI Act, each request for access is different and therefore, each request is considered on an individual basis. The Board cannot provide further information in regard to what may or may not be released.

11.5.3 If the driver of a vehicle, which hit an animal following a hit-by-car incident, makes demands for information about the owner of an animal, this should be referred to Victoria police.

11.5.4 A Court has power to requisition any information that it sees fit. This includes any information demanded by warrant or subpoena by a police officer, inspectors of the RSPCA, Drugs and Poisons Regulation Group (Department of Human Services) and Department of Environment and Primary Industries. Veterinary practitioners have a duty to comply with such lawful requests promptly and efficiently.
Appendix 1  Notice of Closure of Business

The (name) Veterinary Clinic will close on (date). All former clients can retrieve their animal’s medical records through the following two methods:

1. Release of the original medical record directly to another veterinary clinic (this is the preferred method).
2. Release of a copy of the medical record, should you wish to pick it up in person.

Both methods require your written consent. For method 1, original records will be transferred directly to your nominated veterinary clinic. For method 2, only a copy of the medical record will be available; all original records are currently held at (address), care of (name). Any records not collected will be kept for seven years and then disposed of securely.

For other veterinary clinics in the area, please refer to the Yellow Pages directory or the Veterinary Practitioners Registration Board of Victoria website at www.vetboard.gov.vic.au/searchvet.asp.

Please direct any requests and queries to:

Appendix 2  Notice of Sale / Transfer of Business

The (name) Veterinary Clinic has been sold and will cease business as of (date). The Clinic wishes to inform all clients of the arrangements made for their animal’s medical records.

All original medical records will be transferred to: (name and contact details)

Clients who wish to access the services of another veterinary clinic, can retrieve their animal’s medical records through the following two methods:

1. Release of the original medical record directly to another veterinary clinic (this is the preferred method).
2. Release of a copy of the medical record, should you wish to pick it up in person.

Both methods require your written consent. For method 1, original records will be transferred directly to your nominated veterinary clinic. For method 2, only a copy of the medical record will be available; all original records are currently at the address listed above, care of (name). Any records not collected will be kept for seven years and then disposed of securely.

Please direct any requests and queries to:
GUIDELINE 12

CAESAREAN SECTION IN DOGS AND CATS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

12.1 PREAMBLE

12.1.1 The Board has received numerous complaints from members of the public regarding the unsatisfactory outcome of caesarean section in the dog and cat. Most of the complaints involve death of either the dam and/or neonates during or following the procedure.

12.1.2 Board enquiries into such complaints have shown that the anaesthetic protocol used by the veterinary practitioner contributed to the unsatisfactory outcome in most cases.

12.1.3 Another reason for an unsatisfactory outcome in some cases was an unnecessarily prolonged delay between the diagnosis of a dystocia and the performance of the caesarean section.

12.1.4 The viability of the foetus may be compromised by the excessive administration of oxytocin to the dam prior to caesarean section.

12.1.5 The Board recognises that it is a combination of all the events surrounding the procedure and not just the anaesthetic technique that determines the outcome.

12.1.6 There are many different protocols for anaesthesia that can be successfully used in a caesarean section.

12.1.7 The Board acknowledges that many experienced veterinary practitioners use anaesthetic regimens that may not be considered ideal but which work well in their hands. An inexperienced veterinary practitioner is likely to need advice and/or assistance.

12.1.8 Further the Board acknowledges that there may be occasions, such as emergencies, where all the appropriate facilities for this procedure may not be available.

12.1.9 Elective caesareans should only be performed after careful consideration of all relevant factors.

12.1.10 Should a caesarean need to be performed under circumstances that might significantly increase the risk of a poor outcome, the foreseeable risks should be clearly communicated to the client as part of gaining informed consent, prior to undertaking the procedure. An example of this might include the absence of an assistant.

12.1.11 When performing a caesarean section consideration should be given to the need for discussion about non-viable neonates and the potential of an ovariohysterectomy requiring to be performed.

12.2 GUIDELINES FOR ANAESTHETIC AGENTS DURING CAESAREAN SECTION

12.2.1 All general anaesthetic agents cross the placenta and will affect the foetus to some extent.

12.2.2 All general anaesthetic agents and surgical procedures may induce hypotension.
12.2.3 Some anaesthetic agents have a greater depressive and/or hypotensive effect than others; the veterinary practitioner should consider this in the choice of anaesthetic medication.

12.3 OPERATIVE PROCEDURES AND SUPPORTIVE MEASURES

12.3.1 The dam should be intubated and oxygen should be available for use both during the surgical procedure and post-operatively to both the dam and neonates.

12.3.2 Intravenous fluid therapy is recommended to maintain blood pressure and tissue perfusion and to provide rapid intravenous access for emergency medication. Hypotension is a common cause of surgical shock and death during caesarean section.

