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Review of the Tasmanian Veterinary Service Standards

ENSURING A HIGH STANDARD OF VETERINARY PRACTICE IN
TASMANIA

PUBLIC CONSULTATION PAPER:
DRAFT VETERINARY SERVICE STANDARDS

Draft Veterinary Service Standards for public consultation

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2. Background and purpose of Veterinary Service Standards

The Veterinary Board of Tasmania (the Board) is established by the *Veterinary Surgeons Act 1987* (the Act). The Act provides primarily for the registration of veterinary surgeons (also referred to in this document as veterinary practitioners or veterinarians) and the regulation of the practice of veterinary surgery in Tasmania. Under *section 5.B* of the Act, the Board may declare veterinary service standards (the Standards), which may:

- (a) specify the standards of service that are to be provided by a registered veterinary surgeon or registered veterinary specialist in carrying on the practice of veterinary science; and
- (b) specify the rules of conduct that are to be observed by a registered veterinary surgeon or registered veterinary specialist in carrying on the practice of veterinary science.

Veterinary profession regulation aims to protect the public as well as animal health and welfare, by setting and maintaining standards for veterinary education and professional behaviour. The regulatory process includes restricting admission to the profession to those who are suitably qualified, setting standards for professional behaviour and conduct, and applying disciplinary measures when necessary.

The Standards seek to assist and support veterinary practitioners deliver appropriate, effective services within an ethical framework. In so doing, the Standards constitute minimum requirements expected from a registered veterinary surgeon or registered veterinary specialist who provides veterinary services to an animal or group of animals. Veterinary practitioners have a professional responsibility to be familiar with these Standards and to apply them in their practice. Managers and owners of veterinary service entities must also ensure their obligations are met under the standards and the Act (*section 40* of the Act).

Section 41(2)(ab) of the Act provides that a registered veterinary surgeon or registered veterinary specialist is guilty of misconduct in a professional respect if he or she contravenes or fails to comply with any provision of the Standards declared under *section 5B* of the Act.

Guidance to assist with interpreting Standards is developed from time to time, in response to the needs of the profession, and is attached to the relevant Standard once finalised. It is strongly recommended however, that veterinary surgeons, veterinary specialists, and veterinary service entities seek advice from the Board on specific matters, should they be in any way unsure of requirements of the Standards.

Where possible and relevant to the Tasmanian context, the Standards are aligned with similar requirements of other Australian jurisdictions for the regulation of the veterinary profession.

3. Definitions and acronyms

Where relevant or unless otherwise advised, words and expressions used in these standards have the same meaning as set out in the Act.

‘Advice’ means an opinion recommended, or offered, as worthy to be followed, provided by a person who may not be acting in authority. The decision to follow that advice is the responsibility of the recipient.

The ‘Act’ means the *Veterinary Surgeons Act 1987*

‘Animal’ as described under section 3 of the Act means –

- (a) a live vertebrate animal, other than a human being; or
- (b) a prescribed organism;

In the context of these Standards, an animal is the individual animal of any live, non-human, vertebrate species receiving veterinary services at the instigation of the client. The animal may be one of a collective group of animals.

‘Animal owner or ‘owner’ - See ‘Client’

‘Animal wellbeing’ means an animal is in a positive mental state and is able to achieve successful biological function, to have positive experiences, to express innate behaviours, and to respond to and cope with potentially adverse conditions. Animal wellbeing may be assessed by physiological and behavioural measures of an animal’s physical and psychological health and of the animal’s capacity to cope with stressors, and species-specific behaviours in response to social and environmental conditions.¹

‘Animal welfare’ means an animal’s quality of life, which encompasses the diverse ways an animal may perceive and respond to their circumstances, ranging from a positive state of wellbeing to a negative state of distress.¹

‘Biosecurity’ means a set of management and physical measures designed to reduce the risk of introduction, establishment and spread of animal diseases, infections, or infestations to, from and within an animal population.

‘Biosecurity duty’ as described under *section 73 (1) Notification of biosecurity event* of the *Biosecurity Act 2019* means:

- (1) Each of the following persons must notify an authorised officer of the occurrence of, or likely occurrence of, a biosecurity event as soon as practicable after the person becomes aware of, or reasonably suspects, the occurrence or likely occurrence of the biosecurity event:
 - (a) the owner, occupier or person in charge of, or who has the care, custody or control of, premises on which, or in relation to which, the biosecurity event has occurred, is occurring or is about to occur
 - (b) a person who is aware of, or reasonably suspects, the occurrence or likely occurrence of the biosecurity event as a result of any inspection, analysis, consultation, communication, transaction or other activity undertaken by the person in a professional capacity
 - (c) a person who is aware of, or reasonably suspects, the occurrence or likely occurrence of the biosecurity event as a result of any dealing with biosecurity matter, or a carrier, undertaken by the person
 - (d) a prescribed person, or prescribed class of persons, in prescribed circumstances.

The ‘Board’ means the Veterinary Board of Tasmania constituted under the Act.

‘Client’ means the person or organisation who has a legal duty of care under the *section 3* of the *Animal Welfare Act 1993* to an animal presented to a veterinary practitioner for veterinary services. A client may include the owner of the animal or a person responsible for an animal who has delegated authority for its care and wellbeing. If the animal is a child's pet, then the owner is the

¹ National Health and Medical Research Council (2013) Australian code for the care and use of animals for scientific purposes, 8th edition. Canberra: National Health and Medical Research Council, as amended from time to time.

child's parent or guardian who has the appropriate authority to act in the child's interests. In these Standards, 'owner' and 'client' have equivalent meaning where relevant. Persons with relevant delegations in place with commercial businesses or not-for-profit organisations that provide for the care of animals (including wildlife or stray animals) may also act as clients as deemed appropriate by that organisation and communicated in the delegation.

'COI' means conflict of interest.

'Communication' means verbal, non-verbal and written exchanges between veterinary practitioners and the individuals they encounter when providing veterinary services.

'Contemporary case records' means clinical records relating to the client's animal(s) gained through clinical visits and performing appropriate clinical and pathological/laboratory examinations

'Continuing care' means a clinical case is under active supervision in terms of current hospitalisation (either on-site or at an out-hours service facility) or permitted to return home with a regime of regular communication between the veterinarian and the owners and revisits scheduled accordingly over the short term. An animal on a well-established (for that animal) treatment regime, where sudden deterioration in the specific condition is not reasonably anticipated, is not under continuing care for the purposes of out-of-hours response obligations.

'CPD' means continuing professional development.

'Direction' means an instruction from a person acting in authority (such as a supervisor, authorised government officer or similar).

'Emergency' means an unforeseen, sudden, and urgent occasion for veterinary attention to an animal to prevent or relieve unreasonable and unjustifiable pain or suffering to the animal.

'First aid and pain relief' means the application of measures that relieves pain and slows medical deterioration of the patient and includes euthanasia. The purpose of first aid and pain relief is to attend to the initial and essential welfare needs of the animal.

'Guidance' in general terms means advice; as a formal component of these Standards, Guidance provides interpretive support to the Standards and contextualises general expectations of the Board.

'Must' in these Standards and associated guidance means an obligatory component.

'Necropsy' means a surgical examination of a dead animal to learn why the animal died or the extent of disease.

'Owner' has equivalent meaning to 'Client' above.

'Permitted wildlife species' means wildlife species for which a permit is required from government wildlife management authorities to possess the animal.

'Practice owner' includes a veterinary service entity.

'Presenting an animal' means:

- (a) acceptance by a veterinary service entity by a prior arrangement with the client of an animal for a veterinary service either at a veterinary premises or at the place of the animal; or
- (b) in an emergency, the animal is physically presented at a veterinary premises during stated hours of business without prior arrangement.

‘Referral’ means a direction by a veterinary practitioner of a client to another veterinary practitioner, usually a specialist, for further consultation or treatment for their animal, and is executed in writing accompanied by other materials as relevant to the referral.

‘Registerable in Tasmania’ means registered to practice as a veterinary practitioner in any Australian state or territory.

‘Registered veterinary specialist’ as described under *section 3* of the Act means a person who:

- (a) is registered as a veterinary specialist under *Part IV* of the Act; or
- (b) is not permanently resident in this State and, subject to *subsection (2B)* of the Act, is registered under a corresponding law as a veterinary specialist;...

‘Registered veterinary surgeon’ as described under *section 3* of the Act means a person who –

- (a) is registered as a veterinary surgeon under *Part IV* of the Act; or
- (b) is not permanently resident in this State and, subject to *subsection (2B)* of the Act, is registered under a corresponding law as a veterinary surgeon.

‘Regulations’ means the *Veterinary Surgeons Regulations 2012* and as made from time to time.

‘RSPCA’ means the Royal Society for the Prevention of Cruelty to Animals.

‘RTI’ means right to information as defined in the *Right to Information Act 2009*.

‘Should’ when used in these Standards and associated Guidance means a strongly recommended component. In some instances, a recommended component of a Standard in an associated Guidance is an example of how it is anticipated that a person will meet the obligatory requirement of the Standard.

‘Unpermitted wildlife species’ means wildlife species for which a permit from government wildlife management authorities is not required to possess the animal.

‘Veterinary entity’ means a sole practitioner, veterinary service company or partnership that has notified the Board the intention to provide veterinary services, as required under *section 26 (1)* of the Act.

‘Veterinary medical record’ means a record created, prepared, and maintained by or on behalf of a registered veterinary practitioner in relation to the provision of veterinary services to an animal.

‘Veterinary practitioner’ means a registered veterinary surgeon or registered veterinary specialist as described under the Act.

‘Veterinary premises’ has the same meaning as *‘veterinary establishment’* in *section 3* of the Act i.e. any establishment, vehicle, or place in which veterinary services are carried out.

‘Veterinary services entity’ as defined in *sections 3 and 26* of the Act means:

- (a) a veterinary services company, or
- (b) a veterinary services partnership, or
- (c) a sole practitioner

‘VOA’ means Veterinary practitioner-Owner-Animal in terms of relationships.

4. Veterinary service standards

Standard 1. Expected behaviours and principles of professional conduct

Background

The Board views professional conduct as more than the possession and appropriate application of technical knowledge and skills. The standard of service provision by veterinary practitioners is perceived by the way in which they engage and interact with:

- the owner of the animal receiving veterinary services
- the animal receiving veterinary services
- their professional peers, and
- the general public.

The practice and behaviour of veterinary practitioners should be underpinned by basic principles of professional conduct. (See Guidance: What is the essence of being a professional?)

The Board expects clients who are engaging with veterinary practitioners to behave with honesty, integrity, and respect.

The behavioural attributes of veterinary practitioners set out below describe the approach to conduct and decision-making expected of a registered veterinary practitioner. The principles of professional conduct set out below relate to the delivery of veterinary services.

The expected behaviours and principles of professional conduct are enlarged upon in individual Standards addressing specific issues.

Behavioural attributes of veterinary practitioners

Honesty and integrity

1.1 A veterinary practitioner is honest in their professional and commercial dealings.

1.2 A veterinary practitioner considers alternative approaches for each specific situation and effectively communicates those options without prejudice.

1.3 A veterinary practitioner respects the confidentiality and privacy of their interactions with owners irrespective of whether the owner is a casual or a longer-term recipient of their veterinary services.

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

Professional accountability and self-management

1.5 A veterinary practitioner maintains their own health and wellbeing and takes steps to modify their practice if issues arise that may impact their performance and judgement.

1.6 A veterinary practitioner recognises the limits in their own knowledge and experience and seeks appropriate advice to inform their decision-making when needed.

1.7 While it is appropriate to seek advice from other veterinary practitioners or appropriate experts, a veterinary practitioner remains accountable for their own decisions and actions, irrespective of the expertise of the veterinary practitioner or professional contacted for advice.

1.8 A veterinary practitioner's accountability remains constant irrespective of the setting in which they deliver their veterinary services.

1.9 A veterinary practitioner complies with the Standards irrespective of whether they are charging fees for the services provided or not.

1.10 A veterinary practitioner must ensure that an adequate level and type of insurance appropriate for the assessed risk is in place.

Respect

1.11 A veterinary practitioner has due regard for the welfare, beliefs, perceptions, customs and cultural heritage of animal owners, veterinary team members and professional peers.

1.12 A veterinary practitioner makes professional judgements in the best interests of an individual animal and is empathetic to the animal's environment and relationship to their owner.

1.13 A veterinary practitioner provides sufficient, clear, and accurate information to enable an individual who is making decisions about the animal's wellbeing to provide informed consent for a veterinary service.

Principles of professional conduct

Animal wellbeing

1.14 The wellbeing of an animal is central in a veterinary practitioner's decision-making in the provision of veterinary services (See Standard 2. A primary concern for animal wellbeing).

Safeguarding public health, safety, and the environment

1.15 A veterinary practitioner delivers veterinary services in a manner that ensures the present and future health and safety of the owner and their animal, their staff, their peers, the general public and the environment.

1.16 A veterinary practitioner uses, prescribes, and supplies medications in a manner that mitigates long-term adverse impacts such as environmental contamination and the build-up of antibiotic resistance.

Currency of knowledge

1.17 A veterinary practitioner remains current in their knowledge and uses scientifically based processes where available in their veterinary practice.

1.18 A veterinary practitioner demonstrates their commitment to the continuous improvement of their service through timely adoption of improved techniques, equipment and technology and regular participation in continuing professional development.

Currency of practice

1.19 A veterinary practitioner ensures the environment, equipment and assistance used in providing veterinary services is appropriate for the procedure that is undertaken.

1.20 A veterinary practitioner's practice and decision-making in relation to all aspects of their veterinary services, including the assessment and maintenance of animal health and wellbeing is underpinned and informed by contemporary scientific knowledge.

Legal and regulatory compliance

1.21 A veterinary practitioner understands and complies with current legal and regulatory obligations impacting their delivery of veterinary services.

1.22 A veterinary practitioner maintains accurate and sufficiently comprehensive records of their veterinary services to allow for continued servicing of the animal and the client.

Healthy and supportive work environment

1.23 A veterinary practitioner works collaboratively in the coordination of animal care, delivery of veterinary services and promotion and maintenance of a healthy, supportive work environment.

Guidance: What is the essence of being a professional?

Put simply, 'professionalism is the outward, visible expression of a profession's culture and what a profession stands for'¹. Professionalism is expressed in terms of values, ethics, leadership and culture². Being deemed a professional person confers a special status and privilege, for example, a veterinary practitioner is entitled to act as a Commissioner for Declarations. In turn, that status requires a high standard of conduct and a particular duty of care.

In the provision of veterinary services, veterinary practitioners should exhibit and maintain professional competence, honesty and integrity, independence and impartiality, client confidentiality and trust, and professional accountability.

Conversely, professional misconduct may be defined as conduct that falls short of a standard that a member of the public is entitled to expect of a veterinary practitioner, which may put their clients, the animals, staff, and themselves at risk (including financial) through negligence and/or incompetence.

The standards outline, but are not limited to, conduct expected to be observed by veterinary practitioners providing veterinary services in Tasmania.

References

1. Donald H Irvine, Time for hard decisions on patient centred professionalism. Med J Aust 2004; 181 (5): 271-274. doi: 10.5694/j.1326-5377.2004.tb06269.x
2. Joanna Flynn et al, Reprinted from Australian Family Physician Vol. 36, No. 1/2, January/February 2007; <https://www.racgp.org.au/getattachment/dc73a8d5-095d-4695-b526-ed33a211d2d5/20070129flynn.pdf>

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner and veterinary team wellbeing](#)

[Guidance: Competency and responsibility](#)

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

[Guidance: Veterinary certificates](#)

Standard 2. A primary concern for animal wellbeing

2.1 The wellbeing of an animal must be central to a veterinary practitioner's decision-making in the provision of veterinary services and thus is the advocate for the animal, while the client is the ultimate decision maker (except in circumstances where the animal is in a state of unreasonable and unjustifiable pain or suffering).

