

Veterinary Board of Tasmania

Submissions to the Public Consultation Process on the Review of the Tasmanian Veterinary Service Standards – 2022

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Ms Amelia Jones
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Dear Ms Jones

Veterinary Board of Tasmania Review of the Veterinary Service Standards – Public consultation

Thank you for your correspondence of 15 November 2022 seeking comments on the Review of the Veterinary Service Standards. The Department of Natural Resources and Environment Tasmania has reviewed the Standards and would like to make the following comments.

Proposed New Standards

The Department considers that the proposed new Standards are an important addition to the current Standards to address significant contemporary issues. In relation to the specific Standards:

- **Standard 8. Veterinary practitioner and veterinary team wellbeing.**
This is an important and timely Standard to acknowledge that support for veterinarian wellbeing needs to improve nationally. Principles of support, guidance and assistance for veterinarians is as relevant for a veterinarian in a non-clinical role, such as a regulatory role, as for those in clinical roles.
- **Standard 9. Practising within areas of technical competence and continuing professional development (CPD).**
This is a welcome addition to the Standards. It is important for wildlife veterinarians and veterinarians working in regulatory or public health roles to maintain current specialised knowledge in their fields. The annual requirement to plan, undertake, record and review CPD in 2023 is appropriate.

The new Standard provides recognition for areas of non-clinical competence that are as important as clinical skills with regard to a veterinarian's ability to discharge their duties in a professional manner.
- **Standard 15. Responsible supply and use of antimicrobial agents (antibiotics).**
This is an important addition to the Standards. However, in relation to Standard 15.1, the Department considers that the Standard should be specific in terms of it applying primarily to veterinarians working in clinical practice and prescribing antibiotics to animals.

- **Standard 16. Biosecurity and infection control.**

This new Standard appropriately reflects the essential role of a veterinarian to exemplify an appropriate level of biosecurity awareness and practice, and to provide expert biosecurity advice to non-veterinarians to prevent the spread of disease between animals and to humans.

The Standard upholds the legal requirement to recognise and report notifiable events.

The Standard contains important statements. However, the Department considers that more detailed information for specific contexts could be provided in relation to how to assess and mitigate biosecurity risks. For example, in relation to wildlife:

https://wildlifehealthaustralia.com.au/Portals/0/Documents/ProgramProjects/National_Wildlife_Biosecurity_Guidelines.PDF

Existing Standards

- **Standard 2. A primary concern for animal wellbeing.**

In Standard 2.2, the Department recommends the addition of 'unreasonable' pain or suffering to make clear that this Standard does not refer to the routine provision of pain relief for no charge such as an anti-inflammatory medication for a mildly lame animal (recognising that this is implied in other sections of this Standard).

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

The Department considers that B(e) and (f) reasonably describe the 'owner' in relation to wildlife. The Standards describe welfare and wellbeing as a central focus which is critical.

- **Standard 17. Veterinary certificates.**

This Standard looks practical and achievable.

- **Standard 18. Practicing in accordance with statutory obligations.**

This Standard looks reasonable, is comprehensive and incorporates wildlife.

General comments

The Department welcomes the inclusion of wildlife in the draft Standards.

- **Wildlife and stray animals (Page 31)**

1. The Department strongly recommends that wildlife are released (following treatment and or rehabilitation) at (or near to) the point of origin – see the Best Practice Guidelines for Wildlife Rehabilitation. This is to address genetic and biosecurity concerns. The Standards could include the requirement for 'the location the animal was found' to be provided to the wildlife rehabilitation permit holder to assist with the release of the animal.
2. The list of items for the medical record of wildlife could also include 'history' or 'reason for rescue or presentation', for example the animal was orphaned following a vehicle collision. This information is also very useful for wildlife rehabilitators to prepare a care plan for the animal. For example, if the animal was found wet and cold, the wildlife rehabilitator will know to monitor the animal's breathing for changes that may indicate the animal has pneumonia (and consequently seek veterinary assistance if they notice any changes).

- **Guidance: Emergency provision of treatment (page 11)**

The Department recommends that the term 'wildlife' should be specifically mentioned, perhaps in (c) the animal is a stray, is lost or the owner is unknown.

Should you have any queries in relation to this matter please contact Wendy Kingston, Policy and Project Officer, Policy and Project Management Branch, Strategic Services Division. Ms Kingston can be contacted by mobile on 0499 781 475 or via email at wendy.kingston@nre.tas.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MP', with a long horizontal flourish extending to the right.

Michael Pervan
SECRETARY

5 December 2022



Veterinary Board of Tasmania

Review of the Tasmanian Veterinary Service Standards

Submission of the
Australian Veterinary Association Ltd

21 December 2022

The Australian Veterinary Association (AVA)

The Australian Veterinary Association (AVA) values the opportunity to contribute to the review of Tasmanian Veterinary Service Standards, which sets out the regulatory expectations of Tasmanian veterinarians and veterinary specialists and the delivery of appropriate and effective services within an ethical framework.

The AVA is concerned that the brevity and the timing of the consultation period for the Draft Veterinary Service Standards (DVSS) does not acknowledge the magnitude and critical importance of feedback that should be sought to reach a set of Standards that will deliver appropriate and effective veterinary services to the Tasmanian community. The AVA believes that more consultation is required before the standards are complete and AVA would be happy to work with you on this.

The AVA is the national organisation representing and supporting veterinarians in Australia consisting of members who come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, production animals, wildlife, laboratory animals, working animals and aquatics. Government veterinarians work with our animal health, public health and quarantine systems while other members work in industry for pharmaceutical and other commercial enterprises. We have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association.

Summary

The AVA understands that the purpose of the review of veterinary service standards is to set and maintain standards for veterinary education and professional behaviour, to comply with the Veterinary Surgeons Act 1987 in regulating veterinarians and veterinary specialists to protect the public and animal health and welfare in Tasmania.

The AVA believes that there should be reference to relevant legislation only and that including interpretation of legislation into the Veterinary Service Standards creates ambiguities and potential ambiguities which may cause difficulty with compliance. Comprehension of the standards was difficult at times from the discussion provided which raised many issues in the understanding of what the standard meant and left the standard open to interpretation. Also, the relevance or practical application in some areas, such as for rural practice.