12.3.3 Adequate monitoring of the respiratory and cardiovascular function of the dam and neonates is essential. Rapid corrective measures may need to be taken in the event of adverse anaesthetic complications. A suitably trained assistant is necessary for this to be performed adequately.

12.3.4 A suitable source of external heat should be available to prevent hypothermia in both the dam and neonates.

12.3.5 Observance of sterile techniques for the preparation of the patient, instruments, surgical packs and drapes for both the veterinary practitioner and assistant are considered mandatory for any surgical procedure.

12.3.6 All animals that have been anaesthetised should remain under veterinary care until they are conscious and suitable for discharge to the owner’s care.
GUIDELINE 13

CONTINUING PROFESSIONAL DEVELOPMENT

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

13.1 PREAMBLE

13.1.1 The public has the right to expect that veterinary practitioners, who provide professional services, do so in a competent and contemporary manner. Section 62(1)(e) of the Veterinary Practice Act 1997 provides for the issuing of guidelines on the standards of veterinary practice.

13.1.2 Continuing Professional Development (CPD) is essential to maintain and enhance professional skills and knowledge. The following guidelines should be considered a necessary obligation to CPD.

13.2 POLICY

13.2.1 One of the primary responsibilities of the Board is to protect the public from veterinary practitioners who deliver sub-standard, veterinary services.

13.2.2 The Board uses two approaches to achieve this aim. The first approach is to take action retrospectively and either counsel, caution, reprimand, impose conditions on registration or conditions of further education, fine, suspend or de-register veterinary practitioners who are found guilty of unprofessional veterinary conduct. CPD is taken into account when making determinations about unprofessional conduct. The second approach is to establish appropriate mechanisms to ensure that veterinary practitioners undertake sufficient post-graduate continuing education to enable the provision of highly competent professional veterinary services. These two approaches are not mutually exclusive and are exercised simultaneously.

13.3 DEFINITION

CPD is an interactive process by which veterinary practitioners enhance the skills and knowledge that they held at the time of graduation. It covers a continuous, lifelong, learning programme of both structured and unstructured activities which contribute directly to the professional competence of the veterinary practitioner.

13.4 LEVEL OF PARTICIPATION

13.4.1 Practising Veterinary Practitioners

The level of participation in CPD programmes should be sufficient to maintain the individual's competency in their chosen field of work.

13.4.2 Veterinary Specialists

Veterinary specialists are expected to maintain a superior knowledge of current veterinary practice in their area of specialty by any or all of the following means:

(a) studying publications in international and local referred journals
(b) participating in presentations at international or local veterinary conferences
(c) the supervision and training of registered veterinary practitioners undergoing the training programmes or for updating general skills.
For the responsibilities for veterinary specialists, refer to Guideline 14: Registered Specialists and Specialist Practice Standards.

13.4.3 **Non-practising Veterinary Practitioners**

Non-practising veterinary practitioners will not be required to comply with CPD requirements; however, CPD must be current and compliant with the guidelines prior to the recommencement of any veterinary pursuit, whether paid or honorary.

13.5 **ACCEPTABLE LEARNING ACTIVITIES AND DEFINITION**

A great variety of learning activities may contribute to the professional development of an individual. It is important to define acceptable learning activities and to quantify these for the purposes of claiming CPD units. Acceptable CPD activities have been divided into two broad categories: structured and unstructured activities, which are listed below.

13.6 **STRUCTURED ACTIVITIES**

At least fifteen (15) units of structured activities should be undertaken over three years (a triennium).

13.6.1 **University Continuing Education Courses**

It is impossible to fully assess the quality of post-graduate education courses, which universities and post-graduate institutions offer on a worldwide basis; however, for CPD purposes, they are considered acceptable and equivalent.

13.6.2 **Courses that Professional Veterinary Associations or Recognised Private Providers Conduct**

Non-academic organisations conduct CPD courses and conferences on a worldwide basis. Such courses tend to be of a high-standard and presented at a level commensurate with the contemporary requirements of the profession. They are considered to be of equal value to those continuing education courses that universities conduct.

13.6.3 **Acquisition of Recognised Post-graduate Qualifications in Veterinary Science Related to the Chosen Field of Work**

The veterinary practitioner, who is currently undergoing formal post-graduate training with a view to the acquisition of a higher qualification in their chosen field of work or a related area of veterinary science, is considered to be fulfilling all the requirements for continuing education. Such individuals would be exempt from any other requirements for CPD while undergoing such training.

13.6.4 **Preparation and Publication, Refereeing or Presentation of Scientific Papers, Related to the Chosen Field of Work**

Each discipline requires considerable study and would constitute ample proof of CPD. This area is an obvious avenue for holders of specialist endorsement to demonstrate their continuing professional development. Four (4) units have been allocated to the presentation of a one hour lecture. Credit is allowed for the first presentation only.