2.2 A veterinary practitioner must not refuse to provide relief of pain or suffering to an animal(s) that is in his/her presence, giving due consideration to the safety of the veterinary practitioner, the veterinary staff and the public including the animal's owner if present.

2.3 A veterinary practitioner provides first aid and pain relief appropriate to the circumstances when presented with an animal in unreasonable and unnecessary pain or suffering.

2.4 A veterinary practitioner develops and implements a pain and distress management plan appropriate for the species and circumstances for any animal undergoing an invasive or surgical procedure. Where assessment and relief of pain for the species is not well established, professional judgement must be exercised to minimise unnecessary pain or distress.

2.5 *Standard 2.4* does not apply where a research project's protocols require a veterinary practitioner to specifically refrain from providing pain relief if:

- (a) the project is being conducted under the auspices of an animal research institution licensed under *Part 4* of the *Animal Welfare Act 1993*, and
- (b) has been approved by that institution's Animal Ethics Committee.

2.6 A veterinary practitioner gives due consideration to human safety before commencing treatment of an animal, whether in an emergency situation or otherwise.

2.7 If a veterinary practitioner decides timely referral to another veterinary practitioner rather than euthanasia is in the best interests of the animal's wellbeing, the referring veterinary practitioner provides effective first aid and pain relief to the animal as relevant before referring the animal for appropriate care.

Guidance: Animal wellbeing

This guidance should be read in conjunction with *Guidance: Emergency provision of treatment* particularly with respect to application of *Standard 2* in the emergency context.

The welfare of animals is the defining concern of the veterinary profession and a necessary consideration in decision making by veterinary practitioners in the course of their work. It is expected that action taken by or directed by the veterinary practitioner that impacts the wellbeing of animals within the veterinary practitioner's control, is intended, planned, and applied to optimise that wellbeing, despite the primary purpose of the action.

A veterinary practitioner is trained to assess animal health and wellbeing. This training is exercised through the application of their skills and applied knowledge to optimise the care and management of animals.

A veterinary practitioner should take all reasonable steps to safeguard the wellbeing of animals in line with contemporary animal welfare standards. A veterinary practitioner should consider the animal species, their physical environment and their particular circumstances when making decisions relating to the physical health, behavioural and mental health requirements of an animal. The approach to animal wellbeing is specific to the species and its current circumstances.

Optimising the wellbeing of the animal receiving veterinary services guides a veterinary practitioner in making their professional judgements in all contexts. A veterinary practitioner should consider what is in the best interest of the animal's wellbeing, whether advising the animal's owner on its care, treatment, prognosis, or management.

It is acknowledged that the assessment and relief of pain for many species is not well established, in which case appropriately informed professional judgement must be exercised to minimise unnecessary pain or distress.

There are circumstances in the research context where an experimental objective will be confounded by certain types of pain relief. The regulation of the use of animals for scientific purposes has equivalent expectations and controls to these Standards regarding optimising animal wellbeing. The mechanisms used by animal ethics committees for research project approval and monitoring are therefore considered sufficient in the circumstances to permit veterinary participation in such projects despite pain relief being excluded or delayed; in fact, veterinary participation is encouraged to minimise negative impacts on animal wellbeing.

A veterinary practitioner who assists in or performs a procedure prohibited under the *Animal Welfare Act 1993* for other than therapeutic reasons is demonstrating unprofessional conduct.

Veterinary practitioners are not obliged to accept new clients, continue to provide services to existing clients or provide a requested treatment. However, animal welfare must be considered in all cases. Thus, even though the animal may not belong to a practice client, all veterinary practitioners must provide treatment to an animal that is in their presence as an emergency presentation, to alleviate pain and suffering, as stated in [Standard 2](#) and enlarged upon in [Guidance: Emergency provision of treatment](#).

Guidance: Emergency provision of treatment

Obligation to act

Under *Section 8 (1)* of the *Animal Welfare Act 1993*, a person must not do any act, or omit to do any duty, which causes or is likely to cause unreasonable and unjustifiable pain or suffering to an animal.

Consistent with this legal obligation, a veterinary practitioner must provide first aid and pain relief to minimise or alleviate the unreasonable and unnecessary pain or suffering of an animal presented to them for emergency attention, with or without prior arrangement.

The obligation to treat in an emergency through the provision of first aid and pain relief exists irrespective of whether:

- (a) the person bringing the animal to the veterinary practitioner is its owner
- (b) the person bringing the animal to the veterinary practitioner has an established relationship with the veterinary practitioner and/or has previously attended their veterinary facilities
- (c) the animal is a stray, is lost or the owner is unknown, or
- (d) the animal is an undomesticated or exotic species but not a declared pest animal.

It is acknowledged that case triaging may be necessary when an emergency presentation occurs, according to available veterinary resources and concurrent cases requiring the presence of a veterinary practitioner (for example a surgical procedure already underway). Triaging is expected to be based on animal wellbeing criteria.

If the animal is presented, and unless euthanased immediately, pain relief and humane containment should be provided until the case can be more fully assessed at the next opportunity.

Client contacts but animal not yet presented

In circumstances where the veterinary practice has been alerted to a case requiring emergency assessment and treatment, but the animal has not yet been presented and the case is not under continuing care by that practice, veterinary practitioners use their professional judgement to decide on the best course of action. This includes assessing whether the wellbeing interests of the animal in terms of the condition of the animal and related timeliness, are best served by themselves or another available practice. It is strongly recommended that veterinary practices develop triaging protocols for their reception staff.

If contact with the practice but not presentation occurs outside normal business hours, the veterinarian contacted is not obliged to respond unless the emergency is directly related to a case under continuing care by their practice. In which case, the out-of-hours arrangements for that case agreed to by the owner should be actioned. Examples of 'under continuing care' would be recent surgical or medical issues serviced by that practice that can be reasonably anticipated to require a more immediate response than that delivered within normal hours.

Client refusal/informed consent issues

It is the Board's view that once the animal is presented to a veterinary practitioner, their duty of care and powers under the *Animal Welfare Act 1993* obliges and enables them to act to the extent of only providing first aid and pain relief, for the welfare of the animal, whether the person presenting the animal objects to the course of action or not. Consent for assessments and treatments in addition to first aid and pain relief must be agreed with the client prior to their application.

If a client removes the animal from the veterinary practitioner's care before the application of first aid and pain relief, any veterinary practitioner-owner-animal (VOA) relationship is considered to have been terminated and the welfare of the animal is entirely the responsibility of the client. In this scenario, the veterinary practitioner is strongly encouraged to alert the appropriate animal welfare authorities of the issue.

Payment issues

The treatment or action taken by the veterinary practitioner should acknowledge the emergency nature of the circumstance and must not be delayed or withheld while payment for treatment is negotiated. Where a client refuses to pay for the first aid and pain relief thus provided, it is the view of the Board that the veterinary practitioner's professional duty has been discharged and they are not obliged to provide any further treatment (i.e. the VOA relationship is terminated). This should be courteously communicated to the client along with options for the wellbeing of the animal in a general sense.

Safety issues

The first aid and pain relief options may be limited to what can be safely provided, considering other humans and animals present, their respective behaviours, and relevant facilities practically available.

Where it is not safe to provide any form of relief within a reasonable timeframe with the resources available, the veterinary practitioner should immediately attempt to obtain the assistance of another veterinary practitioner and/or an appropriately qualified, authorised and equipped lay person, or refer the case to another veterinary practitioner who is able to service the animal on or

off site; whichever is in the best interests of the animal's wellbeing within the circumstances and the safety issues concerned.

It is acknowledged that each emergency scenario is different and that applying first aid and pain relief may take a much longer and complicated route than anyone would prefer, particularly if not at a fixed veterinary premises and/or third-party assistance is required.

When the case is a house call or farm visit, and after exhausting all reasonable options for at least providing first aid or pain relief, and it is not safe to proceed with a veterinary service, the veterinary practitioner should so advise the client and/or the appropriate authority present. Unless requested by an appropriately empowered authority to remain the veterinary practitioner should leave the property or remain at safe proximity as the veterinary practitioner sees fit. In this circumstance it should be communicated to the client and any appropriate authority present whether the VOA relationship has been terminated, or that the veterinary practitioner or colleague is willing to reattend once the situation is safe. An 'appropriately empowered authority' is likely to be police officers. Animal welfare or biosecurity officers or others similarly authorised to respond to safety issues in the community may request you to take specific actions in order to leave the property or assist them if safe to do so according to the powers they are exercising at the time.

For situations away from a veterinary practitioner's clinic or usual base, the veterinary practitioner is expected to communicate the situation with updates, if possible, with their clinic or base so contingencies can be put in place. Similarly, any authorities involved should keep the veterinary practitioner apprised of the case if the veterinarian is no longer on-site but expected to reattend.

Euthanasia

The provision of first aid and pain relief includes carrying out euthanasia where it is determined to be the most appropriate management option for the animal's condition and wellbeing. The *Animal Welfare Act 1993* enables a veterinary practitioner to euthanase an animal without the client's consent if necessary, as follows:

Under *section 24 (1)* of the *Animal Welfare Act 1993*, '*an officer or veterinary surgeon may kill an animal if –*

- (a) in their opinion the animal is injured or diseased or is otherwise suffering; and*
- (b) they reasonably believe that the injury, disease or other suffering will cause the animal continued and excessive pain and suffering.'*

If euthanasia of a declared animal pest is lawfully required, the veterinary practitioner to whom it is presented for treatment must euthanase it as soon as practicable. If euthanasia of the pest animal is not lawfully required or is delayed due to practicalities, the animal is to be managed for its wellbeing as for any other species regarding pain or suffering including euthanasia if necessary.

Species not normally serviced

Veterinary practitioners are expected to be aware of the basic health and welfare needs of domesticated terrestrial and aquatic animal species, and act accordingly. Where species not usually seen by the veterinary practitioner are presented in an emergency, reference to expert advice should be made. It is expected that veterinary practitioners are familiar with credible information sources that may need to be referred to when presented with species they generally do not work with.

In the absence of such advice or references, the veterinary practitioner should apply first principles in their considerations including making reasonable extrapolations from species they are more familiar with.

Attention in the form of standard procedures and equipment should be paid to humane containment and handling options for unusual species that represent a particular and foreseeable safety risk such as venomous snakes and bats.

Acceptance for treatment in general (non-emergency)

A veterinary practitioner has no statutory obligation to accept an animal for treatment other than in the emergency scenarios described above. Where a veterinary practitioner chooses not to treat an animal, their reason for doing so should be discussed with the owner of the animal including what alternative service options may be available. A contemporaneous record of the discussion is expected to be made in the clinical or practice records.

See also:

[Guidance: Veterinary practitioner-owner-animal \(VOA\) relationship](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

[Guidance: Supply and use of veterinary medications](#)

[Guidance: Biosecurity and infection control](#)

Standard 3. Veterinary practitioner-owner-animal (VOA) relationship

The VOA relationship places the wellbeing of the animal at the centre of the relationship and, over its duration, fosters trust and collaboration between the parties.

In this Standard, 'owner' has equivalent meaning to 'client', and where relevant in the VOA relationship, the animal is taken to be 'under the care' of the veterinary practitioner.

3.1 A veterinary practitioner must demonstrate an appropriate standard of professional conduct during the establishment, maintenance and, when it occurs, the termination of the VOA relationship.

3.2 A veterinary practitioner must ensure their behaviour and professional judgement are consistent with the responsibilities of a veterinary practitioner within the VOA relationship as described in guidance provided by the Board and as amended from time to time.

3.3 Where a veterinary practitioner has recorded the name of the owner or their designated representative as communicated to them in the medical record, a veterinary practitioner is not responsible for any misrepresentation by an individual of ownership or authority for decision-making that is made with malicious or mischievous intent.

3.4 A veterinary practitioner may terminate a VOA relationship by providing notice to the owner in writing that the VOA relationship is terminated, and by maintaining a written record that they will no longer provide veterinary services to the client. Where the veterinary practitioner considers it unsafe to directly communicate the termination of the VOA with the client, such as in circumstances of the client demonstrating violent behaviour on the premises, a detailed contemporaneous record of the circumstances leading to the termination retained by the veterinary practitioner will be considered sufficient.

3.5 A VOA relationship must be established prior to, and maintained during, the supply and use of a poison or controlled substance.

3.6 Unless the animal is in unreasonable and unjustifiable pain or suffering, a veterinary practitioner has no statutory obligation to establish a VOA relationship or to accept a stray animal or investigate its identification and ownership.

3.7 The local municipality or relevant authorised facility must be contacted by the veterinary practitioner or delegate regarding transfer of any stray dog or cat on the veterinary premises to the municipality's or other authorised facility's care.

Guidance: Veterinary practitioner-owner-animal (VOA) relationship

The relationship between a veterinary practitioner, an owner or designated representative and their animal (the VOA relationship) is the foundation for the delivery of veterinary services.

Aims

There are several aims in recognising a VOA relationship:

- (a) Ensure the best interests of an animal is central in decision-making related to the provision of veterinary services, irrespective of whether the relationship between an owner and an animal is for companionship or commercial reasons.
- (b) Understand the roles and responsibilities of the parties involved and any limitations to the establishment and maintenance of the VOA relationship.
- (c) Protect the public by facilitating an appropriate standard of veterinary practice.
- (d) Enable a veterinary practitioner to meet relevant regulatory requirements, for example the requirement for an animal to be under the care of a veterinary practitioner prior to the supply and use of restricted medications.
- (e) Align veterinary practitioner conduct when making treatment decisions with community expectations.

Attributes

The attributes of the VOA relationship provided below are relevant to understanding the responsibilities of the parties involved:

A. Veterinary practitioner

- (a) The veterinary practitioner is the individual providing services to the owner in relation to the care and wellbeing of their animal and as such is the advocate for the animal.
- (b) While it is noted that an owner may also view the VOA relationship in terms of a collective of individuals, such as a group of practitioners employed within a clinic setting, the Board views the responsibilities associated with a VOA relationship as vested in an individual veterinary practitioner.

B. Owner/client

- (a) The owner is the individual who has property rights over an animal receiving veterinary services and is the ultimate decision maker for the animal under normal circumstances.
- (b) The basis of the relationship between the owner and the animal/animals receiving veterinary services may be primarily for companionship or commercial reasons.

(c) The owner may designate an individual as their representative to make decisions regarding the scope of veterinary services provided to the animal and to undertake one or more of their responsibilities in the VOA relationship. Such a designation should be explicit and recorded to be enacted.

(d) In the case of a service animal (e.g. a guide dog) which has been allocated to an individual by a third party, the owner is the third party unless otherwise advised by the third party.

(e) In the case of permitted wildlife species, the owner is deemed to be either a person with the relevant permit under wildlife management legislation to possess that animal, or a person with a legally delegated authority of a wildlife organisation who hold the relevant permit to possess that animal.

(f) In the case of unpermitted wildlife species or domesticated stray animals, the person presenting the animal to the veterinary practitioner for the provision of veterinary services is deemed to be the owner unless they relinquish the duty of care for that animal to the veterinary practitioner.

C. Animal

(a) The animal is the individual animal of any species receiving veterinary services at the instigation of the owner.

(b) While the animal may be one of a collective group of animals in receipt of veterinary services, the Board views each individual animal's wellbeing as the primary focus of the relationship between the veterinary practitioner and an individual animal.

Veterinary practitioner and owner responsibilities

Both the veterinary practitioner and the owner carry responsibilities in the VOA relationship.