There is significant concern that in many instances the Draft Veterinary Service Standards have many unintended consequences. They do not only aim to reflect the standards of practice and behaviour required of veterinary practitioners, but create inappropriate obligations of veterinary practitioners which shifts the responsibilities and costs of public good and private animal health and welfare, onto registered veterinary practitioners, despite the veterinary profession not being publicly funded

This increasing creep to obligate veterinarians for areas of public good can be seen throughout the Draft Veterinary Service Standards. For example: in the ownership of wildlife, stray animals, veterinary infrastructure and services to be used beyond the scope of usual practice, in emergencies, 24 hour availability of veterinary services and in production animals to secure public health. There is no acknowledgement in the document that these obligations imposed on veterinary practitioners also entail heavy financial obligation which impacts veterinary remuneration and workplace conditions, and ultimately wellbeing.



It is becoming well understood that the one of the underlying causes of poor wellbeing that the profession is facing is chronic underfunding specifically around the labour component, leading to poor remuneration, lack of flexibility, poor workplace culture and attrition. We have concerns that as well as regulating the provision of unsupported services there are also standards which require veterinarians to maintain the wellbeing of themselves and their team. It is very difficult to ensure wellbeing if financial viability is difficult to achieve or maintain.

The AVA has made significant efforts to communicate the concerns for veterinary mental ill-health and sustainability of the profession to the Tasmanian government and the AVA encourages the Tasmanian Government to financially resource areas of veterinary public good to correct the financial strain placed on the veterinary profession, rather than further obligate veterinary practitioners to provide these unsupported services through mandatory veterinary service standards.

Discussion

Standard 1. Expected behaviours and principles of professional conduct

Principles of professional conduct

Principles of professional conduct do not only aim to reflect the standards required of veterinary practitioners but also sets to oblige veterinary practitioners to maintain public responsibilities of animal health and welfare without regard for the costs put upon them. This includes education, equipment, technology environment, assistance (staffing) and remuneration.

The contribution veterinarians make to the community is highly valued, and significantly contributes to, and protects, the health and safety of animals, the health and wellbeing of people and the economic safety of Australia through the continued social license of animal industries and trade. The financial viability of the profession is under threat due to decades of under investment and the obligations for public good placed on veterinarians must be met with adequate financial resource.

Information appropriate to proposed Standard 1:

1. AVA Code of Professional Conduct and the Australian Veterinary Association Members Code of Professional Conduct
<https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
https://www.ava.com.au/search/?q=key+principles&t_dtq=true

Standard 2. A primary concern for animal wellbeing

- The AVA believes that there should be reference to relevant legislation only and that including interpretation of legislation into the Veterinary Service Standards creates ambiguities and potential ambiguities which may cause difficulty with compliance. An example is Section 8 (1) of the Animal Welfare Act 1993 to obligate veterinary practitioners to provide emergency provision of treatment.

The requirement that a veterinary practitioner must provide emergency provision of treatment is a service of veterinary professional conduct for public good and taken in good faith by the



veterinary profession. It should not be without consideration for the costs involved for the veterinary practitioner and the overall sustainability of the veterinary profession.

Payment for services should always be expected and veterinary professional conduct or veterinary duty of care for the wellbeing of an animal not used inappropriately as a mechanism to avoid payment of veterinary services of any species.

- There is a discrepancy between Pg 11 '*Obligation to Act (d) the animal is an undomesticated or exotic species but not a declared pest animal*' and Pg 13 '*Euthanasia*'. Declared pest animals are sentient and should be treated humanely. The provision of first aid and pain relief includes carrying out euthanasia.
- There is confusion around how to deal with pest species and what they are.
- As in Standard 8.3 (Veterinary practitioner and veterinary team wellbeing), the AVA believes it is not reasonable to expect veterinary practitioners to practice outside of their professional competence. This includes to provide emergency services (such as unusual species and acts) and facilities (standard procedures and equipment for containment) outside of their area of competency, even for emergencies. Public funding needs to support these public responsibilities so that staffing and facilities to provide emergency services can be effectively and safely provided by local veterinary hospitals.
- There is risk of safety, veterinary competency, and profession wide sustainability as 'veterinary professional conduct' aims to shift the public responsibilities and costs of necessary veterinary services and facilities onto private veterinary practitioners.
- 2.2 and 2.6 are repetitive.

The references below are relevant to proposed Standard 2:

1. AVA Code of Professional Conduct and the Australian Veterinary Association Members Code of Professional Conduct
<https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
3. AVA Policy: Improving animal welfare
<https://www.ava.com.au/policy-advocacy/advocacy/improving-animal-welfare/>
4. AVA Statement of principles – animal ethics
<https://www.ava.com.au/policy-advocacy/policies/animal-welfare-principles-and-philosophy/ava-statement-of-principles--animal-ethics/>

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

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation. The AVA believes that there should be reference to relevant legislation only.

B: Owner /Client VOA



The AVA disagrees with aspects of the interpretation of the VOA relationship where it allows legal and financial responsibilities of animals to be shifted onto registered veterinary practitioners with no mechanism of financial protection. In particular, animals under the responsibility of government (wildlife species or domesticated stray animals).

In the '*Aim in recognizing the VOA relationship*', there is no reference to the financial responsibility of the 'owner' in the relationship, particularly where ownership has been 'deemed' or 'delegated' such as wildlife, stray, feral and pest species etc.

Of particular concern is (f) which allows '*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*'.

The AVA strongly refutes that the principles of veterinary professional conduct includes 'relinquishing the duty of care to the veterinary practitioner' including financial responsibility for 'deemed or delegated ownership' of wildlife, stray, feral, pest species etc. A veterinary practitioner taking steps to relieve pain and suffering does not confer ownership of an animal.

Further investigation is required but not possible within the limitations of the short notice public consultation granted.

Expectations for veterinary practitioners to provide unlimited veterinary services and facilities for areas of public good through good will and without financial compensation or protection is contributing to poor veterinary remuneration and poor working conditions including overwork, leading to mental ill-health in the veterinary profession.

Veterinary service standards imposed by the government must provide a mechanism of support to financially protect veterinary practitioners from unintended consequences of Tasmanian legislation.

Payment for veterinary services should always be expected and designation of ownership of wildlife and stray animals not used as a mechanism to avoid funding necessary local veterinary services. Local veterinary services are necessary to maintain animal welfare and biosecurity.