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1 At regular intervals, the Veterinary Schools Accreditation Advisory Committee accredits the quality of undergraduate training and facilities at the veterinary schools in Australia and New Zealand; similarly, respective, equivalent, professional bodies accredit the American, British and some European veterinary schools.
13.6.6 **Distance Learning Courses**

Distance learning courses, which recognised training institutions and organisations conduct, are described under these guidelines at 13.6.1 and 13.6.2.

13.6.7 **Written Assessment Tests**

A written assessment test includes those on veterinary literature articles.

13.6.8 **Internet-based or Digital Information**

Internet-based or digital (CD) information and subject to some form of critical assessment, used by individuals privately or in a discussion group.

13.6.9 **Completion of APAV (Accreditation Programme for Australian Veterinarians)**

Acquisition of APAV accreditation.

13.6.10 **Completion of Trial Testing**

Completion of MCQ trial tests that the Australasian Veterinary Boards Council (AVBC) conducts.

13.7 **UNSTRUCTURED ACTIVITIES**

At least forty-five (45) units of unstructured activities should be undertaken over each three years (a triennium).

13.7.1 **Internal or In-house Training and Instruction from Professional Colleagues and Specialists**

Both the instructor and the student will receive credits (restricted to twenty units in each three years).

The most common forms of in-house training are as follows.

(a) The type of training that the more experienced members of the profession offer to a new graduate for the first one to two years post-graduation. Such training is considered essential to enforce and enhance the basic training offered to undergraduate veterinary students and to impart the additional skills peculiar to the registrant's chosen field of professional activity. Recent graduates should be encouraged to participate fully at conferences and seminars wherever possible.

(b) The training in a new field of work offered by colleagues to an experienced, veterinary practitioner moving from one type of veterinary practice to another. This training is analogous to that offered to new graduates and should be supplemented where possible by other more formal forms of CPD related to the new field of work.

(c) The training that more experienced veterinary practitioners offer to other veterinary practitioners; for example, specialists in a particular field. This training need not necessarily be for the purposes of acquiring a higher qualification and may be for self-development only. However, where utilised as part of the CPD requirement, it should be fully documented.

(d) Documented discussion between professional colleagues. This form of discussion could include formal case presentations, medical or surgical rounds, journal article discussions or meetings to share knowledge gained at conferences, courses, seminars or workshops as well as time spent with veterinary specialists.

(e) The training offered to international veterinary graduates seeking to sit the National Veterinary Examination.

(f) Undergraduate veterinary supervision.
13.7.2 Reading of Books and Journals Related to the Chosen Field of Work

When reading veterinary literature, the date, time spent and literature that has been read is to be recorded in the logbook.

13.7.3 Internet-based Information

Non-assessed, internet-based or digital (CD) information either used privately by individuals or in a discussion group.

13.8 REQUIREMENTS FOR CPD

CPD needs to be relevant, achievable and useful to the veterinary practitioner. Over a period of three years (triennium), sixty (60) units of CPD will be considered a reasonable requirement, of which, at least fifteen (15) units will be structured activities.

A formal, structured, one-week, conference usually has a minimum of twenty (20) hours of lectures. It was determined that a basic unit, equivalent to a one (1) hour, formal structured lecture be chosen as the benchmark unit of CPD, against which all other types of CPD may be ranked.

13.9 DOCUMENTATION (EVIDENCE) of CPD

Veterinary practitioners should retain fully documented evidence of attendance at formal courses. For the informal and less structured forms of CPD, it is recommended that the veterinary practitioner keeps a log book/sheet of activities undertaken (see the example at the end of this guideline). Documentation should be maintained for a minimum of three (3) years.

When renewing registration, all veterinary practitioners are required to complete the question on the total number of units claimed for the preceding twelve (12) months.

13.10 MECHANISMS FOR THE ASSESSMENT OF CPD

13.10.1 Over a three-year period (a triennium) the requirement is sixty (60) units of CPD for all veterinary practitioners, of which at least fifteen (15) units are to be structured activities.

13.10.1 In the case of a complaint being received by the Board which may be considered unprofessional conduct and which may call into question the professional competency of the veterinary practitioner concerned, the onus will be on the veterinary practitioner to provide the Board with documented evidence of compliance with the CPD requirements in their defence. The Board has the power to investigate the professional conduct and fitness to practise of veterinary practitioners and impose sanctions where necessary.
13.10.2 CPD unit summary