A. The main responsibilities of the veterinary practitioner in the VOA relationship are to:

(a) directly observe and examine the animal and/or their production system and facilities when requested to do so by the owner or when necessary (at least once per year), to acquire, from personal knowledge or contemporary case records, an accurate picture of the current health status of the animals to allow an accurate diagnosis and the appropriate supply of drugs

(b) keep the wellbeing of the animal as a central focus

(c) establish and record the name of the owner or authorised representative, i.e., the individual with decision-making authority to consent to a procedure, treatment, or husbandry matter

(d) take reasonable efforts to ensure the owner understands their communications

(e) provide a reasonable range of options for treatment or management, a prognosis, and the possible complications, consequences, and associated costs for each option

(f) respect the owner's rights, including the right to refuse service, request a referral or to have established VOA relationships with several veterinary practitioners concurrently

(g) maintain the VOA relationship over its duration through:

i. regular communication

ii. demonstrating an intention that the relationship continues

- iii. directly observing the animal or production system at least once per year
- iv. provision of veterinary services as required or until terminated by either the owner or the veterinary practitioner.

B. The main responsibilities of the owner in the VOA relationship are to:

- (a) keep the wellbeing of their animal as the primary focus
- (b) make decisions and give consent for proposed procedures, treatments or husbandry matters in the best interests of their animal thus giving the veterinary practitioner responsibility for the health and welfare of the animal/s
- (c) designate an alternative decision-maker to act on their behalf including placing the wellbeing of the animal at the centre of their consideration and decisions
- (d) satisfy themselves that their designated representative is willing and has the capacity to:
 - i. represent the interests of the owner in discussion with the veterinary practitioner
 - ii. give consent for proposed procedures, treatments, or husbandry matters
 - iii. take financial responsibility for the veterinary services provided to the owner's animal as required, including clearly communicating any financial limits to the veterinary practitioner
- (e) take reasonable efforts to carry out instructions of the veterinary practitioner following the provision of veterinary services
- (f) maintain the VOA relationship over its duration through:
 - i. regular communication
 - ii. demonstrating an intention that the relationship continues
 - iii. accessing veterinary services as required or until terminated by either themselves or the veterinary practitioner
- (g) inform the veterinary practitioner whenever they have established a VOA relationship with another veterinary practitioner in relation to the animal receiving veterinary services.

The Board notes that while the responsibility to meet costs of treatments, procedures and husbandry matters lies with the client, the client may designate a different individual to assume this responsibility on their behalf without prejudice to their role as the decision-maker in relation to the treatment, procedures for and husbandry management of their animal.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Emergency provision of treatment](#)

[Guidance: Veterinary practitioner and veterinary team wellbeing](#)

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

[Guidance: Veterinary certificates](#)

Standard 4. Communications between veterinary practitioner and the client or professional peers

Communications generally

4.1 A Veterinary practitioner must interact with clients, peers and the public whether verbally or in writing, in a way that creates effective communication and trust.

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

4.3 A veterinary practitioner's behaviour and interactions with animal owners, their veterinary team members, professional peers, and members of the general public must demonstrate honesty and integrity, professional accountability, self-management and respect.

4.4 A veterinary practitioner must treat peers with professionalism and respect, not making malicious or unfounded criticisms of peers that may undermine the public's trust and bring discredit to the profession.

Establishing authority

4.5 Veterinary practitioners must establish that the person presenting an animal has the authority to consent to a procedure, treatment, or course of action in relation to the animal receiving the veterinary service as part of the VOA relationship.

Informed consent

4.6 A veterinary practitioner must practise in a way that aligns with principles and obligations relating to confidentiality and consent.

4.7 A veterinary practitioner must take reasonable steps to ensure communication about the provision of veterinary services is clear and understood by the owner and other individuals involved in the care of the animal.

4.8 Where several management options exist, a veterinary practitioner must provide the client, guidance on an appropriate range of options, including:

- (a) diagnostic investigation, including any limitations in conducting diagnostics
- (b) treatment
- (c) prognosis
- (d) potential complications and consequences, and
- (e) the costs of each option.

4.9 A veterinary practitioner must obtain appropriate informed consent from the client before proceeding with a proposed procedure, treatment, or course of action. Where informed consent is provided verbally, a veterinary practitioner records the informed consent in the veterinary medical record.

4.10 A veterinary practitioner must provide clients with information to the extent that they are satisfied that the client is able to understand and give consent to the proposed treatment or course of action whether the situation is time-critical and potentially emotionally charged or not.

4.11 Having provided the client with the relevant options and associated costs of veterinary services, veterinary practitioners must obtain informed financial consent from the client before commencing the veterinary service. Where the informed financial consent is provided verbally, a veterinary practitioner records the informed consent in the veterinary medical record.

4.12 A veterinary practitioner provides the client or person designated as financially responsible with regular updates on treatment costs. A record of the updates is entered into the veterinary medical record.

4.13 A veterinary practitioner respects the rights of the client to:

- (a) decide on a management option (or options) for their animal from the range of options provided by the veterinary practitioner
- (b) seek further explanations for the recommended treatment plan, seek a second opinion or request a referral
- (c) decline or choose an alternate course of action to the one recommended by the veterinary practitioner, provided the animal's wellbeing is not compromised.

4.14 Where a client's opinion or choice compromises animal welfare this must be communicated by the veterinary practitioner to the client effectively, and courteously.

4.15 Consent to euthanase may not apply in an animal welfare emergency and there is an immediate need to relieve unreasonable or unjustifiable pain or suffering.

4.16 A veterinary practitioner who performs a treatment/procedure must ensure that relevant information about ongoing care is provided to the client. The information must include what to do if there are complications after the treatment or procedure or any deterioration in the animal's condition.

Unexpected adverse events

4.17 When an unexpected adverse event, including unexpected death of the animal, occurs during the provision of veterinary services, a veterinary practitioner has the responsibility to inform:

- (a) the client of:
 - i. what happened
 - ii. any actions taken to rectify the event at the time it occurred
 - iii. what the short- and long-term consequences of the event are likely to be
 - iv. the availability of necropsy examination.
- (b) the relevant authority of an adverse event involving the use, supply or administration of medicines, or relevant biosecurity event if a notifiable disease is suspected.

Offering or performing necropsy

4.18 In the event of an unexplained or unexpected death of a privately owned domesticated animal while under the care of a veterinary practitioner:

- (a) the veterinary practitioner must advise the client that a necropsy can be performed, and any costs involved
- (b) the veterinary practitioner must provide the client with options for performing the necropsy

(c) the veterinary practitioner offers the option of an independent veterinary practitioner to carry out the necropsy to manage potential conflict of interest

(d) where a client has given permission for a necropsy to be performed on an animal, it must be performed without undue delay. If storage of the body or resulting pathology samples is necessary, every effort must be made to ensure that storage reduces deterioration of tissues before or after the necropsy is conducted and facilitates any subsequent pathology examinations of samples.

4.19 In addition to requirements under *Standard 4.18*, and where the client has not requested a necropsy but there is a suspicion of circumstances requiring reporting to the appropriate authorities such as notifiable disease or misuse of drugs, the notification is made in a timely manner to enable a necropsy or other investigation to be arranged by the relevant authorities.

Transfer of records between veterinary practices

4.20 Where a client, or another treating veterinary practitioner on the client's behalf, requests a copy of the medical record for their animal(s), sufficient information to allow for on-going treatment and case management must be provided professionally and as quickly as possible.

4.21 Where the client does not authorize the release of prior medical records to a second opinion veterinary practitioner, the client must be advised of possible complications or adverse reactions if those records are not consulted before proceeding with additional or altered treatment regimes.

4.22 Details of transfer of records must be documented in the animal's history.

4.23 If an original record is provided, it must be returned to the first opinion veterinary practitioner as soon as practicable.

Guidance: Communication between veterinary practitioner and clients or professional peers

Communication relating to the provision of veterinary services takes many forms between individuals. Communications can be targeted, such as in a consultation, veterinary medical record or template form seeking informed consent; or broad, such as public-facing advertisements and social media interactions.

All individuals involved in communications about veterinary services share the responsibility to contribute to such exchanges with honesty, respect, and openness. The principle of effective communication is a shared responsibility of the veterinary practitioner, the owner, and professional peers.

As also detailed in *Standard 7 Veterinary medical records*, in sharing the responsibility for the wellbeing of the animal receiving veterinary services, a client should provide accurate information about their animal's history and wellbeing to a veterinary practitioner. This will assist diagnosis and delivery of appropriate veterinary services and support the accuracy of the medical veterinary record maintained by the veterinary practitioner.

The owner also has a responsibility to seek additional information if they need clarification or require alternative options to a veterinary practitioner's proposed approach to delivery of veterinary services.

Effective communication skills include active and reflective listening, questioning for clarification, consistent and timely messaging, and self-awareness.

Veterinary practitioners are encouraged to develop their skills in navigating difficult conversations and in conflict resolution. Clinical practice scheduling should provide sufficient time to enable veterinarians and in particular, new graduates, to hone their communication skills during consultations with clients. A breakdown in communication between a veterinary practitioner and a client is the trigger for many complaints received by the Board.

A veterinary practitioner must treat peers with professionalism and respect, not making malicious or unfounded criticisms of peers that may undermine the public's trust and bring discredit to the profession. Where there is a genuine concern regarding the professional conduct of a peer, advice may be sought from the Board regarding options available for managing the issue. While the complaint pathway is one option, there may be others that promote a better outcome for all concerned and can be approached in a hypothetical manner.

When an animal is presented for second opinion treatment, it is good practice for the second opinion veterinary practitioner to contact the first opinion veterinary practitioner to determine what treatments have been provided, however a veterinary practitioner must seek or release this information only with the express consent of the client involved. The second opinion veterinary practitioner may subsequently have a differing opinion of a particular case, its management or prognosis, and should discuss this with the client in a professional manner.

While verbal and non-verbal communication may be appropriate and sufficient to ensure understanding in some contexts, the Board encourages the concurrent use of written information where practical. For example, written aftercare information, cost estimates for procedures, instructions for multiple medications or for animal management all assist the owner to understand clearly and help veterinary practitioners to document communications efficiently.

Preferably, informed consent and informed financial consent should be obtained in writing, for example by using a pro forma consent form. This form should include:

- (a) the name and contact details of the owner (or their delegate), including details of their availability during the treatment period
- (b) a clear description of the animal
- (c) the details of the owner's designated representative, including the representative's signature
- (d) a clear description of the treatment/procedure to be undertaken
- (e) a statement of the risks involved and the owner's acceptance of these risks
- (f) an estimate of the costs to deliver the chosen treatment/management plan
- (g) the owner's signature.

A veterinary medical emergency presenting in an environment that is time-critical and potentially emotionally charged does not lessen the need for communication to be effective and genuine.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Emergency provision of treatment](#)

[Guidance: Managing conflict of interest and incitement to commit unprofessional conduct](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

[Guidance: Veterinary certificates](#)

[Guidance: Practising in accordance with statutory obligations](#)

Standard 5. Genetic disease

5.1 A veterinary practitioner must not perform a surgical procedure for the correction or masking of an inheritable defect, or provide medical treatment for an inheritable disease, unless the primary purpose is to relieve or prevent pain or discomfort to the animal concerned.

5.2 If treatment of an inheritable defect or disease is undertaken, the veterinary practitioner must fully apprise the client of the inheritable nature of the disease or defect and the consequences of using the animal, its sibling, or its progeny, for breeding.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

Standard 6. Veterinary premises, equipment, and assistance in the provision of veterinary services

Background to premises specifications

For the purposes of this standard the definition of veterinary premises is any building, vehicle, or place where veterinary services are performed. This includes all fixed premises as well as mobile clinics, house call practices and practices providing on-farm services; 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 using the premises to ensure that the premises meet certain minimum standards. Efforts to exceed the standards are encouraged.

The Board acknowledges that there may be situations necessitating the provision of emergency veterinary treatment to an animal in circumstances where *Standard 6* may not be able to be complied with in full. These are interpreted as exceptions to usual practice.

Veterinary practitioner responsibilities regarding premises, equipment, and assistance

6.1 A veterinary practitioner ensures that the environment, equipment, and assistance available are appropriate for the veterinary services that they deliver, and meet specifications set out in *Standard 6.5*.

6.2 A veterinary practitioner takes reasonable measures to ensure all persons assisting in the provision of veterinary services to an animal in their care have the knowledge, skills, and capacity to enable them to perform the relevant activity.

6.3 A veterinary practitioner must inform the client of the limitations and/or additional risks associated with the veterinary premises or facility so their consent to treatment or procedures is fully informed.

6.4 Where a procedure requires an animal to be under sedation or anaesthesia, a veterinary practitioner remains at the veterinary premises or location where the procedure was carried out and supervises the animal until it can stand and walk unaided (except where injury precludes ambulation in which case the animal can otherwise maintain a posture that does not require veterinary assistance or presence).

General standards applicable to all premises

6.5 All veterinary premises shall:

- (a) only be used to perform examinations, diagnosis, and treatment commensurate with the equipment and facilities available
- (b) hold a supply of drugs adequate for the veterinary treatment of animals and appropriate to the type of practice provided, and those drugs to be stored according to the manufacturers' directions for efficacy
- (c) be in good condition with the interior, exterior and immediate surrounds (where applicable), maintained in a clean, orderly, and sanitary state
- (d) display clearly and prominently the name of the premises, telephone number, the usual times of attendance of the veterinary practitioner(s) and any arrangements in place or other information for out-of-hours and emergency needs
- (e) have arrangements in place for access to out-hours and/or emergency services for clients in the event of unanticipated problems or complications following procedures or treatment
- (f) provide for the maintenance of patient records (see [Standard 7 Record Keeping by veterinary practitioners](#))
- (g) comply with the *Poisons Act* and *Poisons Regulations* with particular reference to storage, handling, supply and labelling of prescription animal remedies
- (h) have precautions in place to prevent the spread of contagious disease and provide for humane isolation of animals (where applicable)
- (i) provide for the hygienic, biosecure and appropriate storage and packaging of pathology samples according to type and intended examination
- (j) have access to facilities for cleaning and laundering re-used items such as drapes, towels, and bedding
- (k) meet the requirements of local authority by-laws or other regulations applicable to veterinary premises.

6.6 Veterinary premises shall, where applicable to the type of practice (noting that some practices may be considered to fall under more than one category of premises):

- (a) have both veterinary and support staff in attendance during the stated business hours. A veterinary practitioner who is attending a farm call or is temporarily absent at a time or times during a given day is considered to be in attendance if they are contactable and able to attend the premises within a reasonable time frame
- (b) be designed and constructed to prevent the escape of an animal brought into the premises and to always ensure the effective and humane confinement of that animal
- (c) have a reception area of a size and design, and with a seating capacity appropriate for the size and type of premises and species usually seen
- (d) have internal walls and floors that can be easily cleaned and disinfected
- (e) provide facilities to weigh small companion and other small animal patients

- (f) have adequate ventilation and be free from offensive odours
- (g) have a supply of potable hot and cold water at a pressure and in quantity sufficient for the needs of the premises, and adequate drainage
- (h) be supplied with electricity sufficient for the needs of the premises
- (i) have lighting in all rooms that is adequate for the purposes for which the room is to be used
- (j) have facilities and equipment for adequately heating and cooling the interior of the premises and any outbuildings where animals are housed, if required
- (k) have facilities and equipment for the hygienic and safe disposal of soiled dressings, animal tissue, animal bedding, animal excreta, dead animals, sharps and any other contaminated or unwholesome matter arising from the operation of the premises, except in so far as other arrangements have been made for the matter to be removed from the premises in a hygienic and safe manner
- (l) provide in the consulting or examination area:
 - (i) an examination table with impervious surfaces
 - (ii) a sink with hot and cold running water and fixed drainage
- (m) provide for surgically sterile instruments for sterile surgical procedures (including autoclave, chemical sterilisation, and pre-sterilised disposable equipment)
- (n) provide for an adequate level of care of any animals requiring hospitalisation if off-site arrangements are not in place.