There needs to be clear information that the financial cost of veterinary treatment forms part of accepting the responsibility of 'owner' (on behalf of the government) for wildlife and stray animals or if they are a 'person' that presents an animal to a veterinary practitioner.

Also, there is risk to animal welfare and the public safety if the 'designated owner or person' avoids or refuses veterinary services due to the personal cost put upon them.

As an example, the AVA understands that there is currently no budget for local veterinary practitioners to provide veterinary services in the proposed Tasmanian Wildlife Strategy.

Unless adequate funding is provided to seek necessary local veterinary treatment, the veterinary profession will remain unsustainable, financial tension will continue to occur between veterinarians and 'owners' or 'persons' and there is risk to animal welfare, biosecurity and public safety.

There needs to be further investigation of the shifting of public responsibilities of government onto veterinary practitioners through veterinary service standards required of veterinary registration.



The VSS needs to include consideration for tourists who do not have a VOA.

Veterinary practitioner and owner responsibilities

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation.

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

- (a)
 - a. The intent of this is unclear. The AVA disagrees that veterinary practitioner's rather than the animal owner's or producer's or business's responsibility to ensure compliance for their animal health and welfare including when it is necessary for veterinary attention to observe and examine an animal or production systems. The frequency is guided by the professional judgement of the vet, requirement of repeat medications and in accordance with any guidelines set by the Veterinary Board of Tasmania, but the responsibility remains with the owner.
 - b. Production animals should not be separated out as this is applicable to all animals.
 - c. The AVA disagrees that this must occur not 'when requested to do so by the owner' but at a mutually agreeable time taking into account veterinary practitioner availability.
- (g) Maintain the VOA relationship through:
 - a. Necessary communication. It is not the responsibility of the veterinary practitioner to continuously instigate client communication to demonstrate a relationship. The client must take responsibility for their own requirements for veterinary care and compliance. Often clients attend more than one veterinary practice.

The references below are relevant to proposed Standard 3:

1. <https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. <https://www.ava.com.au/policy-advocacy/advocacy/improving-animal-welfare/>



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

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation.

Offering or performing necropsy

- 1.19 Where a client has not requested a post mortem (necropsy) but the veterinarians believes there is a requirement, appropriate government resource must be available to undertake the necessary veterinary services for animal and public safety.

The references below are relevant to proposed Standard 4:

1. <https://www.ava.com.au/policy-advocacy/policies/other-services-provided-by-veterinarians/engagement-of-private-veterinary-practitioners-in-national-disease-surveillance/>
2. <https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/veterinary-referrals-and-second-opinions/>
3. <https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/in-house-diagnostic-pathology-and-pathology-referrals/>

Standard 5. Genetic disease

Veterinarians should play an active role in identifying and monitoring genetic diseases and assisting breed societies and breeders with advice. They should also assist in the education of owners managing animals displaying inherited defects.

Awareness of genetic disease should be encouraged as should practices and research to minimise its incidence and effects in populations of animals.

The references below are relevant to proposed Standard 5:

1. <https://www.ava.com.au/policy-advocacy/policies/miscellaneous-welfare-issues-other-welfare-issues/genetic-defects-in-domestic-animals/>
2. <https://www.ava.com.au/policy-advocacy/policies/animal-welfare-principles-and-philosophy/ava-statement-of-principles--animal-ethics/>
3. <https://www.ava.com.au/policy-advocacy/policies/surgical-medical-and-other-veterinary-procedures-general/cosmetic-surgery-to-alter-the-natural-appearance-of-animals/>
4. <https://www.ava.com.au/policy-advocacy/policies/surgical-medical-and-other-veterinary-procedures-general/surgical-alteration-of-companion-animals-natural-functions-for-human-convenience/>

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

Adequate government resource is required to support what is required of registered veterinary practitioners to provide areas of public good through veterinary service standards, such as in wildlife and stray animals or provision for emergency service. This includes maintaining the premises,



equipment and assistance in the provision of veterinary services (staffing) required of the veterinary service standards.

Currently there are expectations to provide unlimited veterinary services and facilities for public good through good will and without financial compensation or protection.

General standards applicable to all premises

(e) further clarification is required of “ 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”. This is unclear.

The references below are relevant to proposed Standard 6:

1. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
https://www.ava.com.au/search/?q=key+principles& t_dtq=true
2. AVA Policy: House call practice
<https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/house-call-practice/>

Standard 7. Veterinary medical records

The area that the AVA holds particular concern is:

7.4.1 For individual and groups of animals:

The level of prescriptive detail required to be documented, particularly for (j) and (k) being unnecessary in every situation and unreasonable for this amount of information to be documented in the time available for consultation.

(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

7.7/ 7.8 Clarification is needed of who can request a medical record- client, veterinary staff, veterinarians.

Wildlife and stray animals

As a veterinary medical record for wildlife and stray animals must be consistent with any other case, there must be an expectation of the veterinary practitioner to be compensated equivalent to any other case. The facilities and time of staff to attend to animals for which there is no payment creates issues of viability.

The board must take appropriate measures to ensure that Government funding for these animals is in line with the expectations of veterinary practitioners for sustainability of the veterinary profession. Imposing financial vulnerability on veterinary practitioners as a condition of veterinary service standards needs further investigation. If obligations are placed upon all veterinary practitioners through veterinary services standards, then financial support needs to be available for all veterinary practitioners to provide areas of public good, as is currently not the case.



The references below are relevant to proposed Standard 6:

[Clinical records](#)

[Retention of medical records and diagnostic images](#)

Standard 8. Veterinary practitioner and veterinary team wellbeing

Expectations for veterinary practitioners to provide unlimited veterinary services and facilities for areas of public good through good will and without financial compensation or protection is contributing to poor veterinary remuneration and poor working conditions including overwork, leading to mental ill-health in the veterinary profession.

This includes the provision of emergency and out-of-hours.

The wellbeing of veterinary practitioners and staff are frequently risked through this lack of resource to provide adequate staffing levels and working conditions.

Prioritising veterinary wellbeing by withdrawing veterinary services leads to animal welfare concerns if animals are not attended to.

The AVA suggests adequate public resource to support services of public good is essential to maintaining working conditions.

Resource is required to support local veterinary practices provide essential facilities and administration to coordinate across regions and public education such as animal first aid.

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

The AVA welcomes the recognition of non-technical CPD as part of evidence that can be collected.

9.1-9.3 There needs to be a definition of how 'current standards' are determined.