Table 13.10.2 CPD unit summary

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>UNIT</th>
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<tbody>
<tr>
<td><strong>Structured (Guideline 13.6)</strong></td>
<td></td>
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<tr>
<td>University CE courses</td>
<td>1 hour 1 unit</td>
</tr>
<tr>
<td>Postgraduate courses etc.</td>
<td>1 hour 1 unit</td>
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<tr>
<td>Conferences, Seminars etc.</td>
<td>1 hour 1 unit</td>
</tr>
<tr>
<td>Presentation of papers</td>
<td>1 hr lecture 4 units</td>
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<tr>
<td>Preparation of published paper</td>
<td>4 unit</td>
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<tr>
<td>Other professional presentations</td>
<td>1 hour 1 unit</td>
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<tr>
<td>Distance learning</td>
<td>1 hour 1 unit</td>
</tr>
<tr>
<td>Written assessment tests</td>
<td>1 test 1 unit</td>
</tr>
<tr>
<td>Assessed Internet-based or digital</td>
<td>2 hours 1 unit</td>
</tr>
<tr>
<td>APAV Course (completed)</td>
<td>each chapter 1 unit</td>
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<tr>
<td>AVBC MCQ Trial Test (completed)</td>
<td>each test 1 unit</td>
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<tr>
<td><strong>Unstructured (Guideline 13.7)</strong></td>
<td></td>
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<tr>
<td>In-practice training &amp; instruction</td>
<td>13.7.1 (a) 2 hours 1 unit</td>
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<tr>
<td>(restricted to 20 units over each 3 years)</td>
<td>13.7.1 (b) 2 hours 1 unit</td>
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<td></td>
<td>13.7.1 (c) 2 hours 1 unit</td>
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<td>13.7.1 (d) 2 hours 1 unit</td>
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<td>13.7.1 (e) 2 hours 1 unit</td>
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<td></td>
<td>13.7.1 (f) 2 hours 1 unit</td>
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<tr>
<td>Reading</td>
<td>2 hours 1 unit</td>
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<tr>
<td>Non-assessed Internet-based or digital information</td>
<td>2 hours 1 unit</td>
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</tbody>
</table>
### 13.10.3 Sample Chart for Documenting CPD

Table 13.10.2 Sample chart for documenting CPD

<table>
<thead>
<tr>
<th>DATE</th>
<th>CPD ACTIVITY</th>
<th>DESCRIPTION*</th>
<th>STRUCTURED UNITS</th>
<th>UNSTRUCTURED UNITS</th>
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<tr>
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</table>

**TOTALS**

*Attach documents/receipts as appropriate

**KEEP YOUR RECORDS UP TO DATE**

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**Compliance**

13.9 Veterinary practitioners should retain fully documented evidence of attendance at formal courses. For the informal and less structured forms of CPD, it is recommended that the practitioner keeps a log book/sheet of activities undertaken. Documentation should be maintained for a minimum of three years. Practitioners are expected to complete the question on the total number of units claimed for the preceding twelve months when applying for renewal of registration.

13.10.1 Over a triennium the requirement is sixty units of CPD for all veterinary practitioners, of which at least fifteen units are to be structured activities.

**Name of Veterinary Practitioner**

______________________________

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**VETERINARY PRACTITIONERS REGISTRATION BOARD of VICTORIA**

**CONTINUING PROFESSIONAL DEVELOPMENT LOG**

**Period from .......... ........ to .............**
GUIDELINE 14

REGISTERED SPECIALISTS
AND SPECIALIST PRACTICE STANDARDS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

14.1 PREAMBLE

Veterinary Specialists (specialists) are veterinary practitioners who hold endorsement as a veterinary specialist (section 8 of the Act). Specialist may function as primary access veterinary practitioners or accept referrals.

A referral veterinary practitioner is any veterinary practitioner who accepts referrals from other practitioners or who provides particular services in different locations to clients who are primarily clients of another practitioner (also see Guideline 6.4.3: Supply and Use of Drugs).

Any veterinary practitioner who does not hold endorsement as a veterinary specialist should refer to themselves as a Professional Interest Practitioner in [name of interest]; for example, Professional Interest Practitioner in Dermatology.

Members of the public may find it difficult to determine if a veterinary practitioner is or is not a registered specialist. It is important therefore to avoid any situation concerning the specialist status of a practitioner that could lead to confusion or a misleading of the public.

14.2 VETERINARY SPECIALISTS

14.2.1 In the public interest and to ensure that users of veterinary services are in a position to compare and make informed decisions about those services, sections 57(4) and (5) of the Veterinary Practice Act 1997 set out clear provisions related to veterinary specialists.

14.2.2 Irrespective of the qualification, training or experience that a veterinary practitioner holds, unless the practitioner holds a current specialist endorsement of registration, the practitioner must not:

(a) claim to be qualified as a veterinary specialist
(b) claim to be registered as a veterinary specialist
(c) take or use the title of veterinary specialist
(d) act in any way to induce a belief by others that he/she is a veterinary specialist.

14.2.3 A veterinary specialist whose registration is endorsed in one specialist field of veterinary practice must not claim to be qualified or registered as a specialist in any other field of veterinary practice.

14.2.4 Veterinary practitioners must conduct themselves, including their practices (and any advertising) - at all times - in a manner that ensures that the public and other practitioners clearly understand their registered status, including whether or not they have been endorsed by the Board as veterinary specialists.