Premises definitions and associated service standards

6.7 The following premises standards determine the minimum level of service that may be provided from a particular premises. The veterinary entity must nominate the premises descriptor/s (as per 6.7.1, 2, 3, 4 or 5) to the Board, and advise the services provided from that premises to their clients to ensure expectations of available services are appropriate.

6.7.1 Veterinary consulting rooms:

Veterinary consulting room means premises wherein management advice, physical examinations, diagnostic, prophylactic and medical services for animals are provided.

A veterinary consulting room shall not be used for:

- (a) the purpose of surgical procedures including dentistry or
- (b) the hospitalisation of animals

In addition to the general standards applicable to this type of practice, a consulting room shall refer clients to, or have access to fixed veterinary premises complying with *Standard 6.7.3 Veterinary clinics, centres, and hospitals*, for the treatment and management of cases that are beyond the scope of this type of practice.

6.7.2 House call practices:

House call practice means a practice that provides management advice, physical examinations, diagnostic, prophylactic and medical services for non-farm and non-equine animals at the client's home or property.

A house call practice shall not perform surgery including dentistry.

In addition to the general standards applicable to this type of practice, a house call practice shall refer clients to, or have access to fixed veterinary premises complying with *Standard 6.7.3 Veterinary clinics, centres, and hospitals*, for the treatment and management of cases that are beyond the scope of this type of practice.

6.7.3 Veterinary clinics, centres, and hospitals:

Veterinary clinic, centre or hospital means premises wherein management advice, physical examinations, diagnostic, prophylactic, medical and surgical services for animals are provided.

In addition to the general standards, a veterinary clinic, centre, or hospital shall:

- (a) provide facilities and equipment (examples include, but not limited to a microscope, glucometer, urine test strips, refractometer) to enable basic laboratory diagnostic testing to be carried out at the premises; and provide for or have referral arrangements for more complex laboratory diagnostic testing
- (b) provide facilities and equipment for the taking, processing, and viewing of radiographs, which comply with all occupational health and safety requirements and the *Radiation Protection Act 2005*
- (c) provide a room or rooms separate from any examination or consulting room for the carrying out of surgical procedures. This room shall:
 - i. be equipped to perform intubation, gaseous anaesthesia, anaesthetic monitoring, oxygen resuscitation and supportive fluid therapy
 - ii. not be a general thoroughfare
 - iii. not be used for non-sterile, potentially contaminating procedures, such as dentistry, treatment of contaminated wounds, clipping and grooming, kennelling
- (d) provide facilities for personal pre-surgical preparation by veterinary practitioners and of animals
- (e) taking the urgency of the animal's condition and welfare into account; have sufficient competent assistants present during veterinary procedures
- (f) provide suitable post-surgical care on the premises and after discharge
- (g) provide a separate room or rooms for the housing of animals in which any kennel or cage is of a size appropriate to the animal housed and is constructed of impervious and easily cleaned materials, taking into account various species' needs
- (h) provide an area for the hygienic preparation and storage of food

6.7.4 Mobile veterinary clinics

A mobile veterinary clinic means a facility that provides that form of 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.

In addition to the general and clinic/hospital standards a mobile clinic practice shall:

- (a) ensure clients have readily accessible communication with the mobile veterinary practitioner
- (b) only carry out surgery from which the animal can recover to become ambulatory whilst under veterinary supervision and can then be safely discharged. This does not include spinal or orthopaedic procedures or any other surgical procedure that may require intensive monitoring and/or overnight hospitalisation
- (c) refer clients to, or have access to fixed veterinary premises for the further treatment of all other cases
- (d) a mobile veterinary clinic vehicle shall be a lockable vehicle or trailer specifically modified for the purpose, and maintained in a hygienic manner, meet the requirements of all necessary government regulations
- (e) a mobile veterinary clinic vehicle shall in addition to the general standards have the following:
 - i. electricity source
 - ii. collection tank for disposal of wastes
 - iii. separate compartment of appropriate size for the safe transport or holding of animals.

6.7.5 Equine and farm/production animal practices

Equine or farm/production animal practice means a practice that provides management advice, physical examinations, diagnostic, prophylactic and surgical services on horses or terrestrial and aquatic livestock at the client's property including commercial and hobby farms, fish hatcheries and marine sites, racecourses, showgrounds, and other sites where animals may require veterinary attention.

In addition to the general standards applicable to this type of practice, an equine or farm/production animal practice shall:

- (a) given the variability in on-farm facilities, give due consideration to the wellbeing and safety of any animal(s) and/or persons when providing veterinary services
- (b) make every effort to ensure any procedures are carried out hygienically and with due attention to infection control
- (c) carry the necessary equipment and instruments to perform any services or procedures that may be reasonably required at short notice
- (d) where reasonably available and taking animal welfare into consideration, offer referral to a large animal or equine clinic, centre, or hospital, for cases requiring major surgery or intensive medical care and monitoring.

6.8 A veterinary practitioner may apply to the Board for a specific exemption for a particular facility listed for their nominated premises type; such applications will be considered strictly on a case-by-

case basis and if successful will restrict the services that can be provided at those premises accordingly.

Guidance: Veterinary premises, equipment, and assistance in the provision of veterinary services

Veterinary premises used in the provision of veterinary services may be inspected by the Board to assess their appropriateness for the services being provided by veterinary practitioners using them.

A veterinary practitioner should satisfy themselves that appropriate approval or licensing requirements for a veterinary facility, including mobile veterinary facilities and equipment used in their provision of veterinary services, are current.

Where a veterinary premises does not have specific equipment or immediate access to that equipment, the services provided by veterinary practitioners from that premises must be limited accordingly as informed by current acceptable practice. For example, routine monitoring of a benign abdominal tumour might be adequately supported by external off-site imaging services, however performing orthopaedic surgery requires on-site access to functioning radiological services.

The range and availability of services provided by branch practices may be less than the main practice premises. The Board expects however, that the main practice puts arrangements in place between it and its branches to provide timely access to services expected of that entire practice, and adequately communicates to clients any service limitations specific to its branches. For instance, this may be in terms of out-of-hours access or major surgical procedures where clients in the vicinity of the branch practice may have to travel to the main practice.

The Board will, on a case-by-case basis, consider applications from veterinary practitioners to permit specific exemptions from the minimum level of facilities and equipment required for a nominated premises type, such as radiological facilities in a clinic or hospital. Should an exemption be granted however, the services provided from those premises will be restricted accordingly, and those restrictions must be included in practice communications to clients and the public.

A veterinary practitioner providing emergency veterinary services in an adverse environment must consider how their ability to control the facilities, equipment and assistance is impacted by the situation, and make reasonable adjustments without compromising the standard of the services they provide in those circumstances.

From time to time, individuals other than veterinary practitioners may be required to assist veterinary practitioners in carrying out assessments or procedures. Before accepting such assistance, a veterinary practitioner should consider the individual's knowledge, skills, and capacity to assist in the specific situation and that they are legally able to provide the assistance (noting restrictions imposed under the Act and Regulations).

Where an individual other than a veterinary practitioner uses equipment to support their assistance, a veterinary practitioner must be satisfied that the person is familiar with and instructed in the use of the equipment (including required safety measures associated with its use) and is legally permitted to do so.

A veterinary practitioner should adopt practices that mitigate the risk of cross contamination of veterinary facilities and non-veterinary facilities such as farms, stables and kennels/catteries/animal shelters through storage, handling, and cleaning and disinfecting equipment and work surfaces.

Procedures routinely performed in a veterinary clinic, hospital or consulting rooms may be exposed to additional risks when undertaken in a mobile clinic, off site or as part of a house call. A veterinary practitioner should consider how the additional risks may impact the provision of veterinary services and communicate the consequences of this impact to the owner and other relevant individuals before carrying out the procedure.

See also:

[Guidance: Emergency provision of treatment](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

[Guidance: Biosecurity and infection control](#)

Standard 7. Veterinary medical records

7.1 A veterinary practitioner ensures that the veterinary medical record contains sufficient information to:

- (a) clearly identify the animal as relevant to the circumstances
- (b) list and justify alternative treatments/procedures or management approaches
- (c) record discussion with the owner on the risks associated with each recommended treatment/management option
- (d) record the clinical management of the animal, and
- (e) enable a professional peer to continue the care and treatment of that animal if needed.

7.2 A veterinary practitioner must take reasonable steps to ensure their entries to a veterinary medical record are completed at the time they provide veterinary services.

7.3 A veterinary practitioner enters information in the veterinary medical record in an accessible, complete, accurate and legible format. Deletion or material alteration of records that compromises the accuracy of the records will be considered professional misconduct.

7.4 A veterinary practitioner must keep the following records for 5 years of completion of the particular service or treatment. The lists of records provided below are not exhaustive and other relevant information should also be preserved if appropriate.

7.4.1 For individual animal or group of animals:

- (a) client name/ownership of animal, including address and contact details (including for wildlife and stray animals the location where the animal was found and rescuer's details if known)
- (b) animal identification or description sufficient to identify the individual or group of animals
- (c) identification/name of consulting or prescribing veterinary practitioner
- (d) date examined and/or receives veterinary treatment
- (e) medical history
- (f) physical examination findings both normal and abnormal
- (g) other clinical observations made during the examination

- (h) provisional, differential and/or final diagnosis and prognosis
- (i) treatment given, dispensed, or prescribed
- (j) details of discussions with the owner (throughout the period veterinary services are delivered) about treatment/management options, including the limitations, risks, and costs of those options
- (k) the treatment option chosen by the owner, including the reasoning as to why that choice was made
- (l) details of any ongoing care and future management plans as discussed with the owner
- (m) any financial constraints substantively impacting the owner's treatment/management decisions
- (n) signed consent forms including informed consent for treatment and informed financial consent

7.4.2 Additional information where relevant or available:

- (a) record of discharge instructions post-hospitalisation
- (b) images and imaging reports that communicate opinions and/or findings following a professional assessment of that imaging
- (c) laboratory reports
- (d) necropsy reports
- (e) specialist reports/referral reports
- (f) signed consent forms (treatment, euthanasia)
- (g) surgical records
- (h) anaesthetic records
- (i) hospital observation chart and treatment records
- (j) dental records
- (k) a copy of any certificate issued or received.

7.4.3 A veterinary practitioner must ensure veterinary medical records for a food producing animal describes and states the withholding period that must be observed for the animal before it is slaughtered or its products used (e.g., eggs, milks, etc.) for human consumption.

Form of records

7.5 Veterinary practitioners and veterinary service entities must keep medical records in the form and manner approved by the Board under *section 34(1)(a)* of the Act.

7.6 The form of record must be readily legible, retrievable, and secure. The record may be in original hard copy or electronic (copy or original) format or combination of formats.

Ownership of veterinary medical records

7.7 Records are the property of the veterinary practitioner or veterinary services entity. Except as otherwise required at law, a veterinary practitioner maintains the confidentiality of the client's personal and/or health information collected while providing veterinary services.

7.8 Where a client, or another treating veterinary practitioner on the client's behalf, requests a copy of the medical record for their animal(s), at least sufficient information to allow for on-going treatment and case management must be provided professionally and as quickly as possible. Where the veterinary practitioner determines not to meet the request, they must provide justification for not providing the records requested to the client or their designated representative.

Sale, transfer, or closure of a practice

7.9 If a veterinary service entity is sold, closed or ownership transferred the original veterinary practitioner/s must preserve their veterinary medical records for a period of 5 years under *Section 34* of the Act whether they are registered or not unless exempted by the Board.

In the event of a sale, transfer or closure of a practice, the responsibility under the Act for the records remains with the original veterinary practitioner/s. Arrangements for storage and access of the relevant records should be addressed at the time the sale, transfer or closure of the clinic occurs.

Provision of records to the Board or a Board inspector

7.10 When a complaint has been made veterinary practitioners must respond in a timely and substantive manner to all formal communications from the Board. All relevant veterinary medical records must be supplied to the Board. Failure to do so may be regarded as misconduct in a professional respect.

7.11 A veterinary practitioner must co-operate with any reasonable request from an inspector authorised by the Board in the exercise of their powers under *section 10* of the Act.

Client disclosure responsibilities

The client has a responsibility to support the accuracy of the veterinary medical record by providing accurate information about their animal's history and wellbeing to a veterinary practitioner. This will assist diagnosis and delivery of appropriate veterinary services and support the accuracy of the medical veterinary record maintained by the veterinary practitioner.

The client has a responsibility to seek additional information if they need clarification or require alternative options to a veterinary practitioner's proposed approach to delivery of veterinary services.

Guidance: Veterinary medical records

Veterinary medical records:

- are an essential part of veterinary practice
- serve as evidence of an animal's or group of animal's condition, care, and treatment
- are a valuable aid to communication between veterinary practice staff and provide continuity of recorded treatment between veterinary practitioners, as well as a basis for review and evaluation of the veterinary services delivered for the patient and in a more general sense for CPD

- should be sufficiently comprehensive to allow another veterinary practitioner to continue treatment or management of a case without reference to the previous veterinary practitioner
- can be a valuable source of information to clients, particularly farmers regarding the management of their animals (for example, with respect to withholding periods) or the management of a particular case or recurring condition
- should be made contemporaneously
- may be edited but only to expand or clarify detail for the continuing care of the patient. Deletions or material alterations (for example (non-exclusively) treatment changes, diagnostic test results, and communications with other parties) are not acceptable.
- may be kept in a manner to suit the practice, for example, computer based, handwritten cards or books, or any combination, but must be readily retrievable, legible, and secure
- are necessary whether the veterinary service occurs in the clinic, an ambulatory service, or remotely through methods such as telemedicine consultation
- under *section 34* of the Act are to be retained for 5 years unless exempted by the Board

Wildlife and stray animals

A veterinary medical record prepared for wildlife and stray animals is consistent with any other case, and should identify, as best as possible, the animal, and the procedure, treatment or veterinary service provided to the animal. Photographs may assist in these cases.

For wildlife, the record should include the location where the animal was found. Identifying features for wildlife should include as a minimum the species, sex if visually discernible, estimate of age/maturity, specific markings or other features that will enable reasonable future recognition although it is acknowledged that this outcome will not always be possible.

Improving record management efficiency

The Board supports the development of documented practice standard operating procedures (SOP) for routine procedures (for example, vaccinations, neutering) to reduce the amount of time spent writing records. Procedures or treatments can be recorded within the terms, and by reference to a SOP. Details required will vary in accordance with the complexity of the case. Any deviations from the SOP must be recorded consistent with ensuring accuracy of individual records.

Other legislative requirements for records

Certain veterinary records are required to be kept by the *Poisons Act 1971* and *Poisons Regulations 2008* such as prescribing records for restricted (S4) and narcotic (S8) drugs; and the narcotic substances register (also referred to as an 'S8 Book' or 'Drugs of Addiction Book').

Various accreditation and certification services provided by veterinary practitioners may also need to comply with specific record requirements of the relevant agency or organisation.

Provision of records to the Board or Board inspectors

The Board has the power to require particulars of veterinary medical records from a veterinary practitioner or veterinary services entity under *section 35* of the Act. A Board inspector has the power under *section 10* of the Act to inspect records, to require the production of documents, to access electronic records and to make copies of any documents or records relating to the provision of veterinary services.

In cases of complaint or investigation, records are a valuable source of information and may aid in the defence of veterinary practitioners. Veterinary medical records should be able to stand alone in the event of an inquiry and be sufficient to justify the treatment and management of a particular case. Note that complaints may be made against a veterinary practitioner or a former registered veterinary practitioner within 3 years of the treatment provided under *sections 41(4) and 43(1)* of the Act.