9.7 There is no indication of how the Board intends to 'assess' sufficient knowledge of specific topics common to all veterinary practitioners and what these 'specific topics' are. Clarification is required.

Guidance

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.

Further clarity is required.

Practicing within areas of technical competence is contrary to Standard 2, where veterinarians are being asked to potentially practice and maintain facilities outside of their area of competence to meet public responsibilities for animal welfare overall.



It is important to note that unlike human health, there are expectations placed upon veterinarians without support to attain them. This creates an unreasonable expectation of attaining and financing 'well rounded' CPD which covers 'all aspects of veterinary competence', leaving veterinary practitioners vulnerable to interpretation of this standard. With increasing requirements of CPD for public safety, public support will be required to resource this expensive, extensive ongoing learning and recording which seemingly has no boundaries.

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

Section 10.2 –Needs clarification. The use of the term 'best practice' may be problematic. There needs to be regulations and code of practice to allow the veterinarian to undertake treatment within the spectrum of care appropriate to the individual situation.

Standard 11. Referrals between veterinary practitioners

The references below are relevant to proposed Standard 11:

1. [Veterinary referrals and second opinions](#)

Standard 12. Provision of veterinary services outside normal business hours

This section is not clear. There have been varied interpretations of this section and what is expected for 24/7 care of animals and out of hours availability.

12.1 Inappropriately obligates registered veterinarians who may not have any business interest in the veterinary practice to take responsibility for veterinary business communications.

12.2 This is not possible and again inappropriately obligates registered veterinary practitioners who may not have any business interest to take responsibility for communicating out of hours arrangements of other businesses. Veterinary practices can advertise their own availability and apply continuance of care arrangements in current clinical cases.

12.5 'the potential impact of restricted attendance on the animal's expected course of recovery'. This sentence does not make sense. Additionally, the 'expected course of recovery' cannot be determined by when a client attends a veterinary practice.

Guidance

The section on guidance does not acknowledge the public responsibilities of the government to support animal welfare. Instead, this is done by shifting the responsibility and costs for 24/7 animal welfare between the registered veterinary practitioners, veterinary business owners and causes difficulties through the impacts on personal lives.

Without support it is difficult to provide services and standards 24/7 across Tasmania, particularly in regional areas. Additionally, if services are not available then animal welfare and biosecurity are at risk.



Obtaining costs for the services for other businesses to provide services is not the responsibility of registered veterinary practitioners.

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

The situations suggested below are unclear.

13.2 Requires a definition of ‘sufficient evidence’ as this is subjective.

13.3 This is not always possible in emergency triage.

13.4 A veterinary practitioner can only request information of the current management and health status of the animal and the geography and climate and relies on effective communication and honesty of the animal’s owner. This is a shared responsibility.

13.8 A veterinary practitioner takes reasonable steps to collect information relevant to veterinary care.

13.10 A veterinary practitioner communicates that there are limitations of telemedicine veterinary consultation.

13.11 The same requirements for continuity of care exist for a telehealth consultation.

13.12 It is unreasonable to have unspecified requirements or conscription of veterinary practitioners as a requirement of veterinary service standards.

It is unreasonable that additional requirements would be issued by the Board as Standards or specific guidance to further obligate veterinarians for public responsibilities of government.

The references below are relevant to proposed Standard 13:

1. [Telemedicine practice](#)

Standard 14. Supply and use of veterinary medications

The AVA has concerns regarding this Standard:

14.1

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

The AVA holds concerns for points (a), (i) – (m) as they are unreasonable or unattainable.

(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)

A veterinarian cannot *ensure* that “the individual” is the owner or designated representative of the owner in every case. Information may not be available (eg the animal has no microchip or other documentation provided to confirm ownership) or not provided in a timely manner for the welfare of the animal (pain relief or other emergency indicated medication may be required without the time or resources being available to verify ownership of the animal prior to administration of the medication).



Additionally, Standard 3 allows 'ownership' to be any 'person' who presents wildlife or domesticated stray animal to a veterinary practitioner.

(i) - (m)

The onus is placed on the veterinarian that the individual is the owner and to ensure the ability of the client to understand and physically administer medications and take care of the animal afterwards. The implication of this is that any adverse outcome resulting from a client's incorrect carrying out of instructions or directions provided by the veterinarian will then place liability on the veterinarian.

It is not reasonable to require a veterinarian to "ensure" that a client will follow directions that are appropriately and adequately provided to them.

The following wording would be recommended for use to replace these standards:

1. [AVA GUIDELINES FOR PRESCRIBING, AUTHORISING AND DISPENSING VETERINARY MEDICINES](#) (Currently under review)

The veterinarian is expected to have knowledge of the individual client and their husbandry and treatment management, knowledge, skills and ability to understand instructions and correctly administer drugs.

2. [VPB WA Guidelines to Professional Conduct](#)

6. Medications, antibiotics and other chemical or biological substances

b. A veterinary surgeon is responsible for ensuring that clients are aware of the need to comply with the withholding periods recommended for the administration of antibiotic and other medications to food producing animals or to animals used in a sport that has rules about the use of chemical substances.

c. A veterinary surgeon may only dispense controlled substances to a bona fide client, that is, the animal/herd owned by the client must be under their care; the animal/herd must have been seen for the purposes of diagnosis, or the premises on which the animal/herd is kept, visited recently enough to have an accurate picture sufficient to enable accurate diagnosis, and the treatment must be recorded, or the veterinary surgeon must have discussed the health of the animals with the owner within the previous 7 days and have reasonable grounds to believe that an examination of the animals is not practicable

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.

A veterinary practitioner reports 'suspected' medication experiences to the Australian Pesticides and Veterinary Medicines Authority

The AVA would propose that there is qualification to this:

- Veterinary practitioners are not always aware or could reasonably be expected to be aware of all adverse medication experiences.
- Clients may not recognise or report adverse medication experiences
- It is reasonable that clinical signs may not be attributed to adverse medication experiences but rather other episodes of illness.



Guidance:

Supply and use of veterinary medications

Putting the VOA relationship into effect for remote prescribing

- This is unnecessarily prescriptive and alternative wording can be found in the [VPB WA Guidelines to Professional Conduct](#)
- Further information is needed on the governance of 'online' pharmacies and their adherence to the VOA.