14.2.5 Veterinary specialists who visit practices must practice exclusively in premises that meet the requirements for them to carry out their work with due diligence and appropriate patient care, consistent with specialist treatment or services.
14.3 CPD FOR REGISTRATION AS A VETERINARY SPECIALIST

14.3.1 Veterinary specialists are expected to maintain a superior knowledge of current veterinary practice in their area of specialty by any or all of the following means:

(a) publications in international and local referred journals
(b) presentations at international or local veterinary conferences
(c) supervision and training of practitioners undergoing training programmes or for general skills updating.

*Guideline 13 Continuing Professional Development* elaborates responsibilities relating to participation in CPD.

14.4 SPECIALIST AND REFERRAL PRACTICES

14.4.1 The Board has determined the following guidelines about the operation of specialist and referral practices:

(a) All specialist and referral practices must comply with *Guideline 1: Standards of Veterinary Premises*.

(b) Unless all veterinary practitioners working out of a practice are either registered specialists or are undergoing a specialist training programme under the direct supervision of a registered specialist, the trading name of the practice may not contain the word ‘specialist’ or any derivation of it. A practice where non-specialists take referrals without the direct supervision of a registered specialist may however, be designated as a referral centre.

(c) Specialist and referral practices should provide an information board within the public area, which lists all veterinary practitioners working at or from the premises and clearly states their registered status and specialty domain.

(d) All veterinary practitioners who are not registered specialists and who accept referral work within any practice, must make it clear to clients or potential clients and referring practitioners that they are not registered specialists.

(e) Specialists and referral practices should ensure that clients are aware of the cost of any procedure for which they have been referred. Any quote or cost estimate given should be recorded in the patient records and should be adhered to as closely as possible. If major deviations from a given quote or estimate become necessary the client should be informed and an agreement reached and recorded before additional procedures are undertaken. Clients must have a clear understanding of all cost estimates from both the referring practitioner and the specialist or referral practitioner.

(f) Specialist and referral practices should provide the client with a copy of any consent form, that they have signed.

(g) Specialists and referral practitioners have a responsibility to communicate their procedures, findings and details of any treatments given to the referring practitioner. At the end of their involvement in the case the animal and client must be formally referred back to the usual veterinary practitioner and full details of treatment and necessary aftercare should be provided to that practitioner.

14.5 REFERRAL TO SPECIALIST OR REFERRAL PRACTICES

14.5.1 Veterinary practitioners referring work to other practitioners must ensure that the owner of the animal clearly understands whether the practitioner to whom the animal is referred is or is not a registered specialist.

14.5.2 If the specialist or referral practice has provided information leaflets to the referring clinic, the referring veterinary practitioner should ensure that all clients being referred receive a copy to enable them to adequately prepare for their visit to the specialist or referral clinic.

14.5.3 Every effort should be made to obtain a general costs estimate for the procedure before referral. The estimate should be discussed with the client when treatment options are discussed and before the referral is finalised. The client should be encouraged to discuss these costs again with the specialist or referral centre before the procedure is commenced.
GUIDEINE 15

INTER-PRACTITIONER COMMUNICATIONS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

15 PREAMBLE

If the relationship between the members of the public and the veterinary profession is to be successful, the community needs to be able to trust the veterinary profession. Hence it is important that veterinary practitioners preserve the integrity of the profession by ensuring that personal differences and competitive forces do not erode inter-practitioner relationships. This is not just a matter of professional ethics. Failure to maintain adequate information transferral between treating registered veterinary practitioners can jeopardise the well-being of animals under veterinary care.

15.1 EFFECTIVE COMMUNICATIONS

Good veterinary practice relies on effective communication between veterinary practitioners.

15.1.1 If effective communications have not been met, particularly if there is evidence that veterinary practitioners have been deliberately obstructionist in releasing information about particular cases or are seeking a competitive advantage, the Board may consider that this constitutes unprofessional conduct.

15.2 Additional professional OPINIONS

Clients are entitled to seek professional opinions about cases already attended to by a veterinary practitioner.

15.2.1 When an animal is under treatment, it is reasonable, although not necessary in every case, to contact the original veterinary practitioner to determine which treatments have been provided. This information can only be released with the express consent of the client involved. Ideally this should be a written authorisation; however, circumstances may dictate that the client makes contact by other means to request the release of case records to another veterinary practitioner.

15.2.2 It is important that clients are advised of possible complications or adverse reactions if they are reluctant to authorise the release of prior medical records before proceeding with additional or altered treatment regimes.

15.3 PROMPT RELEASE OF RECORDS

Where a client has authorised and requested the release of medical records (this may include case notes, computer printouts, pathology results or medical imaging results), it is expected that these are provided to the alternative veterinary practitioner without undue delay.

15.3.1 This information transfer may occur via phone discussion, mail, fax or electronic means. Details of the transfer of records should be documented in the history.