Provision of records to other agencies or organisations

Certain government agencies or their contractors have the power to request, take copies and/or inspect records on the premises. If such a request is received, the veterinary practitioner may and should request verification of the power under which legislation and the authority of the officer to access the records as requested. An example would be Royal Society for the prevention of Cruelty to Animals (RSPCA) inspectors who are authorised as officers under the *Animal Welfare Act 1993*.

If other organisations such as insurance companies or livestock accreditation organisations request client information this may usually only be done with the written consent of the client. An example may be in a certification matter where the request for the records would usually come from the client or client's delegate. If an arrangement for access to records has been made in a contract between a client and a third party such as an insurance company, the relevant contractual information should be available to the veterinary practitioner for verification.

Comments included in records

Objective comments regarding an animal's temperament (for example, nervous, aggressive, bites) or other matters that relate to safety may be included as part of a record. Subjective comments about clients or animals should be avoided.

Right to information

The Board is subject to the *Right to Information Act 2009* (RTI Act) and upon receipt of an application from the public for access to information held in its records, will decide according to the RTI Act. Although exemptions exist under the RTI Act, each request for access is different and therefore each request is considered on an individual basis. The Board cannot provide further general information regarding what may or may not be released.

See also:

[Guidance: Communication between veterinary practitioner and clients or professional peers](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

[Guidance: Supply and use of veterinary medications](#)

[Guidance: Veterinary certificates](#)

Standard 8. Veterinary practitioner and veterinary team wellbeing

8.1 A veterinary practitioner takes reasonable steps to ensure their physical, mental, and emotional wellbeing does not compromise their professional judgement and ability to deliver veterinary services at the standard expected by the public and their peers.

8.2 A veterinary practitioner collaborates in maintaining the wellbeing of their veterinary team, by acknowledging the demands of the work environment, demonstrating care and respect for team members, and encouraging colleagues to seek support where appropriate.

8.3 A veterinary practitioner or veterinary services entity must not require another veterinary practitioner to practice outside their professional competence without adequate support. To so require is considered unprofessional conduct.

Guidance: Veterinary practitioner and veterinary team wellbeing

The physical and mental wellbeing of veterinary practitioners and of the surrounding veterinary team impacts everyone's ability to manage the demands of the profession and workplace, their personal circumstances, and the way they interact with clients and animals in the delivery of veterinary services.

Physical and mental wellbeing is supported by self-awareness, ongoing monitoring of personal health and undertaking self-guided steps to achieve a sustainable integration of work and non-work life.

A veterinary practitioner may choose to develop a self-care plan that is customised to their circumstances and work practices. A number of organisations have resources for individuals to assess the state of their physical and mental well-being which are available to veterinary practitioners.

A veterinary practitioner's personal strategy to maintain wellbeing is supported by appropriate workplace leadership and management practices. Development, promotion, and modelling by workplace leadership of strategies, systems and processes, policies and behaviours that support the physical and mental wellbeing of all members are encouraged. A physically and emotionally safe workplace, and opportunities for professional connection, conversation and considered feedback, within and outside the workplace support personal and professional growth. For examples that may assist in this regard refer to *Guidance: Continuing professional development*.

It is expected that a veterinary practitioner receives appropriate support, guidance and assistance from the business, agency or not-for-profit organisation that employs or engages them. Policies and procedures of businesses, agencies and not-for-profit organisations which employ or engage veterinary practitioners are expected to enable the veterinary practitioner to provide veterinary services that preserve and protect animal wellbeing as well as their own.

With respect to managing the provision of emergency and out-of-hours cover, veterinary practices are encouraged to co-operate with each other. These arrangements should be made before a crisis arises and the terms confirmed in writing. Examples include shared arrangements between local practices, especially if dedicated emergency/out-of-hours services are not within reasonable travel times. The Board encourages veterinary practices to also promote credible animal first aid information to their clients as well as information on other sources of out-of-hours veterinary advice and develop telephone triaging protocols for reception staff.

Where there is no option for co-operative arrangements between practices, the veterinary practitioner is expected to exercise their judgement regarding the wellbeing for themselves and their employees and not put themselves or their employees at risk.

See also:

[Guidance: Emergency provision of treatment](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Managing conflict of interest and incitement to commit unprofessional conduct](#)

[Guidance: Veterinary premises, equipment, and assistance in the provision of veterinary services](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

Standard 9. Practicing within areas of technical competence and continuing professional development (CPD)

9.1 A veterinary practitioner must maintain their knowledge of the current standards of practice in the areas of veterinary science relevant to their practice or work.

9.2 A veterinary practitioner must carry out procedures in accordance with current standards.

9.3 A veterinary practitioner must base professional decisions on well-recognised current knowledge and practice.

9.4 A veterinary practitioner must complete an annual declaration regarding CPD undertaken during the previous year and retain documented evidence of successful completion of planned CPD for at least 3 years.

9.5 CPD records must include a summary document (the CPD record summary) of the CPD plan, type, format, and timeframes of CPD undertaken and outcomes of that CPD, in addition to any relevant forms of verification of CPD undertaken such as attendance certificates.

9.6 A veterinary practitioner must provide records of CPD within the timeframe stated by the Board when requested to do so.

9.7 Sufficient knowledge of specific topics common to all veterinary practitioners (such as prescribing standards) may be assessed within a 3-year cycle in a form as advised by the Board from time to time.

Note guidance specific to CPD is largely based with permission, on the Veterinary Council of New Zealand's CPD guidance policy and documentation.

Guidance: Competency and responsibility

A veterinary practitioner exercises professional judgement regarding the wellbeing of an animal by working closely with the client and giving due regard to what course of action is in the best interest of the animal under the prevailing circumstances. This requirement is relevant to all contexts in which veterinary practitioners provide veterinary services, such as clinical practice, livestock management consultancy or animal and public health regulatory work. Competence is not confined to technical aspects of veterinary science.

There are 5 areas of veterinary competence:

- Critical reasoning – how you think
- Professional identity – who you are
- Technical skills – what you can do
- Personal wellbeing – how you feel
- Clinical knowledge – what you know

The attainment of competency in the diverse practice of veterinary science is a continuous process throughout a veterinary practitioner's career, as technologies and skills evolve or opportunities to change the direction of a career arise.

Recently graduated veterinary practitioners, although conversant with requisite technical skills and knowledge, establish technical competency after entering a working environment. Experienced competent veterinary practitioners provide graduates with the appropriate support and supervision to enable them to strengthen technical competence and personal resilience.

Similarly, veterinary practitioners who are re-commencing professional practice after periods away from delivery of veterinary services may require support and supervision from experienced competent veterinary practitioners as they re-familiarise themselves with current standards.

It is also reasonable for clients to expect that the principal(s) and senior veterinary practitioners in the practice will provide professional support and guidance to their less experienced or re-commencing veterinary colleagues.

Demonstrating effective support may include for example:

- (a) the practice owner and/or senior veterinary practitioner being available for direct assistance or by the provision of access to alternate back-up, such as a neighbouring practice, referral centre or after-hours practice that is/are willing to provide direct support when requested
- (b) practice owners and senior veterinary practitioners encouraging formal and informal discussions on practice policies and protocols, clinical cases and client expectations at practice meetings, practice seminars, regular performance feedback/review meetings and formal induction of new employees to assist in successful transition to the workplace
- (c) ensuring legitimate concerns that are brought up in discussions are acted on in a timely and respectful manner, and any consequent changes are effectively communicated to all staff (and clients if relevant)
- (d) bringing mistakes and errors of judgment to the attention of veterinary colleagues and other staff in a non-threatening and collegial manner. Usually, these problems would not be discussed in front of other staff or in front of clients, and under no circumstances should any practice owner or senior veterinary practitioner belittle the efforts of another veterinary practitioner or staff member.

Practice owners should consider the level of support a potential recruit may require and the practice's ability to provide that support before employing that veterinary practitioner.

A veterinary practitioner may be called upon to deliver veterinary services in situations where they self-assess their technical competence as 'under development' rather than 'attained'. In these circumstances, the veterinary practitioner should communicate any implications for the animal's wellbeing and treatment to ensure the client's informed consent is secured.

The ability of a veterinary practitioner to demonstrate technical competency may be reduced through transient or ongoing environmental, social, emotional, logistical, and physical factors. A veterinary practitioner should make reasonable adjustments to the way they deliver veterinary services to ensure any impact is appropriately managed.

A veterinary practitioner may also need to make reasonable adjustments to their practice, irrespective of their technical competence, to meet conditions placed on their registration by the Board.

Guidance: What is CPD?

Background

CPD is an essential part of a profession's activities. CPD provides assurance to the public and professional peers that registered veterinary practitioners are continually updating and improving their skills. The Board requires all registered veterinary practitioners to undertake CPD as a condition of their registration.

Career-based CPD improves service provision directly and indirectly through positively impacting workplace culture. CPD provides an opportunity for a veterinary practitioner to pursue a balance of technical and personal knowledge, skills, and capabilities. Diverse opportunities for CPD exist, for example in ethics and professional governance, acquisition of scientific knowledge or technical skills, leadership and practice management skills, communication, or regulatory update.

Continuing development strengthens the collaboration between the veterinary practitioner, the veterinary team, and a client in the delivery of contemporary veterinary services to a standard expected by the public and professional peers.

To facilitate equivalence with other Australian jurisdictions, it is expected that a veterinary practitioner will engage in at least 60 hours of CPD per 3-year cycle and retain evidence of that CPD engagement for 3 years. Translation of the CPD record to other Australian jurisdictions must be according to that jurisdiction's requirements and definitions. A veterinary practitioner should ask the relevant jurisdiction's board to evaluate whether proposed CPD would qualify as a particular type, such as structured or unstructured units, under that jurisdiction's CPD requirements.

The Board at this time does not stipulate the format of the CPD record summary document but the CPD process described below must be represented in a legible, sufficiently comprehensible and verifiable form.

The CPD undertaken is expected to be in a manner and of sufficient quality so that the veterinary practitioner can demonstrate it is relevant to, challenges and informs, and where necessary, improves their practice. The following describes the 4 steps in the CPD process:

1. Preparing a CPD plan
2. Doing CPD
3. Recording CPD in the CPD record summary (at least)
4. Reviewing the CPD plan.

Preparing a CPD plan

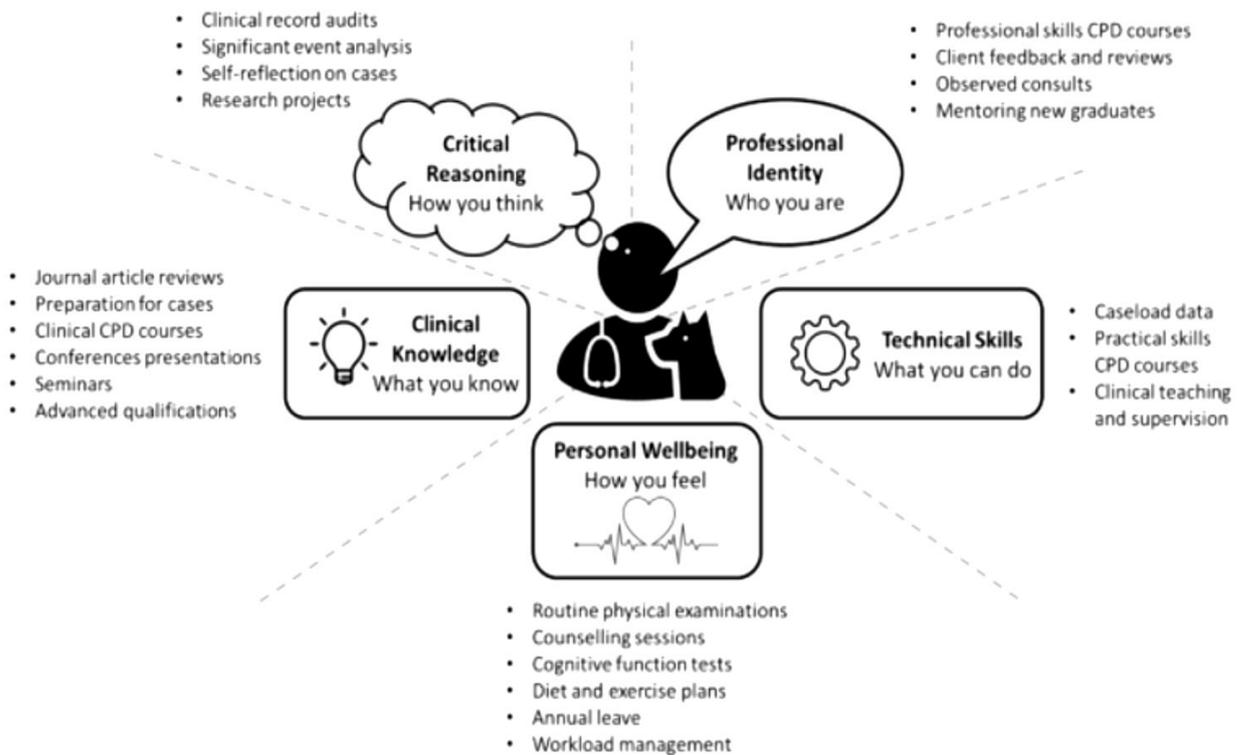
Veterinary practitioners must prepare a written plan that sets out the areas of learning they aim to cover. There may be short-term needs to be addressed in the next 12 months while others may have a longer-term pathway of several years. Some important points to note follow.

- The plan is most likely to be a "living document" that is updated regularly. At a minimum, it must be reviewed and updated once per year.
- The Board expects veterinarians to plan to cover all aspects of veterinary competence, not just for example technical skills and knowledge, in the 3-year cycle. The areas of competence in Figure 1 below provide a framework to prepare a well-rounded plan. It is recognised that many people will not be able to cover all areas every year and the Board's expectation is that veterinarians will

make a genuine effort to ensure their CPD is well rounded (subject to their specific learning needs). One way of doing this is for veterinarians to review the last year's CPD activities and incorporate any gaps into their current CPD plan.

- The plan is unlikely to cover everything as CPD is often opportunistic and veterinarians can benefit from CPD that wasn't planned and they can update their plan to cover it accordingly. A plan is meant to help identify what you need to focus on, and it can be helpful in deciding how to prioritise CPD opportunities.
- Planned areas of learning should generally be relevant to the area of practice that you work in or plan to work in with the view of obtaining or maintaining competence. Learning in areas that are less relevant can be interesting and helpful, but this should not be most of your CPD.
- Veterinary practitioners not in clinical practice still need to plan and aim to cover all aspects of veterinary competence. The examples in Figure 1 are clinically focused but the areas of competence apply to non-clinical roles too. For example, for an animal health and welfare regulator, technical skills might be more focused on epidemiology and jurisprudence.
- Veterinary practitioners may formulate a plan on their own. However, there is bountiful evidence that individuals are not well suited to identifying their own relative shortcomings and learning needs. The Board strongly encourages collegial discussion and input into the planning process.
- Some veterinary practitioners may already take part in regular development planning either on their own or as part of a workplace performance and development process and, in many cases, this will meet or exceed the Standard's requirements.

Figure 1 Veterinary competencies (based on the Veterinary Council of New Zealand’s CPD Information for Veterinarians, March 2021)



Doing CPD

Veterinary practitioners must take part in CPD.

The definition of CPD is broad and it can cover a wide range of activities as long as they have an educational focus and are relevant to your practice (or intended practice) as a veterinarian. This includes traditional CPD activities like conferences, lectures, and webinars as well as less formal activities like mentoring sessions, team discussions and journal clubs.