Improper supply

The AVA requests that clarification is included around veterinarians working within the same practice being able to provide repeat medication for a patient seen by another veterinarian in the same practice.

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)

Supplying

- This wording is unclear and open for interpretation.
- The AVA believes that there should be reference to relevant legislation only.

Prohibited supply

- The AVA believes that there should be reference to relevant legislation only.

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

The application of this standard to fentanyl patches in out-patients needs clarification.

Anabolic steroids (SPELLING)

- The AVA believes that there should be reference to relevant legislation only.

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

The AVA agrees with maintaining current knowledge and provides policies on AMR to assist in informing antimicrobial use.

The references below are relevant to proposed Standard 15:

1. [Use of veterinary medicines](#)

Standard 16. Biosecurity and infection control



The AVA provides biosecurity and public health policies to assist in informing biosecurity and infection control.

All veterinarians have public responsibilities relating to Biosecurity and infection control and support for these responsibilities should occur by government.

The references below are relevant to proposed Standard 16:

1. [Biosecurity and Public Health – role of veterinarians](#)

Standard 17. Veterinary certificates

Clarification required:

- The AVA has concerns regarding the practical ability and privacy issues of a requirement to provide a “link to a veterinary medical record”.
- 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.

It has been well established by legal precedents that medical records and diagnostic images (e.g. radiographs and ultrasound scan printouts) belong to the person or partnership creating them. All materials (e.g. X-ray film) purchased by the veterinarian also remain the property of the veterinarian, not the client.

The references below are relevant to proposed Standard 17:

- [Retention of medical records and diagnostic images](#)

Guidance: Veterinary certificates

The AVA would recommend that there are systems available such as PREGCHECK™, BULLCHECK™, BIOCHECK™, WELFARECHECK™ and other forms and templates that are used in other jurisdictions.

Standard 18. Practicing in accordance with statutory obligations

18.4

There may be situations where, whilst not leading to illegal activity, compromise a veterinarian’s professional judgement, and hence put them in contravention of other parts of the Veterinary Service Standards.

Contact:

Dr Kristen Steele

Senior Advocacy Officer

Australian Veterinary Association

E: kristen.steele@ava.com.au

Submitted via: vetstandards22@gmail.com

21 December 2022

7th December 2022

The Department of Natural Resources and Environment Tasmania
Veterinary Board of Tasmania
Hobart TAS

To Whom It May Concern,

The University of Tasmania has a long and distinguished history of research excellence and impact. Our place-based mission is to be the University for Tasmania, and we are strategically placed to address global challenges from Tasmania for the world. The University of Tasmania's Strategic Plan 2019-2024 is focussed on delivering outcomes in six key areas: health, educational attainment, environmental sustainability, economic performance, cultural participation and social inclusion.

The university is strongly committed to Animal Welfare ensuring that proposed activities within the University are designed in concordance with the principles of the Australian Code for the Care and Use of Animals for Scientific Purposes, The Animal Welfare Act (Tas) and any other relevant national codes of conduct of legislation. We are therefore grateful for the opportunity to provide input on the Review of the Tasmanian Veterinary Service Standards (the draft).

It is our understanding that first consultation on the Review of the Veterinary Service Standards, conducted by the Veterinary Board of Tasmania in September 2021, was targeted to select organisations and registered veterinary surgeons only. The University has two veterinarian practitioners working alongside researchers to ensure animal welfare. We, therefore, are grateful to be included in consultations in this opportunity and we welcome the amendments outlined in the Review draft.

We would be happy to be involved in the process of any further considerations of amendments in the future.

Kind regards



Nigel Blundell
Executive Director Research

I am writing to express my concerns regarding the proposed changes to the Vet Service Standards, specifically those relating to the provision of out of hours (OOH) care.

It appears that in an effort to clarify the fairly general terms of the original proposal that the interests of only some of the participating parties has been met. There is an effort made to improved communication with clients regarding their options and benefits of these. There has been an effort to help protect the health of vets providing OOH services by formally decreasing the individual obligation to attend to these. This leaves vets like myself in an increasing MORE stressful situation in providing an OOH service.

I work in a large multivet practice. There has been a prolonged period of shortage of vets in this state and a huge increase in workload. We are all under stress on a daily basis trying to provide a high standard of pet care. The OOH service we provide is an additional stress on top of extremely challenging days. In addition to our own clients we are constantly fielding calls from clients who are unable to be seen by their own vets (or do not yet have a vet) at all or in a timely manner. We look after these when we can but have huge waiting lists of our own. I suspect most clinics are under the same pressure. It is physically and mentally draining.

In an effort to continue to provide the standard of care we would like and to reduce staff stress, we have recently taken the decision to join with another local practice to share our out of hours duties and to see only our own clients OOH. While still stressful this has made our workload much more manageable.

We have enlisted the assistance of our nurses on rotation (reluctantly as they work equally long and stressful day shifts) to assist us OOH due to the increasing complexity of diagnosis and management of critical cases but are unable to provide constant supervision for pets with the staff we have available. While we inform owners of the option of AHVEC in the south of the state this is rarely a realistic option to provide better care and to reduce the workload. It is a fraught decision to send an emotional client with a critical patient on a 2-3 hour road journey to the south.

While I can fully appreciate the benefit to some vets and vet clinics of the new proposal in lessening the obligation to see OOH emergencies my concern is – where do these emergencies now go?? I believe they will come back to clinics like mine that never turn clients away that need to be seen and that we will be back to the unsustainable situation we have been in previously. It is not a solution to just hand the problem on. The perception that we are a huge clinic that can just absorb the extra work is false – we may have less nights on call for individual vets but they are already busy and exhausting due to our large client base.

I feel that the changes to the Act provide only provide for some. The pet owners will be better informed. Some vets will be under less stress. What of the others that have to carry the load??

Thankyou for the effort you have put into the changes to the Act

Thankyou for your consideration
Alison Gorrell BVSc

Public Consultation: Review of VSS

[REDACTED]

22 December 2022 at 12:46

To: vetstandards22@gmail.com

Thank you for the opportunity to comment on the draft VSS a very comprehensive and well researched document.

I do have some comments and requests for further explanation below.

I apologise for the lateness and format of my submission but I am experiencing technological issues.

Where these comments might be considered confronting or inflammatory (to pet owners or persons with good intentions with wildlife or strays, wildlife groups and Cat Management Facilities) I request that they are kept confidential.