15.3.2 Protocol concerning the recording and release of veterinary medical records is already covered under Guideline 11: Veterinary Medical Records.
**15.4 DIFFERING PROFESSIONAL OPINIONS**

In the circumstances where a veterinary practitioner is concerned about the treatment or advice provided previously by another practitioner, that veterinary practitioner should, with the owner's permission, seek to discuss the matter with that practitioner and must refrain from making critical or disparaging comments to the client. This applies even if a difference of professional opinion between the veterinary practitioners remains unresolved.

**15.5 COMMUNICATION WITH REFERRAL OR VETERINARY SPECIALISTS**

Referral veterinary practitioners have a responsibility to maintain communication with the original veterinary practitioner during treatment of the case (refer to Guideline 14: Registered Specialists and Specialist Practice Standards).

**15.6 WHEN AN ANIMAL / HERD IS BEING TREATED BY MORE THAN ONE VETERINARY PRACTITIONER**

Where more than one veterinary practitioner is treating a herd, there must be communication between each of the veterinary practitioners to ensure that the herd health and treatment knowledge of the veterinary practitioner, who is usually responsible, is not compromised.

**15.7 UNSCHEDULED APPOINTMENTS**

Where a person presents an animal at a practice holding a mistaken belief that they have an appointment at that practice, the practice should attempt to establish whether or not an appointment has been made at another practice. If this is the case, the person should be given the opportunity to decide which clinic provides the service to the animal.

**15.8 SEEKING OR GIVING TELEPHONE ADVICE**

**15.8.1** When seeking advice, the patient must not be identified without:

(a) the owner’s knowledge and consent

(b) the veterinary practitioner being consulted having agreed to accept the patient for referral or a second opinion

(c) a comprehensive case history being supplied in a timely manner.

**15.8.2** It is appropriate, with owner knowledge and consent, for a veterinary practitioner to seek telephone advice from another practitioner as to whether a particular patient is an appropriate case for referral.

**15.8.3** Where appropriate, details of transfer of case histories and advice given should be documented in writing to minimise the possibility of misunderstanding.

**15.8.4** Veterinary practitioners should not advise owners that they have consulted with a specialist unless they are referring to a registered veterinary specialist.
GUIDELINE 16

CONFLICT OF INTEREST FOR REGISTERED VETERINARY PRACTITIONERS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

16.1 PREAMBLE

Conflict of interest issues are particularly relevant to veterinary activities associated with certification, accreditation and the provision of an expert opinion, including acting as an expert witness in legal proceedings. In addition, some veterinary practitioners hold membership of and/or office bearer positions in various organisations and may be called on by such an organisation to assist in a veterinary capacity when they are expected to put aside any other interest. When third parties rely upon veterinary advice or services, they need to be confident that veterinary practitioners are providing that advice or service in the absence of any conflict of interest.

16.2 CONFLICT OF INTEREST

16.2.1 A conflict of interest issue arises if there exists:

(a) a conflict between one person’s own interests and that of another person or body
(b) a conflict between a person’s differing obligations to two or more other people
(c) the appearance of such a conflict.

16.2.2 Perceptions of conflict of interest vary from individual to individual and from situation to situation. However, even a perceived conflict of interest that remains unmanaged can harm the reputation of or affect the confidence of a client or third party, in a registered veterinary practitioner.

16.2.3 For a third party, a veterinary practitioner should not carry out any tests, certifications or related tasks involving any animal or property in which:

(a) the veterinary practitioner has a financial interest
(b) one of the veterinary practitioner’s associates has an interest (an associate may include, for example, a family member or business partner)
(c) the veterinary practitioner has an interest in any corporate entity or organisation as an executive office holder or manager.

16.3 EXAMPLES OF CONFLICT OF INTEREST

A conflict of interest issue may arise in the course of providing veterinary services or advice, if, for example, a veterinary practitioner:

(a) has any financial or pecuniary interest in stock or land involved
(b) has a relationship with a client, vendor or purchaser involved
(c) has a business or social interest with any party
(d) has been under pressure or offered an inducement in relation to the service
(e) holds an elected or executive office within an organisation, which has powers under legislation to make decisions about animals, instigate prosecutions or has some other interest in the animals or services in question
(f) performs a necropsy on an animal that has died unexpectedly while under their care.
16.4 MANAGING A CONFLICT OF INTEREST

16.4.1 When faced with a potential conflict of interest situation, veterinary practitioners should:
(a) take all reasonable practicable steps to avoid that conflict
(b) promptly declare any apparent, actual or potential conflict of interest to the party or parties involved.

16.4.2 Disclosure enables the person/s concerned (usually the owner of an animal) to choose whether to continue with the service or procedure or to engage another veterinary practitioner.

16.4.3 Failure to resolve a conflict of interest may result in the veterinary practitioner being required to withdraw from the certification or relevant activity. The Board considers that to not do so, when a conflict of interest issue cannot be resolved to the satisfaction of all parties, could constitute unprofessional conduct.