Despite this flexible approach to what counts as CPD, the Board encourages veterinary practitioners to be discerning in what they count as CPD. The following points may be helpful:

- To maximise the learning potential of traditional didactic CPD activities (e.g., conferences, workshops, etc), they should have an interactive element, and this can be formal (such as some form of assessment) or informal (such as collegial discussion).
- Peer interaction is of crucial importance, and we strongly encourage this. For example, morbidity and mortality (M&M) rounds, informal case reviews and feedback, and clinical record reviews can be ways to provide safe and effective forums for addressing patient safety and quality improvement competencies. Some form of assessment or self-reflection at the end of a CPD activity is also proven to be highly beneficial.
- There is no strong evidence that online CPD is more or less effective than face to face formats.

As previously mentioned, the Board’s expectation is that veterinary practitioners will take part in CPD, completing all of the four steps above, and that the amount of CPD they undertake should be appropriate to their needs but total at least 60 hours per 3-year cycle. It is strongly recommended

that veterinarians aim to undertake at least 20 hours of CPD per year. Note that the Board is primarily concerned with the quality of CPD and considers the process of planning and evaluating it is of more importance than the quantity.

Recording CPD activities

Veterinary practitioners must record a summary of their CPD activities in a CPD record summary document. As already mentioned, the Board at this time does not stipulate a format for the CPD record summary. For example, recording planned CPD activities according to specific areas identified for improvement or career goals would be acceptable.

As a guide, examples of the CPD record summary templates can be found on the Veterinary Council of New Zealand's CPD webpage [[Continuing Professional Development \(vetcouncil.org.nz\)](https://www.vetcouncil.org.nz)].

Additional documents may also be used as seen fit. Having the plan and activities in one document makes it simpler to review and update the plan regularly. The CPD records must be retained for at least 3 years. The amount of detail recorded is left to individual discretion but, as a minimum you must record the following:

- (a) For all activities, you must record at least 1 learning outcome. A learning outcome is a "take home" from the activity that you plan to put into practice.
- (b) For programmes, courses, webinars, and similar activities, you should record the name and nature of the activity, the date and duration. This can also be achieved using certificates or attendance records. You must also record a summary of the key areas of learning/discussion and record one or more learning outcomes.
- (c) For one-off activities (e.g. presentations, meetings, etc), you should record the name and nature of the activity, the date and duration.
- (d) For repeated collegial activities that are too frequent and minor to record individually (e.g. collegial discussions), it is acceptable to record them as one activity and summarise key areas of learning/discussion and record one or more learning outcomes. In this case, you should record the approximate number and frequency of the grouped activities (e.g. discussions).
- (e) For self-directed learning (e.g. journal reading, online research and reading, etc), you must record the nature of the activity and the content that was reviewed (e.g. article or webpage title).

See also:

Guidance: Implementing CPD on the Board's website [[Link](#)]

Reviewing the CPD plan

Veterinary practitioners are expected to review their CPD plan at least annually. The Board encourages more frequent reviews. Reviewing the plan entails updating your areas of learning to archive any that have been met, continue those that have not and add in any new areas to cover.

What can you count as CPD?

You must use your professional judgement to decide if an activity aligns with your CPD needs and plan and delivers worthwhile outcomes for you. Some non-exclusive examples of the activities and topics you could count are noted below.

Activities can be delivered in any format, including in person, online or via video conferencing, etc. Evidence suggests that while format has little effect on outcomes, interactivity positively assists. The Board strongly encourages veterinary practitioners to engage in interactive activities as part of their CPD.

Types of activity

Courses, programmes, and related activities

- Formal CPD such as lectures and conferences seminars, training programmes and skills workshops.
- Study towards relevant degrees, diplomas, or certificates.
- Receiving structured and planned one to-one coaching, instruction, training, or mentoring, and has identified aims and learning outcomes relating to your learning needs.
- Taking part in a study group or a similar activity.
- Distance learning programmes.

Bear in mind that evidence from the medical field suggests that traditional didactic continuing education formats such as conferences, workshops, and rounds do not have a significant impact on subsequent clinical performance unless the sessions were more interactive in nature (e.g. provide an opportunity for interaction).

Teaching and related activities

- Lecturing and teaching courses at a university or other tertiary institution.
- Instructing/demonstrating in a skills workshop.
- Speaking at and chairing conferences.
- Giving seminars, running training programmes etc for external providers of education and training.
- Giving seminars in-house and/or for an invited audience.
- Facilitating discussions in study groups and other similar activities.
- Undertaking structured and planned one-to-one coaching, instructing, training, or mentoring.
- Teaching, training, and lecturing for other professional associations and organisations or other relevant groups or organisations.
- Preparing for any of the above.

In order to lead to relevant outcomes teaching related activities should be at tertiary level or the equivalent. Teachers learn from the research they do, from the insights they gain from reflecting on the topics they teach, and from engaging with their students, participants or target audience and seeking to satisfy their learning requirements.

Writing (which could include (but is not confined to) writing textbooks, articles or papers intended for publication or to be included in course materials).

As with teachers, writers learn from the research they do and from the insights and ideas they develop as they reflect on their subject matter and would require this sort of engagement to be regarded as suitable for inclusion as CPD.

Reflective activities

- Morbidity and mortality (M&M) rounds.
- Giving and receiving informal case reviews and feedback.
- Clinical record reviews.
- Staff meetings to discuss the emotional impact of their work (Schwartz rounds²) and facilitated professional peer group discussions of any topic that occupies an attendee's mind outside usual workplace encounters (Balint groups³).

Private study

- Reading textbooks, journals, articles, course materials, Board updates, government biosecurity updates and AVA newsletters.
- Listening to non-interactive audio broadcasts or recordings in whatever format.
- Viewing non-interactive audio-visual materials in whatever format.

Private study is an essential means of keeping up to date and the Board encourages ongoing self-study in combination with more collegial and interactive activities.

Topics

You can count any topic that you can relate to your learning needs as set out in your CPD plan and which would assist you to carry out your work as a veterinarian, including:

- knowledge of veterinary medicine and surgery
- knowledge of other relevant disciplines (such as agronomy, marine science, or meat science)
- knowledge of the law and regulations as they relate to veterinarians (jurisprudence)
- personal skills including, but not confined to:
 - . stress management
 - . time management
 - . leadership skills including mentoring and coaching
 - . communication including mediation and conflict management
 - . personal health-related learning that could help you perform as a veterinarian
- (e.g. mindfulness skills, etc)
- practice management skills including, but not confined to:
 - . financial and accounting skills
 - . marketing skills
 - . supervision skills
 - . planning skills

² Schwartz rounds are conversations with staff about the emotional impact of their work, first developed in the human medical context. Schwartz rounds provide an opportunity for staff from all disciplines across a healthcare organisation to reflect on the emotional aspects of their work.

³ A Balint group is a small group of care providers that examine the clinician–owner–patient relationship. During a Balint session, a member presents a case to the group, and the possibilities contained within the relationships of the case are discussed. Balint groups offer exploration without definitive conclusion, allowing participants to gain comfort with ambiguity.

- . risk management skills
 - . operation management skills
 - . IT management skills
- ethics, professionalism, and client care
 - attending relevant meetings
 - being a member of a committee, including standards committees.

Depending on your individual learning needs, preferred learning style, experience, and the various activities available to you, you may choose to complete your CPD in any combination of the activities described.

Specific recommendations for new graduate veterinary practitioners

While there are no specific CPD requirements for new graduates at this time in Tasmania, new graduates in their first year of professional practice are strongly encouraged where possible to:

1. conduct a planning session with a mentor (or mentors) around the time they start work. The planning session should identify their immediate learning needs to become confident and competent at their new role and prepare a plan to address those needs
2. meet regularly with a mentor (or mentors) to review progress against their plan and check on their wellbeing. This should be at least monthly for the first three months and every other month after that until the end of the first year. Meeting more regularly than that is acceptable and may be needed for some individuals.

There is flexibility in who can act as a mentor. For many new graduates, the mentor will be their employer or supervisor at work. However, it could equally be someone independent of the workplace.

In some cases, more than one mentor may be chosen. For example, you may decide that a non-veterinarian friend or colleague is best placed to mentor you on non-technical skills and have a supervisor or a veterinary colleague mentor you for your clinical skills. Mentoring may also be successfully supplemented by new or recent graduate peer group discussions which could be facilitated by employers or the new graduates themselves.

There are no qualification or training requirements for acting as a mentor. The Board expects that mentors will do their best to develop and maintain the necessary skills and we strongly encourage them to take part in formal training to assist with this.

In rare cases, the Board may restrict a veterinary practitioner's ability to mentor new graduates or who a specific new graduate may be mentored by.

Guidance: Implementing CPD

This guidance summarises the Board's expectations for CPD implementation by veterinary practitioners. It should be read in conjunction with [Guidance: What is CPD?](#)

Compliance expectations for veterinarians

To comply with *Standard 9. Practising within areas of technical competence and continuing professional development (CPD)* a veterinary practitioner must:

1. Prepare a CPD plan

2. Do CPD
3. Record the CPD and retain the CPD record summary and verification documents
4. Review the plan at least once per year

As a guide, examples of CPD record summary templates can be found on the Veterinary Council of New Zealand's CPD webpage [[Continuing Professional Development \(vetcouncil.org.nz\)](http://vetcouncil.org.nz)]. Alternative formats meeting the Board's expectations may also be used.

Getting the most from CPD

How the Board's requirements for CPD are met is up to you. The following suggestions may assist with getting the most from the process:

- Provide ample opportunity to discuss your learning and performance with a colleague or mentor. It is important to provide time to step back from day-to-day work issues to allow for reflection, goal setting and evaluation, and assessment of learning needs. In essence 'know where you are at and know where you need to develop more'.
- Include a process for constructive feedback. Consider here how to tie your objectives with useful feedback and assessment. Some effective feedback forums for addressing patient safety and quality improvement competencies include:
 - . professionally conducted Morbidity and Mortality (M&M) rounds,
 - . informal case reviews and feedback, and
 - . clinical record reviews.
- Have a process for identifying any unmet needs for clinical, social, and emotional support. Start by finding a safe environment for conversations and consider developing checklists to work through. Also consider Schwartz rounds and Balint Groups that provide environments for the positive de-briefing of critical incidents.
- Review of your learning needs should be wider than just technical and clinical competencies and could include regular reference to the five areas of competence to help ensure well-rounded development:
 - . Critical reasoning
 - . Professional Identity
 - . Technical Skills
 - . Personal Wellbeing
 - . Clinical Knowledge

Workplace performance and development processes

Existing performance and development planning as part of a workplace process may meet or exceed the Board's requirements and a second plan is not required provided the current plan meets the requirements set out in this *Guidance: Implementing CPD*. The Board should be contacted for advice if you are unsure.

The benefit of working with a colleague to plan your CPD

There is no requirement for veterinarians to have a supervisor or a mentor although it is strongly recommended for new graduates in particular. Feedback, however, is a crucial step in the process if

you want to get the most from your CPD. In the absence of a mentor, the Board strongly encourages collegial discussion and input into the planning process for CPD.

The planning and learning cycle

The principles of planning remain consistent through the CPD cycle which includes:

- Planning (What do I need to learn?)
- Doing
- Recording (What did I learn?) and
- Reviewing (What will I do differently now?).

Planning

1. Ideally, work with a colleague, mentor, or supervisor through this planning process.
2. Think about your role and try to identify what you do well and what needs improvement in terms of your knowledge, skills, and professionalism in the five areas of competence.
3. With your colleague or mentor, identify your learning needs – the knowledge, skills, and aspects of professionalism in need of development or updating.
4. Assess your personal level of interest in the learning needs identified above.
5. Prioritise your needs – choose approximately 1–3 important needs to focus on.
6. Determine if and how these learning needs will align with your workplace’s plans and needs and adjust your plan if necessary.
7. Based on the learning needs you prioritised, set some goals. We suggest setting a small number of goals for specific periods and making sure that they are specific, measurable, achievable, realistic and, ideally, can be completed by your next review.
8. Identify a series of actions that that will help you achieve your goals.
9. Summarise the above and write it in your CPD record summary.

Doing

Undertake CPD to meet the goals you set.

Recording

Record the following in your CPD record summary:

1. One (or more) learning outcome (What will I do differently in my practice as a result of this CPD)
2. name and nature of the activity (or type of CPD) and any verification documentation
3. date and duration
4. summary of the key areas of learning/discussion.

When engaging in reflection after completing a CPD activity, consider these questions:

1. Did this program/course/study group, etc. help me develop the knowledge and/ or the skills needed to improve the area of practice that I identified?
2. How can I implement what I learned in the CPD session to improve my practice?
3. Has this program helped me meet my learning outcomes? How?

Reviewing

At each meeting, review progress against the goals and set new goals. It may help to consider the following questions:

1. Have the goals set last time been achieved?
2. Are the learning needs prioritised last time still top priority?
3. Do I have any further learning needs as a result of this activity?
4. What new goals should be set based on the top learning needs?

As a guide, the CPD record templates found on the Veterinary Council of New Zealand's CPD webpage [[Continuing Professional Development \(vetcouncil.org.nz\)](http://vetcouncil.org.nz)] provide useful examples of review summaries.

See also:

[Guidance: What is CPD?](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Veterinary certificates](#)

Standard 10 Managing conflict of interest (COI) and incitement to commit unprofessional conduct

10.1 A veterinary practitioner takes reasonable steps to avoid COI. Where COI cannot be avoided, a veterinary practitioner should declare the conflict to the affected parties and their intended approach to managing the conflict to minimise any potentially adverse impact.

10.2 A veterinary practitioner does not seek or accept inducements that may influence their treatment or management decisions away from best practice.

10.3 A veterinary practitioner considers what is in the best interest of an animal when providing treatment or advice on the management of the animal's wellbeing or when referring the animal and owner to another veterinary practitioner.

10.4 A veterinary practitioner ensures that their professional integrity, discretion, conduct or delivery of veterinary services is not compromised by the actions or directions of any other individual in any matter requiring the application of their professional knowledge and skills.

10.5 A veterinary practitioner does not incite their professional peers, veterinary team members or members of the public to do or omit to do an act which is inconsistent with legislation, codes, and standards (including these standards) relevant to the delivery of veterinary services.

Guidance: Managing COI and incitement to commit unprofessional conduct

A veterinary practitioner is solely responsible for their own actions and judgements. Where those judgements and actions may be unduly influenced in appearance or reality the veterinary practitioner's professional status, legitimate interests of the client, and the health and welfare of the animals being serviced are at risk.

Following the direction of an employer or animal owner is not a defence against an allegation of unprofessional conduct where a veterinary practitioner knowingly allows their professional judgement, integrity, discretion, conduct or behaviour to be compromised.

A person who employs a veterinary practitioner, whether they themselves are a registered veterinary practitioner, must not direct or incite the veterinary practitioner to act contrary to the provisions of the Act or any other legislation regulating veterinary practice.

A COI may arise when a veterinary practitioner has financial, professional, or private interests or relationships with third parties that may affect, or have the appearance of affecting, the decisions they make about the care and/or treatment of an animal. COI issues may therefore be a real, potential, or perceived (by others) bar to objectivity.

The ultimate test of when an interest needs to be declared is if it might be seen by an objective observer as something that might have influenced the decision arising from any discussion in which you participated. COI is relevant to the provision of veterinary services associated with certification, accreditation, and the provision of an expert opinion.

To manage COI, a veterinary practitioner identifies what, if any, actual or perceived COI exists and then, through careful consideration, determines a course of action that ensures the conflict does not have an unreasonable influence on their professional judgement.

Disclosing an actual or perceived conflict of interest enables the veterinary practitioner, in consultation with an owner, to choose the course of action that limits its influence, including the potential termination of the VOA relationship.

If advice from the Board or other authority is received regarding a specific COI scenario, that advice should be recorded with the case notes.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Veterinary certificates](#)

Standard 11. Referrals between veterinary practitioners

11.1 A veterinary practitioner, practising within their area of technical skills and giving due regard to the clinical history of an animal, considers whether a formal referral of an animal to another veterinary practitioner is in its best interests, and communicates that to the client.