Kind Regards

Dr Angela Offord BVSc #350

I feel that the VSS are not easily accessible published as they are on the NRE Biosecurity website. It is not intuitive for either a member of the public or a veterinarian to think of finding them here. Does a Google search direct a person there?

The document whilst comprehensive is very long and difficult in parts to understand on first reading.

The document would benefit from further editing to make it more concise and improve clarity.

More FAQ and consistent definitions would help- the definitions and FAQ certainly benefited my reading and understanding.

In the FAQ under new graduate supervision the word "Industry" rule of thumb is used. The veterinary profession is a profession not an industry. There are academic discussions available on this distinction. Please delete.

In Definitions and acronyms pg 3 the word "necropsy" is used and again in the Standards 7.4.2 (d) pg 19 and 29. "Necropsy" is an American term. The English word in more common usage would be "post mortem" and should be used to replace "necropsy".

In Definitions and acronyms the definition of "continuing care" should include "recent surgical or medical issues serviced by that practice" as it does in the Standard pg 12.

[REDACTED]

Under Guidance "Emergency provision of treatment" pg 11

(d)...declared pest

I think "declared pest" should be included in emergency treatment as they are sentinel and if the requirement is euthanasia then that should be undertaken judiciously.

Refer to paragraph pg 12 declared pest where the intended meaning (I think) is clearer.

Standard 4 4.2 pg 20 "Communications between veterinary practitioners and the client or professional peers" my question is can a practice staff member, at the direction of the treating practitioner, on the clients behalf, request a copy of the medical records?

Pg 48 I think you could omit bumper sticker reference and just say website and social media to make this information contemporaneous.

Standard 13 Telemedicine & providing veterinary services across borders to remote clients 13.6 13.7 pg 49 does this mean a telemedicine business currently advertising but staffed by a trained nurse can or cannot take calls from Tasmanian residents?

Kind Regards

Angela Offord

[REDACTED]

Sent from my iPhone

-To the Members of the Vet Board

Thank you for your time in reviewing the veterinary service standards. I can see a lot of effort has gone into this.

However I am opposed to your change in the after-hours cover on the basis that it will create an enormous amount of stress on some vets and support staff. In my submission I am particularly concerned with the impact to the North, which does not have a dedicated after hours centre.

I would like to point out that you are fundamentally changing the current legislation with regard after-hours cover. Standards of Veterinary Premises July 2014, 3.3.1(j): *a veterinary clinic, centre or hospital shall provide arrangements for access to after-hours/emergency service for clients*. Your proposed changes removes this straightforward requirement to one in which there multiple vague recommendations.

Below are excerpts lifted from your Draft Veterinary Services Standards:

- Neither the Board nor statutory obligations require a veterinary practitioner to provide veterinary services outside of normal business hours.
- With respect to managing the provision of emergency and out-of-hours cover, veterinary practices **are encouraged** (my emphasis) to co-operate with each other.
- The Board **strongly encourages** (my emphasis) co-operative arrangements between practices to service out-of-hours needs or at least staffing contingencies where necessary and possible.
- 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.
- Factors which may influence a veterinary practitioner's choice to provide services outside of normal business hours include... the services offered by alternative veterinary practitioners.
- A veterinary practitioner gives due consideration to human safety before commencing treatment of an animal, whether in an emergency situation or otherwise.

Reading the above excerpts, a vet practice is not required to have an after-hours arrangement with another practice. Additionally, there is nothing to stop a practice informing their clients where after hours can be found (ie: neighbouring practices) regardless of whether that practice has an arrangement with the primary vet practice.

Our practice (Animal Medical Centre) already has a co-operative relationship with another local practice in sharing after hours. We do not wish to enter into further relationships with other practices as we believe there is a difference in the standard of care being offered.

My concern is the proposed legislation will create a situation in which our vets and nurses are presented with emergency cases that normally go to another practice which does not provide an after-hours service. We staff our practice for our own client base, not to look after the clients of other practices who are not open. However the proposed legislation obliges us to treat these additional emergency cases which will put a huge strain on our resources.

The consequence of these extra cases (during weekends and evenings) will initially be burnout of our vets and nurses. The next step is we are not able to field a team to be on call in the evenings due to mental ill health. It is likely in this situation there will be no practice available in Launceston covering afterhours. Any animal needing urgent attention will need to travel 2 hours to Hobart to AHVEC. Is

the Board comfortable with accepting this situation and the consequences of animals who have died in transit?

The solution to this problem is to direct (not “encourage”) practices to co-operate with each other to cover their own after hours emergencies. Small single person practices can band with other similarly sized practices. The legislation needs to be made clear that practices cannot direct their clients to other veterinary practices without prior written agreement.

Finally, after hours arrangements need to provide a solution within one hour from the practice. It is not acceptable or safe to expect clients to drive 2 hours with a critically injured or sick animal.

Yours sincerely

David Allen BVSc

Standard 6 ,incl Guidance pp 22- 27

Clause 6.8, which refers to exemptions to some equipment standards if a clinic is offering limited services.

Para 5 in "Guidance" expands on clause 6.8 However maybe 6.8 itself should contain the provisions that in such cases

Specific Board approval is required.

Appropriate restrictions of services should be specified and communicated to the Board and clients.

Importantly provision for referral of animals which require it should be readily available.

Further information may then be included in "Guidance", but presently Para 5 is restating Clause 6.8

If a clinic does not have imaging facilities available, diagnosis and management of limb injuries (not just orthopaedic surgery), management of whelpings (dogs) and queenings (cats), full management of vomiting animals, and probably other procedures will need referral to receive a contemporary level of veterinary care.

Minor typographical error Guidance Para 3 p27 "that premises" should be "those premises"

Standard 9

Guidance Para 4 p 36

The requirement for 60 hours CPD over 3 years is not extremely onerous. However as a blanket requirement it is not recognising the levels of part time veterinary involvement of some registered veterinary surgeons. Possibly if veterinary work is less than 10 hours per week, or 10 hours per month, 10 hours of CPD annually rather than 20 hours would be sufficient.

Summary

The draft Standards seem comprehensive and show evidence of a lot of work and thought in their compilation. They should be suitable for implementation without major alterations.