16.5 PERFORMING NECROPSIES

16.5.1 It is recommended that in the event of an unexplained/unexpected death of an animal while under the care of a veterinary practitioner, that veterinary practitioner should advise the owner that a necropsy can be performed.

16.5.2 Options for performing the necropsy should be provided to the owner and the fees for these services negotiated between the owner and the veterinary practitioner.

16.5.3 Where an owner has given permission for a necropsy to be performed on an animal, this must be performed without undue delay. If necessary, the body is to be stored in a manner to prevent deterioration of tissues before the necropsy is conducted.

16.5.4 To prevent potential conflict of interest, an independent veterinary practitioner should carry out the necropsy.
GUIDEINE 17

PROVISION OF SERVICES ACROSS BORDERS AND TO REMOTE CLIENTS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

17.1 PREAMBLE

Increasingly, veterinary practitioners are providing professional services in more than one Australian jurisdiction. The ability for veterinary practitioners to provide certain services via the internet to people and their animals located remotely is becoming increasingly available and practicable.

There are both legal and professional responsibilities that veterinary practitioners need to be mindful of when operating in such an environment.

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

The introduction of National Recognition of Veterinary Registration (NRVR) means that veterinary practitioners who are already registered in the Australian jurisdiction, in which they reside, may work in another Australian jurisdiction without making separate application or paying an additional fee. Currently, only Queensland, New South Wales, Tasmania and Victoria have enacted legislation giving effect to NRVR. Practitioners should inquire about the need to apply and pay for ‘secondary registration’ in other jurisdictions. The introduction of NRVR does not diminish the obligation on the veterinary practitioner to know the local legislative requirements.

17.2 PROVIDING SERVICES ACROSS JURISDICTIONAL BORDERS

17.2.1 Although legislation varies across Australia, every jurisdiction restricts veterinary practice to registered veterinary practitioners and includes the possession and supply of drugs and/or the use of the veterinary title.

Veterinary practitioners providing veterinary services in any Australian jurisdiction are required to be registered or deemed registered under NRVR in that jurisdiction.

17.2.2 Provision of veterinary services while unregistered may void a veterinary practitioner’s professional indemnity insurance. There are other legal obligations, such as notification of prescribed diseases to State authorities and protection under animal cruelty legislation that can only be fulfilled by veterinary practitioners holding registration.

17.3 REGISTRATION REQUIREMENTS FOR REMOTE CONSULTATIONS

17.3.1 Where a veterinary consultation or the provision of professional advice occurs remotely by electronic means, it is the view of the Board that the veterinary service or act of veterinary medicine occurs where the animal patient is located. If the animal is located in another jurisdiction the veterinary practitioner must be registered (or deemed registered under NRVR) in that other jurisdiction. In short, as a general rule therefore, a veterinary practitioner providing a veterinary service by remote means must be registered in the place where the animal patient is located.
17.3.2 Veterinary practitioners in Victoria with primary care of an animal may seek advice and/or services from a veterinary practitioner registered in another jurisdiction without that veterinary practitioner being registered in Victoria, provided that the veterinary practitioner registered in Victoria continues to provide the primary on-going care for that animal.

17.4 SUPPLY OF DRUGS ASSOCIATED WITH A REMOTE CONSULTATION

17.4.1 Veterinary practitioners have specific and important legal and professional obligations when supplying restricted drugs. Veterinary practitioners can only supply restricted drugs for animals clearly under their care and for which they have established a therapeutic need. Guideline 6: Supply and Use of Drugs provides comprehensive information and guidance on this important area of veterinary practice and applies to the supply of restricted drugs following either a conventional or ‘remote’ professional consultation. Supply of restricted drugs via an internet interface must meet all the requirements of the Total Professional Service principles detailed in Guideline 6 and the associated Dispensing Checklist.

17.4.2 When a veterinary practitioner supplies a restricted veterinary drug as the result of remote consultation, the Board considers that the act of supply occurs where the veterinary practitioner is located; that is, the veterinary practitioner must be registered (or deemed registered under NRVR) in the jurisdiction in which they are located at the time of supply of the drugs.

17.4.3 It is the view of the Board that a veterinary practitioner providing professional services by remote means must be registered both in the jurisdiction in which they are located and in the jurisdiction in which the animal patient is located. All the usual legal and professional obligations of veterinary practitioners apply to the provision of any veterinary-related service by remote means.
GUIDELINE 18

STANDARDS OF BIOSECURITY FOR PROPERTY VISITS

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

18.1 PREAMBLE

18.1.1 Veterinary practitioners can pose a particularly high risk for the spread of diseases of livestock because they are frequently exposed to potentially diseased animals; they wear clothing and use equipment and instruments that come in close contact with animals and their discharges; and they may visit several properties over a brief period of time. Inadvertent spread of notifiable or emergency animal diseases (for example, foot and mouth disease) by veterinary practitioners could have dire consequences for the agricultural community.