11.2 A veterinary practitioner must not refuse a request by a client for a referral or second opinion to another veterinary practitioner.

11.3 A veterinary practitioner provides an accurate and comprehensive clinical update when making a formal referral of an animal to another veterinary practitioner.

11.4 A veterinary practitioner accepting a referred animal maintains communication with the first opinion veterinary practitioner and respects the on-going relationship between the client and the first opinion veterinary practitioner unless the client advises otherwise.

11.5 A veterinary practitioner accepting a referred animal informs themselves of an animal's clinical history and previous treatments or management strategies of the referring veterinary practitioner and provides an accurate and comprehensive clinical update when returning the care of a referred animal to the veterinary practitioner who initiated the formal referral.

11.6 A veterinary practitioner accepting a formal referral is responsible for the clinical management of the matter initiating the referral, the care of a referred animal following treatment and communication with the animal's owner.

11.7 A veterinary practitioner considers all factors relevant to the wellbeing of a referred animal in developing their treatment plan, including existing co-morbidities that may not be the cause of a referral, and they communicate these to the owner.

11.8 A veterinary practitioner does not portray the veterinary practitioner to which a case is being referred to as a veterinary specialist unless that referral veterinarian has been registered by the Board as a veterinary specialist.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

Standard 12. Provision of veterinary services outside normal business hours

12.1 A veterinary practitioner must include the normal business hours during which they offer veterinary services in all practice communications directed to their clients and the public.

12.2 A veterinary practitioner provides information on where and how to obtain veterinary services outside normal business hours in all relevant practice communications directed to the public.

12.3 A veterinary practitioner ensures that an arrangement for continuing care of an animal has been agreed with the client in advance of accepting the animal for treatment and/or hospitalisation, and the arrangements are updated as necessary for continuity of informed consent.

12.4 Agreed arrangements and updates for continuing care must be recorded in the veterinary medical record whenever they are necessary to ensure the wellbeing of the animal requiring ongoing care is properly informed.

12.5 Where an animal requires continuing care or hospitalisation outside normal business hours, a veterinary practitioner provides the owner with information on:

- (a) the nature and level of supervision of the animal provided outside normal business hours, and
- (b) the potential impact of restricted attendance on the animal's expected course of recovery.

Guidance: Provision of veterinary services outside normal business hours

The public has a general expectation that they can obtain veterinary services outside of normal business hours in emergency situations.

Neither the Board nor statutory obligations require a veterinary practitioner to provide veterinary services outside of normal business hours. When considering normal hours of service veterinary practitioners should take account of their own and their employees' capacity and capability to provide those services, and plan accordingly including contingencies for sudden reductions in capacity such as an injured critical staff member. The Board strongly encourages co-operative arrangements between practices to service out-of-hours needs or at least staffing contingencies where necessary and possible.

Factors which may influence a veterinary practitioner's choice to provide services outside of normal business hours include:

- whether or not a veterinary practitioner-owner-animal (VOA) relationship has been established before emergency services are requested
- the geographical location of alternative veterinary service providers
- an owner's ability to transport an animal easily, and
- the services offered by alternative veterinary practitioners.

A veterinary practitioner may recommend remotely delivered support services, such as telemedicine, to manage an owner's out-of-hours enquiries.

During establishment of a VOA relationship, the Board expects veterinary practitioners to clearly communicate the availability and extent of veterinary services they provide outside of business hours.

Examples where normal business hours and out-of-hours arrangements should be displayed include on the practice premises, publicly available practice websites and similar online communications, and hardcopy practice brochures provided to clients and the public. It is not expected that every practice communication (such as bumper stickers) carries business and out-of-hours information.

The public generally expect that veterinary practices that provide clinical care have provision for continuing patient care. Veterinary practitioners may choose to provide this:

- directly to all owners
- directly to owners with whom they have an established VOA relationship
- on a case-by-case basis, or
- by facilitating redirection to an alternative veterinary service.

For animals which require continuing care that may be beyond the capability of the owner, the veterinary practitioner must clearly communicate the available options for that care, which may include:

- hospitalisation with no supervision outside of normal business hours,
- hospitalisation with minimal or intermittent supervision outside of normal business hours,
- hospitalisation with constant supervision outside of normal business hours,
- a referral to another veterinary facility that provides the level of supervision required or desired by the owner of the animal outside of normal business hours, or
- support for the owner to take the animal home to provide the level of supervision required.

A veterinary practitioner should inform the owner of the advantages, disadvantages and costs associated with the available options.

If the veterinary facility with whom the owner has an established VOA relationship is not available when the owner decides that their animal requires attention, the owner may choose to attend a different veterinary practice. In such circumstances, the owner and/or the alternative veterinary practice may not have immediate access to the animal's veterinary medical record and the veterinarian will need to act on the information that is available via the owner and examination of the animal. The Board acknowledges that this situation is unavoidable.

An owner of an animal has a responsibility to:

- (a) know the normal business hours of the veterinary practice/s they routinely attend
- (b) know the conditions under which veterinary services would be available outside of normal business hours, and
- (c) make provision for veterinary care outside of normal business hours.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Emergency provision of treatment](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

Standard 13. Telemedicine and providing veterinary services across borders and to remote clients

The context of this Standard relates to providing veterinary services while not in the physical presence of the animals in question such as across borders or to remote clients.

13.1 Except for emergency triage, a veterinary practitioner must satisfy their obligations within the VOA relationship ([see Standard 3](#)).

13.2 A veterinary practitioner retains sufficient evidence of the VOA relationship to demonstrate compliance with all legal requirements and professional obligations.

13.3 A veterinary practitioner provides telemedicine veterinary services to remotely located clients only when it can be demonstrated that an animal is under the practitioner's care, and the practitioner has access to and is familiar with the veterinary medical record of the animal.

13.4 A veterinary practitioner providing a telemedicine veterinary consultation is familiar with the animal's current management and health status and with the impact of its geographical location and prevailing seasonal conditions on continuing care.

13.5 A veterinary practitioner obtains and documents the owner's informed consent for all treatment arising from the telemedicine veterinary consultation.

13.6 A veterinary practitioner providing emergency triage advice and instructions to owners does so without requiring a physical examination of the animal and irrespective of whether a VOA relationship has been established.

13.7 A veterinary practitioner providing telemedicine veterinary services to an animal located in Tasmania is required to be registered in Tasmania (or deemed to be registered in Tasmania under the Act) unless providing emergency triage services in which case they must be registered to practice as a veterinarian in an Australian jurisdiction (i.e. registerable in Tasmania).

13.8 A veterinary practitioner takes reasonable steps to collect all possible information relating to an animal, including photos or videos, from the client.

13.9 A veterinary practitioner records their provision of telemedicine veterinary services in an animal's veterinary medical record.

13.10 A veterinary practitioner communicates to a client any impact on their ability to make fully informed professional judgements due to limitations presented by a telemedicine veterinary consultation.

13.11 A veterinary practitioner makes the arrangements and provides information to ensure continuity of care for an animal after a non-emergency telemedicine veterinary consultation.

13.12 A veterinary practitioner delivering telemedicine veterinary services complies with any additional requirements issued by the Board as a Standard or specific guidance, e.g. temporary guidance issued in response to state or national emergencies.

Guidance: Telemedicine and providing veterinary services across borders and to remote clients

Improvements in telecommunications and computer technology have increased the public's access to veterinary services, particularly for animals located where access would otherwise be limited.

Veterinary telemedicine, delivered remotely and with the assistance of telecommunications, provides an alternative to the direct physical examination of an animal or a face-to-face consultation between a veterinary practitioner and a client. Veterinary services provided through telemedicine consultation may include diagnostic advice or advice on maintaining the wellbeing of an animal.

In telemedicine for emergency triage scenarios, the veterinary practitioner is simply advising the caller as to whether immediate veterinary assistance should be sought and any first aid actions that may assist the animal.

Except for emergency triage, veterinary telemedicine is undertaken only when there is a pre-existing VOA relationship. The Board acknowledges that veterinary advice given without a physical examination of an animal and/or without pre-existing knowledge of the animal's circumstances and environment may increase the risk of errors in clinical judgement and may not be in the best interest of the animal.

In emergency triage cases the veterinary practitioner must not prescribe prescription only therapeutics in the absence of a VOA relationship and the necessary history of the animal/s, which is required under prescribing legislation and Standards of professional conduct.

Veterinary services delivered via a telemedicine consultation should be of the same standard as, and demonstrate professional conduct equal to, those delivered via a consultation involving direct physical examination of an animal. In particular a veterinary practitioner delivering telemedicine consultations must create and maintain a veterinary medical record for each animal/animal group and client receiving remotely delivered veterinary services.

Veterinary specialist referral services delivered via telemedicine must pay particular attention to Standards for referral and VOA relationships until the case is formally returned to the original, referring practitioner.

Veterinary specialist second opinion/advice services provided via any format to the primary veterinary practitioner (such as second opinions on imaging or laboratory results) does not remove or diminish the primary veterinary practitioner's responsibility regarding the care of the animal in question.

A veterinary practitioner must be satisfied that the owner understands and is able to follow directions on the use of veterinary medications prescribed and/or supplied to the owner during a telemedicine consultation.

Where there is any doubt as to whether a telemedicine consultation is appropriate or adequate for a particular case, a veterinary practitioner should consult with another veterinary practitioner and record their peer's opinion in the medical record.

Clients using telemedicine services and potential clients considering the mode are cautioned to consider the bona fides of the provider of the service and ensure they are registered or able to be registered as a veterinary professional in the client's jurisdiction.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Emergency provision of treatment](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Provision of veterinary services outside normal business hours](#)

[Guidance: Veterinary medical records](#)

[Guidance: Supply and use of veterinary medications](#)

Standard 14. Supply and use of veterinary medications

14.1 A veterinary practitioner ensures that, prior to the supply, use, prescribing and administering of veterinary medications:

- (a) the individual to whom the veterinary practitioner is supplying or prescribing veterinary medication is the client (owner of the animal or the designated representative of the owner)
- (b) a veterinary practitioner-owner-animal relationship exists
- (c) the animal to which the veterinary medication is to be administered is under the care of the veterinary practitioner supplying the veterinary medication
- (d) a therapeutic need exists for the prescribing of and/or administering of the veterinary medication
- (e) all legal and regulatory requirements for the supply, selling, prescribing and/or administering veterinary medication are complied with and are recorded in the animal's veterinary record
- (f) appropriate veterinary medical records and documentation of the supply, selling, prescribing and/or administering of veterinary medication including withholding periods where relevant are maintained in compliance with the:

Poisons Act 1971, and Poisons Regulations 2018,

Agricultural and Veterinary Chemicals (Control of Use) Act 1995 and Agricultural and Veterinary Chemicals (Control of Use) 2022,

Code of Practice for the Supply and Use of Veterinary Chemical Products (2012); and

that those records are retained for a minimum of 5 years or as required by relevant legislation if a period in excess of 5 years is required

(g) the quantity of veterinary medication supplied is appropriate for its purpose

(h) the basis for supply of the veterinary medication is the best interest of the animal's well-being

(i) the client demonstrates understanding of the veterinary practitioner's instructions about the veterinary medication

(j) the client can administer the veterinary medication in accordance with the veterinary practitioner's direction

(k) the client demonstrates understanding and can comply with specified withholding periods when administering the medication to animals in the human food chain

(l) the client demonstrates understanding of the implications relating to veterinary medications in the various racing and other animal sports industries

(m) provision is made as needed, for the care of an animal after administration of a veterinary medication.

14.2 A veterinary practitioner reports all adverse medication experiences to the Australian Pesticides and Veterinary Medicines Authority in accordance with its protocols and procedures. An adverse experience is an unintended or unexpected outcome associated with the registered use of a product used according to the approved label instructions. This includes impacts on human beings, animals, crops and the environment or a lack of efficacy.

14.3 A veterinary practitioner shall not supply certain medications to clients that the Board determines from time to time (in addition to any relevant limitations prescribed under other legislation) may only be administered by a veterinary practitioner and not supplied to or prescribed for a client. Such medications are listed under 'Prohibited supply' in the relevant Guidance: Supply and use of veterinary medications.

Guidance: Supply and use of veterinary medications

Veterinary practitioners are authorised to obtain, possess, use or supply most scheduled drugs and poisons for the lawful practice of their profession, i.e. for the veterinary treatment of animals under their care. The Board requires the establishment of a veterinary practitioner-owner-animal (VOA) relationship with the client to demonstrate that an animal is under the care of a veterinary practitioner.

Veterinary practitioners should be familiar with the requirements of legislation related to the supply and use of veterinary medications and acceptable practice guidelines. Non-compliance with the requirements of legislation in the supply and use of veterinary medications constitutes unprofessional conduct and may also be prosecuted under that legislation or under the provisions of the Act.

Consistent with other Standards, it is the responsibility of a veterinary practitioner to ensure that they have adequate knowledge of the species they intend treating. Where this is not the case, they should consider obtaining advice from a colleague with the required knowledge and experience or refer the client to a veterinary practitioner with the appropriate knowledge.

Putting the VOA relationship into effect for remote prescribing

A maximum interval of 12 months between direct examinations is required for remote prescribing for both production and companion animals except for the immediate relief of pain and suffering (see below under 'Emergency supply for unknown cases'). The responsibility for deciding whether a shorter interval between direct examinations would be more appropriate for the purposes of remote prescribing for a client, lies with the individual veterinary practitioner who takes account of the relevant circumstances as they unfold throughout the year.

In the equine and production animal contexts the direct examination event that enables subsequent remote prescribing includes the veterinary practitioner effectively acquainting themselves with the animals, their management conditions and expertise/capability of personnel managing them. While this level of understanding of the herd/flock may be acquired coincidentally with clinical visits, it may also be acquired from visits aimed at providing a good overview of the enterprise such as for quality assurance accreditation.

For clinical occurrences within the interval between direct examinations, it is the veterinary practitioner's responsibility to take reasonable steps to verify that the type, quantity, and quality of the information presented is appropriate to make decisions regarding diagnostic, treatment, and follow-up actions for the best interests of the animal's wellbeing without a physical examination or property visit.

A client may have a VOA relationship with more than one veterinary practitioner or more than one veterinary practice. When dealing with a request for drugs from a client with whom the veterinary practitioner does not have a VOA relationship, it is advisable to ask the client if they have a current relationship with another veterinary practitioner or veterinary practice. Having established who the current veterinary provider is, a veterinary practitioner is then able to either refer the client back to that provider and/or establish a VOA relationship through a direct examination.

Emergency supply for unknown clients

Where the occasional circumstance exists of genuine limited veterinary access to animals with welfare concerns, it may be appropriate to supply drugs to other than known clients (i.e. no VOA relationship exists) for the immediate relief of suffering without a direct examination of the animals concerned. An example of a circumstance that may justify emergency supply for unknown clients would be during declared natural emergencies/disasters. There is no obligation for veterinary practitioners to engage in this emergency supply and they are advised to exercise a high degree of caution if considering this action.

The following conditions are expected to exist to enable emergency supply of medication for the relief of suffering to unknown clients:

1. the drug may be legally prescribed/supplied under these circumstances,
2. sufficient information is available from the client in relation to the case to enable appropriate selection of medication including considering delivery timeline,

3. all necessary guidance is provided regarding the use of the drug, including withholding periods where necessary,
4. a maximum of 3 days' supply (if relevant) is provided,
5. a record is created and retained by the supplying practice of the supplied medication and the associated details and circumstances,
6. if the client has an established VOA relationship with another practice, the client provides the name and contacts of that practice so that the emergency supplier can advise that entity of the supply as soon as possible to ensure consistent records of the event are maintained by both practices, and
7. no further supply by the emergency supplier or any other veterinary practitioner employed by that practice for that 'client' is undertaken under any circumstances until a VOA relationship is established.