[REDACTED] <vetstandards22@gmail.com>

FW: Tasmanian Veterinary Service Standards - Public Consultation

Vet Board Tasmania <vetboardtas@gmail.com>
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

19 December 2022 at 12:31

From: John Baguley [REDACTED]
Date: Monday, 19 December 2022 at 12:07 pm
To: vetboardtas@gmail.com <vetboardtas@gmail.com>
Subject: RE: Tasmanian Veterinary Service Standards - Public Consultation

Dear Amelia

I am so sorry I did not get to this previously. Just a hectic time of year.

It all looks very comprehensive to me and hopefully a great resource for your veterinarians. Maybe one day we will have a common set of guidelines....

Personally I disagree with this move to veterinarian-owner-animal relationship from the standard veterinarian-client-animal relationship. Yes, animals are property but that is not in keeping with contemporary attitudes to animals in society and establishing ownership is often a complex process. Not something for vets to worry about.

Best

John

John Baguley

Registrar

Veterinary Practitioners Board of NSW

Suite 7.09 [247 Coward St Mascot NSW 2020](#)

E: registrar@vpb.nsw.gov.au

P: 61 2 8338 1177

W: www.vpb.nsw.gov.au

From: Mary Lydamore <admin@vpb.nsw.gov.au>
Sent: Monday, 21 November 2022 3:46 PM
To: John Baguley <jbaguley@vpb.nsw.gov.au>
Subject: FW: Tasmanian Veterinary Service Standards - Public Consultation

Mary Lydamore

Deputy Registrar / Complaints Officer

Veterinary Practitioners Board of NSW

Suite 7.09, 247 Coward St Mascot NSW 2020

E: admin@vpb.nsw.gov.au

P: +61 2 8338 1177

W: www.vpb.nsw.gov.au



From: Vet Board Tasmania <vetboardtas@gmail.com>
Sent: Monday, 21 November 2022 3:39 PM
To: Vetboard Victoria <communications@vetboard.vic.gov.au>; TCCS_GBS Vetboard <TCCS.Vetboard@act.gov.au>; admin@vsbwa.org.au; Mary Lydamore <admin@vpb.nsw.gov.au>; VSBSA <registrar@vsbsa.org.au>; vsbqld@daf.qld.gov.au; vet@vetcouncil.org.nz; Susan.Gillis@nt.gov.au; Alison Byrne <GM@vetboard.vic.gov.au>
Subject: Tasmanian Veterinary Service Standards - Public Consultation

Dear Registrars,

Review of the Veterinary Service Standards – Public consultation

I am writing to advise you that the Veterinary Board of Tasmania has released the fully revised draft Veterinary Service Standards for public consultation. The **consultation package** including the draft Standards and related resources is available for your information via the Veterinary Board of Tasmania's webpage.

It is intended the new Standards will reflect more contemporary approaches to professional regulation and improve harmony and effect in professional standards between Australasian jurisdictions. The draft Standards have extensive guidance associated with them to improve their application to practical situations by clarifying and expanding on the Standards.

I would like to acknowledge and thank the Victorian and NZ Boards for their permission to borrow generously from their respective standards. 😊 A key objective of our review is to harmonise and align with other States and Territories where possible.

The objectives of this public consultation are to:

- identify issues relating to accessibility, practicality, relevance and comprehension for users of the new Standards;
- identify any challenges the new Standards may present that are contrary to contemporary expectations of both veterinary service users, the veterinary profession and the community; and
- incorporate necessary changes and complete the Standards for the declaration process in early 2023.

Comment on the draft Standards is very welcome. Please submit any comments via email to vetstandards22@gmail.com (subject line: 'Public Consultation: Review of VSS'), or mail to The Registrar, Veterinary Board of Tasmania, PO Box 909, Sandy Bay TAS 7006.

Please note the closing date for submissions is 7 December 2022.

Please direct any enquiries regarding making a submission to vetboardtas@gmail.com.

Kind regards,

Amelia Jones

Registrar

Veterinary Board of Tasmania

PO Box 909, Sandy Bay TAS 7006

0400 848 661 | vetboardtas@gmail.com





<vetstandards22@gmail.com>

FW: re veterinary service standards.

Vet Board Tasmania <vetboardtas@gmail.com>
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

21 December 2022 at 09:21

From: [REDACTED]
Date: Tuesday, 20 December 2022 at 9:13 pm
To: vetboardtas@gmail.com <vetboardtas@gmail.com>
Subject: re veterinary service standards.

Dear VSB,

Just adding more comments. I would like to state that this document has been intermittently discussed in my workplace. We have had not enough time to fully go through the 63 pages of this document thoroughly and it has huge implications for our profession in this state.

You have stated that you have wanted to identify issues relating to accessibility, practicality, relevance and comprehension for users of these new standards. I understand the aim is to specify standards of service provided by veterinary surgeons and specify the rules of conduct that are to be observed.

The standards are now 63 pages, and we are guilty of misconduct if one fails to comply with any of the provisions.

These standards are not written in plain English, discussion amongst colleagues has resulted in diametrically opposed interpretation of these standards - and I feel that if colleagues in a congenial workplace have different understanding and interpretation of these standards - clarity and comprehension are providing barriers to understanding and compliance.

As practitioners we are guilty of misconduct if we do not comply with the standards, but if we don't have clarity, comprehension and understanding with the provisions of these new standards it makes compliance difficult.

The standards are in need of updating, and I am fully cognisant of the magnitude of the task the board has undertaken, but I feel the timeline for discussion and the implication for the practitioners at the coalface of clinical practice needs clarity and comprehension before committing to law. If the standards are in existence for as long as the last standards, then the need for them to be comprehensive, clear and practical needs to be met. The opportunity for members of the profession to meet and discuss the issues of changes of this magnitude has not been met in a timely fashion, the time of year has not been favourable to setting up regional meetings, and the new recent Covid wave affecting workplaces has meant ones work life balance has been negatively impacted.

The continuing care provisions are a complete 360 degrees turnaround from previous standards. This needs clarity.

A non client contacts but animal not presented - ie via phone, non clients, other practices clients, not obliged to respond if not under continuing care. Clearly is a welfare issue - animal in pain and suffering, usual practice not providing an out of hours service - clearly not in animals well being - just such a mental stress issue to clinics providing an out of hours service.

Payment issues in emergencies - not forthcoming - courteous communication - not obliged to provide any further treatment - options for well being of client, animal and practitioner in a general sense ?????

Standard 8 - Well being.