18.1.2 Animal biosecurity is concerned with measures to reduce the risk and prevent the spread of infectious diseases between animals and properties. In its broader sense it is also concerned with promoting animal welfare and food safety.

18.1.3 Appropriate biosecurity procedures need to be routinely adopted for all property visits because the risk of contamination after contact with even apparently healthy animals cannot be completely discounted and because it is a reasonable expectation of clients.

18.1.4 Veterinary practitioners should adhere to the minimum standards to protect themselves, producers, animals and the livestock industries. They should also adhere to any additional specific biosecurity requirements imposed by owners/producers (for example, curfew periods and showering on entry). Livestock in this guideline includes food production species and horses. An on-site service is the provision of on-property veterinary services to livestock properties.

18.2 STANDARDS

18.2.1 Veterinary practitioners should assess the biosecurity risks posed by their visits to properties and should take appropriate measures to minimise those risks, taking into account species attended; intensiveness of husbandry; livestock health and biosecurity status; handling, procedures and equipment in use; zoonotic disease risk; and any other relevant risk factors.

18.2.2 For provision of all on-site veterinary services to farms, stables or livestock premises, veterinary practitioners should routinely undertake appropriate hygiene and decontamination measures between visits to minimise disease transmission risk, including for each visit:

(a) wearing protective clothing and footwear that is clean and free of organic debris
(b) avoiding unnecessary contact with livestock areas, pens, barns, et cetera
(c) washing hands before and after leaving the premises
(d) thoroughly cleaning and appropriately decontaminating equipment and instruments between visits
(e) avoiding driving the veterinary practitioner’s vehicle into or through animal production areas or if necessary to do so, assuring that tyres and wheel wells are cleaned (free of organic debris) prior to leaving the property or prior to visiting the next property.
18.2.3 The vehicle used for property visits should:

(a) be clean and hygienic at all times
(b) have secure storage for carrying drugs as required by the Drugs, Poisons and Controlled Substances Regulations 2006 or any subsequent amendment to these regulations
(c) carry adequate means to ensure full and accurate contemporaneous medical records are able to be completed
(d) carry sufficient instruments and equipment for a thorough clinical examination
(e) be capable of being locked and meet the requirements of all government regulations
(f) provide facilities that allow for the prevention of spread of infectious diseases between patients and premises.

18.2.4 Veterinary practitioners should maintain awareness of requirements and procedures for notifying government and for dealing with suspected or confirmed notifiable diseases and emergency animal diseases and should adhere to those requirements.

18.2.5 Veterinary practitioners who treat animals under quarantine or quarantine surveillance should comply with all quarantine station biosecurity policies and procedures and with any relevant jurisdictional requirements. In addition to showering, use of protective clothing and decontamination or non-removal of equipment; this may include a period of avoidance of contact with livestock of the same species outside of the quarantine station.

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

18.2.7 Veterinary practitioners should maintain awareness of biosecurity principles and practices and should advise their clients on the assessment and mitigation of biosecurity risks through early reporting of unusual disease and through adoption and promotion of sound biosecurity practices which prevent the introduction or spread of diseases.

18.2.8 Veterinary practitioners should maintain awareness of appropriate standards of animal welfare and any relevant legislation and should advise their clients to promote continual improvements in livestock welfare standards.

18.2.9 Veterinary practitioners should maintain awareness of livestock management standards and practices for promoting food safety and should assist their clients to identify and manage any relevant issues on the property.
GUIDELINE 19

DIRECTION OR INCITEMENT OF A REGISTERED VETERINARY PRACTITIONER TO COMMIT UNPROFESSIONAL CONDUCT

The Veterinary Practitioners Registration Board of Victoria (the Board) considers this guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. Registered veterinary practitioners should read this guideline in conjunction with the definitions listed in the introductory pages.

19.1 PREAMBLE

Section 58A of the Veterinary Practice Act 1997 states that it is an:

Offence to direct or incite unprofessional conduct –

(1) A person who employs a registered veterinary practitioner must not direct or incite the practitioner to do anything, in the course of veterinary practice, that would constitute unprofessional conduct.

Penalty: For a natural person, 200 penalty units for a first offence or 400 penalty units for a second or subsequent offence.

For a body corporate, 400 penalty units for a first offence or 800 penalty units for a second or subsequent offence.

(2) If a court convicts or finds a person guilty of an offence against this section, the Clerk or other proper officer of the court must notify the Secretary, in writing, of the conviction or finding.

19.2 INFLUENCE

Veterinary practitioners should not allow their professional judgement, integrity, discretion, conduct or ethical standards to be compromised by any other person in any matter requiring the application of professional knowledge or skill.

19.3 INCITEMENT

A person who employs a veterinary practitioner must not direct or incite that practitioner, contrary to the provisions of the Veterinary Practice Act 1997 or any other Act regulating veterinary practice.

Directing or inciting in this context includes placing pressure on an employee veterinary practitioner to engage in unprofessional conduct during the course of veterinary practice.