Improper supply

Apart from the above emergency supply scenario, the supply of drugs (whether by sale, provision, or prescription) to any person who is not the client is not permitted. For example, supply to a third party is not permitted where the veterinary practitioner has not personally established therapeutic or management need for the animal(s) intended to receive the treatment.

Another example of improper supply would be the supply of drugs for reproductive management of cattle (e.g. prostaglandins) to an artificial insemination (AI) technician or AI company for the purpose of being used in breeding programs for their clients.

A veterinary practitioner cannot dispense a prescription of another veterinary practitioner for a Schedule 4 or Schedule 8 substance; this can only be done by a pharmacist (*Regulation 27(7) and 51(7) and (8) of the Poisons Regulations 2018*).

Open ended supply or prescription is not appropriate under any circumstances.

Supplying

A veterinary practitioner may sell or supply scheduled substances to another veterinary practitioner by way of wholesale dealing (*section 18(3)(d) of the Poisons Act 1971*).

This might occur if, for example, a veterinary practitioner has run out of stock of a scheduled substance and is unable to obtain it from the regular wholesale dealer in a timely fashion. As a stop gap, another veterinary practitioner could assist by selling or supplying the scheduled substance to the first mentioned veterinary practitioner.

Where a veterinary practitioner supplies a Schedule 8 substance via wholesale means, the transaction must be recorded in the practice's narcotic register consistent with *Regulation 18 of the Poisons Regulation 2018*.

Prohibited supply

There are certain drugs that are considered by the Board not to be appropriate for supply to clients due to their dangerous nature and the potential for their diversion for other than the prescribed use. The Board therefore determines that this class of drug shall only be administered by a veterinary practitioner and not supplied to or prescribed for a client.

This applies to the following groups of drugs:

- (a) Injectable barbiturates (s4)
- (b) Suxamethonium, its salts and analogues (s4)
- (c) Ketamine (s8)
- (d) Methadone (s8)
- (e) Fentanyl (s8)

It is also prohibited under *Regulations 20 and 24 of the Poisons Regulations 2018* for a veterinary practitioner from supplying or prescribing ketamine, methadone, pethidine, and fentanyl. A veterinary practitioner may administer ketamine, methadone, or fentanyl to an animal during animal treatment.

Anabolic steroids

Injectable anabolic steroids and testosterone preparations are only to be administered by the attending veterinary practitioner. They are not to be supplied to clients or the general public. Testosterone prepared for the treatment of pizzle rot in sheep is exempted, however it should be noted that all the above provisions relating to supply apply.

Prostaglandins

Prostaglandins present particular health hazards to humans and should be supplied only to experienced owners and responsible agents, with handling precautions carefully explained and emphasised by a veterinary practitioner on each occasion the supply is made. This is best done both verbally and by providing the client with written information. Veterinary practitioners must be satisfied that the client is able to use the product safely and effectively and that they will follow instructions on the dispensing label and advice note. Administration by a veterinary practitioner is preferred.

Withholding periods and advice notices

Because of the need for owners of food producing animals to observe withholding periods for drugs and veterinary chemicals administered/applied to their animals, it is essential that all relevant information be supplied to owners of food producing animals in an advice notice or label that is in accordance with the prescribed form. It should be noted that this applies to all drugs and veterinary chemicals irrespective of their Poisons Schedule. Reference should be made to the requirements of *Regulation 39 and Form 1 of the Agricultural and Veterinary Chemicals (Control of Use) Regulation 2022* and the *Code of Practice for the Supply and Use of Veterinary Chemical Products (2012)*. Advice notices must be in accordance with *Form 1 of the Agricultural and Veterinary Chemicals (Control of Use) Regulation 2022*.

Compliance with Poisons and 'AgVetChem' legislation

Definitive advice regarding interpretation of the *Poisons Act 1971* and *Regulations 2018* should be sought from the relevant agency within the Department of Health and Human Services. Similarly, advice regarding agricultural and veterinary chemicals should be sought from the appropriate authority within the Department of Natural Resources and Environment.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Competency and responsibility](#)

[Guidance: What is CPD?](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Managing conflict of interest and incitement to commit unprofessional conduct](#)

[Guidance: Veterinary medical records](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

Standard 15. Responsible supply and use of antimicrobial agents (antibiotics)

15.1 A veterinary practitioner must maintain current knowledge of issues relating to antimicrobial resistance (AMR) by undertaking training or other Continuous Professional Development at least every three years.

15.2 A veterinary practitioner must supply and use antimicrobial agents (also known as antibiotics) in a manner consistent with current Australian veterinary professional codes of practice and policies.

15.3 A veterinary practitioner has developed and/or has available, and complies with, a written protocol describing prudent and responsible use of antibiotics which directs their supply and use of antibiotics.

15.4 A veterinary practitioner responds in a timely and substantive manner to a formal request from the Board for information which demonstrates that their supply and use of antibiotics minimises the risk of AMR.

15.5 A veterinary practitioner does not supply, use, or administer antibiotics without the prior establishment of a veterinary practitioner-owner-animal (VOA) relationship.

Guidance: Responsible supply and use of antimicrobial agents (antibiotics)

A veterinary practitioner may use and supply antimicrobial agents, also known as antibiotics, to prevent, control or treat animal disease caused by microorganisms.

Global authorities recognise that poor antimicrobial stewardship is adversely impacting the effectiveness of antibiotics in the treatment of human and animal disease. There is growing concern that the increase in resistance of microorganisms to antibiotics (Antimicrobial Resistance or AMR) will lessen their effectiveness.

The Australian Government has adopted a national strategy to combat AMR, and it is a strategic priority of the veterinary profession's and animal industries' representative organisations.

Veterinary teaching institutions and veterinary businesses promote responsible antibiotic stewardship through offering guidance, continuing professional development and advice on the implementation of clinical protocols reflecting the responsible supply and use of antibiotics such as the Australian Veterinary Prescribing Guidelines that are now available for companion, equine and bovine species.

Poor stewardship of antibiotics in veterinary medicine may have impacts beyond the health and welfare of an individual animal, for example impacting public health and trade in food products. Antibiotics may also contaminate the environment where improper disposal of excess or expired antibiotics occurs.

Before deciding to supply or use an antibiotic, a veterinary practitioner should satisfy themselves that their supply and use of the antibiotic aligns with national veterinary guidance and protocols to minimise AMR within their working environment and are in accordance with the policies or practice directions of their veterinary facility or workplace.

Owners have an important role and share responsibility with the veterinary practitioner to minimise AMR. An owner must administer and dispose of antibiotics only as directed by the veterinary practitioner or as appears on the label or in separate written instructions provided by the medication manufacturer. An owner must not use, administer, or request the supply of antibiotics if a VOA relationship has not been established.

See also:

[Guidance: Animal wellbeing](#)

[Guidance: Veterinary practitioner-owner-animal relationship](#)

[Guidance: Competency and responsibility](#)

[Guidance: What is CPD?](#)

[Guidance: Communication between veterinary practitioners and the client or professional peer](#)

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

[Guidance: Veterinary medical records](#)

[Guidance: Telemedicine and providing veterinary services across borders and to remote clients](#)

[Guidance: Supply and use of veterinary medications](#)

Standard 16. Biosecurity and infection control

16.1 A veterinary practitioner adopts practices that minimise the risk of infectious diseases being introduced or transferred within a single site and/or between sites.

16.2 A veterinary practitioner becomes familiar with the veterinary facility or workplace's protocols and practices for managing biosecurity risks and complies with these while providing veterinary services.

16.3 A veterinary practitioner satisfies all reporting obligations related to biosecurity matters observed while providing veterinary services.

Guidance: Biosecurity and infection control

Active management of biosecurity protects the economy, environment, and the public's health from the risk of pests and disease. It is a shared community responsibility to prevent new pests and diseases from establishing in Australia and to help control outbreaks when they do occur. Veterinary practitioners play a central role in managing biosecurity in the animal health context. By virtue of their scientific training, veterinary practitioners can also appreciate other biosecurity risks such as invasive plants and animals, as well as contributing to the 'One health' aspects of public health in their communities.

Although biosecurity is may be thought of as an agricultural issue, managing biosecurity risks is important in all environments where the introduction or transfer of pests and disease could occur. The use of an isolation area in veterinary premises when necessary is one example of the application of biosecurity and infection control in veterinary practice; the obligation to report notifiable disease events is another.

The National Biosecurity Statement, released in 2018 by the Australian Department of Agriculture, Water and the Environment, informs state government policy in managing state biosecurity risks. It provides an integrated overarching framework describing roles and responsibilities of all parties impacting biosecurity. In Tasmania, this responsibility is principally applied via the *General biosecurity duty* (section 70 of the *Biosecurity Act 2019*).

A veterinary practitioner plays an important role in protecting Australian agriculture through delivering veterinary services in a manner that limits or eliminates biosecurity risks. This includes adopting practices that minimise the risk of transfer of animal disease (and other biosecurity risks such as weeds) through maintaining high standards of hygiene and infection control, whether in a clinic setting or on any alternative site where veterinary services are provided.

A veterinary practitioner should assess biosecurity risks in their delivery of veterinary services and take appropriate measures to minimise those risks. Similarly, a veterinary practitioner should raise concerns with and remedies for biosecurity risks they observe while delivering veterinary services to the owner of the animal, and may also notify the appropriate government authority, based on the level of risk posed or as required by biosecurity legislation.

See also:

[Guidance: Biosecurity and infection control](#)

[Guidance: Practising in accordance with statutory obligations](#)

Standard 17. Veterinary certificates

17.1 A veterinary practitioner only certifies matters:

- (a) within their areas of professional expertise and knowledge
- (b) where there is no actual or perceived conflict of interest in them doing so, and
- (c) which they have personally ascertained via personal knowledge of the fact or by provision of the veterinary service or has comprehensive supporting information to attest to the fact or to the provision of the veterinary service.

17.2 A certificate issued by the veterinary practitioner must contain sufficient, complete, and accurate detail to ensure its purpose is clear. A veterinary certificate contains no less than the following information:

- (a) identifying information about the veterinary practitioner, including their unique registration number and verifiable signature
- (b) identifying information about the animal (species and/or breed, sex, age, and a unique identifier such as a microchip tag), or a statement describing a group of farm animals presented by a client (including the client's name, address, and property identification code (or PIC) if relevant)
- (c) the purpose of the certificate and the assessment of the veterinary practitioner related to this purpose
- (d) any limitations of the assessment due to external factors
- (e) the date of the assessment and the period it remains current (where relevant)
- (f) the name of the person for whom the certificate has been prepared for at the time of the certification, the client/owner details if different, and a link to a veterinary medical record.
- (g) any information related to the use of specific diagnostics aids or veterinary services related to the purpose of the certificate, e.g. batch number of a vaccine, due date for vaccine booster or other vaccinations.

17.3 A veterinary practitioner includes additional information on the certificate (where relevant) consistent with its purpose and the meaning is clear.

17.4 A veterinary practitioner must ensure that the certificate is completed in a format that is legible.

Guidance: Veterinary certificates

An owner may request a veterinary practitioner to issue a certificate as documentation of their professional opinion related to an animal's health and wellbeing.

The obligations for a veterinary practitioner completing a certificate depends on the certificate's intended purpose. All veterinary certificates should contain sufficient information to identify the veterinary practitioner and identify the animal/s that is the subject of the certificate; and should present that detail in a format that enables the reader to understand the certificate's purpose, any limitations on the issuing of the certificate, and the assessment of the veterinary practitioner.

There are many occasions where a veterinary practitioner is requested to provide a certificate with respect to certain specific conditions and they should do so only as their technical competence permits.

Where special knowledge or competence is essential for making accurate assessment of conditions to be certified, only those veterinary practitioners who are suitably competent and appropriately trained to undertake clinical examinations in such circumstances ought to proceed with the view of providing certificates. Of note in this respect are certain skeletal, cardiac, and ophthalmic conditions which have a genetic origin. Similarly, specific competence and appropriate training is required before certifying equines for soundness and bulls for fertility.

A veterinary practitioner must not accept inducements or themselves incite another veterinary practitioner to complete a certificate that is misleading or inaccurate as to the assessment they make on the health or status or wellbeing of the relevant animal.

A copy of the veterinary certificate should be attached to the medical record of the animal.

A veterinary practitioner should ensure arrangements are in place to protect statutory and operational requirements for confidentiality of sensitive information collected or disclosed as part of certification.

A veterinary practitioner may be requested to sign documentation related to non-medical matters as a community recognised profession and authority. Such a certification should adhere to legislative requirements and these standards.

See also:

[Guidance: What is the essence of being a professional?](#)

[Guidance: Competency and responsibility](#)

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

[Guidance: Veterinary medical records](#)

[Guidance: Practising in accordance with statutory obligations](#)

Standard 18. Practicing in accordance with statutory obligations

18.1 A veterinary practitioner is familiar with and practises in accordance with legislation, codes, and standards relevant to their practice of veterinary science and delivery of veterinary services.

18.2 A veterinary practitioner ensures that they hold current relevant permits and licences necessary for them to deliver veterinary services.

18.3 Services provided by a veterinary practitioner while acting for an animal sporting organization must not contravene the *Veterinary Surgeons Act 1987*, *Animal Welfare Act 1993*, *Biosecurity Act 2019*, *Poisons Act 1971*, or any other relevant legislation.

18.4 Subject to 18.3, a veterinary practitioner must maintain knowledge of, and abide by, the codes or rules of an animal sporting organisation when attending on that organisation or working within the industry to which it relates.

18.5 A veterinary practitioner practises in a manner that adheres to the statutory obligations imposed on them by the *Veterinary Surgeons Act 1987*, the *Veterinary Surgeons Regulations 2012* and *Standards* issued by the Board.

18.6 A veterinary practitioner practises in a manner so they do not commit offences described in the *Veterinary Surgeons Act 1987*.

18.7 A veterinary practitioner complies with any conditions imposed on their registration by the Board.

Guidance: Practicing in accordance with statutory obligations

A veterinary practitioner should be familiar with and maintain their knowledge of all laws, regulations, guidelines, codes, and standards that affect their practice of veterinary science. The scope of relevant laws, codes, guidelines, and standards is broad and administered by a range of authorities within the three levels of government.

The *Veterinary Surgeons Act 1987* empowers the Board to register veterinary practitioners, to investigate the professional conduct or fitness to practice of registered veterinary practitioners and to issue standards specifying minimum requirements in professional conduct and service expected from registered veterinary practitioners including registered veterinary specialists who provide veterinary services to an animal or group of animals.

There are a number of laws and regulations that impact the delivery of veterinary services including:

- (a) biosecurity (including animal and public health as relevant)
- (b) the supply, dispensing and storage of poisons, medications, and therapeutic substances
- (c) control of the use, keeping, and disposal of radioactive substances and ionising radioactive apparatus for therapeutic and diagnostic purposes
- (d) animal welfare
- (e) domesticated animal control
- (f) wildlife management
- (g) workplace health and safety
- (h) environmental protection, including waste disposal.

Additional standards and guidelines relevant to veterinary practice include:

- (a) Tasmanian approved animal welfare guidelines (and standards if prescribed)

(b) Australian animal welfare standards and guidelines

(c) Tasmanian rules of racing

The above lists are not exhaustive but serve to demonstrate the diversity of statutory instruments that regulate and impact the practice of veterinary science and the delivery of veterinary services. Laws and regulations relating to areas outside veterinary practice include obligations requiring veterinary practitioners and their employers to operate businesses to a standard expected by the public and relevant authorities.

See also:

[Guidance: Managing COI and incitement to commit unprofessional conduct](#)

END