Acknowledging demands of the work environment. The ambivalence of the sentence "the veterinary practitioner is expected to exercise their judgement regarding the well being for themselvesand not put themselves or their employees at risk" - so effectively the board is saying that is it okay for a practitioner providing an out of hours service to their own clients, one can say it effects my well being to service another clients animals out of hours - regardless of animal welfare needs? This predicates where there is no option for co-operative arrangements between practices, because the added workload is unsustainable??

Standard 9 practicing within areas of technical competence.

A veterinary practioner must carry out procedures in accordance with current standards. I would love to do this 24/7, but increasingly the cost of gold standards of care is prohibitive to a number of clients. How do we balance this? Do we document what we have offered, it is declined and a lesser standard which may or may not achieve a clinical response is actioned?.

Are we as practitioners having an exam on prescribing standards every 3 years as part of the new framework? What clarity do we have on this?

What structure is in place for collegial discussion and input into the planning process for CPD? This could be problematical given that the sole professional body the AVA (by deliberate policy) - has not one executive staff member in Tasmania that could have potentially been a focus to facilitate this. Tasmania has geographical challenges, not the least that at the moment we do not have one veterinary specialist resident in the state (to my knowledge). Only one after hours clinic exists and that is in Hobart.

Had a somewhat wry smile at the New Zealand CPD information at Personal Wellbeing - especially under workload management. 60 hours of CPD per 3 year cycle. Personally I would at present meet these criteria, but I fully acknowledge at times in my career as a mother of 3 young children it would have been impossible! The board considers the process of planning and evaluating it is more important than the quantity. Whom is the entity that will do this? What are the implications if this is not met? I presume the board is the judge and jury of this?

How are locum interstate practitioners to be judged and held to such standards of CPD? Not all standards are equal, the envisaged new Tasmanian standards will require more documentation than others interstate. Was this the intention of the board?

Standard 12 - Such a huge conflict between public general expectations and the reality of the situation, and the reality of the physical and mental well being stress on practitioners having to potentially meet the needs of non-clients. To me the standards state this is how you don't have to provide an after hours emergency service, the public may expect this - for small animal clients it is good enough to direct them to a service provider in our capital city? This seems to be at odds with animal welfare and pain and suffering potentially?

Placing the responsibility back on the owner to know the normal business hours and the after hours service and the provision of veterinary care outside normal business hours is in direct conflict with the public's expectation that they can obtain veterinary services outside normal business hours in emergency situations. The guidelines seem to be in conflict.

The inclusion of standards 15 & 16 has merit. Standard 17 is clear.

I wish I had more time to go over every sentence thoroughly - but I don't, but I would ask the board to give more time to a robust discussion with members of the veterinary profession in Tasmania - so that clarity, practicality, relevance and more importantly comprehension of these new standards is truly understood.

regards ,

Kim Barrett.

re consultation

kabarrett kabarrett <kabarrett@bigpond.com>
To: vetstandards22@gmail.com

3 December 2022 at 22:24

Dear Amelia,

I am tendering my concerns re accessibility, practicality, relevance and comprehension for users re the new potential standards.

60 plus pages is huge.

The comprehension of this for the general public is challenging. For me as a veterinary surgeon it is challenging and I am expected to adhere to these new guidelines.

I am old, nearing retirement, work as an associate in general practice and have done for over 4 decades, and for most of that time have been available in an out of hours roster in the practice.

For the past few years we have been stating to clients (apart from large animal clients - annual farm visit), that clinical assessment for ongoing medication must be at least 6 monthly for chronic conditions. It is in my opinion for small animals you are mandating less than optimal patient care, we have spent the past ? 5 years telling clients as per previous board guidelines that reassessment is needed at least biannually. In my opinion the board is sanctioning less than optimal patient care. This for me as a practitioner is challenging in the small animal sphere.

My next issue is with - does a veterinary practice have to provide out of hours services? The recent board standards say we do not have to provide one.

This is so contrary to contemporary expectations. I acknowledge my bias here. Our "corporate clinic" is in an after hours sharing with a "private clinic" to service both our clients. We PAY an independent interstate service provider to screen our out of hours calls at a considerable cost \$ wise, but an incalculable value mental health wise to screen the out of hours calls.

Another clinic in town is also doing so with another provider - but in a similar situation. The number of calls from clients of practices that are not clients of our clinics is seriously impacting our own mental health and well being.

We may have directed the screening services - VetChat and Medechat to not let calls through from nonclients, but how do you justify a member of the public that has an expectation that their animal in an emergency situation can and should be seen after hours. Eg snakebite, road trauma, dog attack, urinary tract obstruction in a cat that all of which are potentially at risk of pain and suffering and death. I have had nights when servicing other practices clients have been detrimental to our own clients needs.

For those of us providing out of hours service to our clients, to have to have the mental and physical stress of saying no to non-clients and the guilt associated with this, and the public media backlash, whilst practices are not answering phones, not having messages on an answer service and being totally unaccountable to their clients for their non-availability after hours, are now apparently given the green light to do so by the new standards. We cannot absorb their out of hours needs, and in the Launceston area it is multiple practices.

I understand the absolute stress of single man practices providing this service - but practices that are servicing their own clients after hours cannot, and should not be expected to take up the slack from members of their own profession. The community expects that they can access out of hours services - and it appears that the vsb Tasmania is saying - in a roundabout way, that is somewhat incomprehensible to me - that this may not be the case. The Tasmanian VSB may be advocating this. Only one area in Tasmania - Hobart has the ability to sustain an after hours clinic at this point in time.

So if our service provider says no to clients with animals in pain and suffering, that are nonclients that are unable to contact their own veterinarians for continuing or emergency care - is this the new contemporary expectation of the vsb and the animal owning community???

Do we direct calls out of hours for non clients to the vsb?? Does one say to the general public if you have contemporary expectations of an after hours service, and you are not a client, we are not meeting your need. And potentially if a local practice requests our practice to service their clients after hours and our practice says no, and other practices say no (for obvious OHS issues) how is the vsb going to mandate or encourage those practices to participate in their own after hours roster???

In our local area we cannot continue to absorb any practice's emergencies ongoing - it is to the detriment of our own veterinarian's mental health and physical well being, as well as potentially shuffling our own clients to the end of a queue (which has happened when I have been on call).

The guilt of saying no is huge. Do we say - get in your car drive two and a half hours to Hobart (allowing for road works) and if the animal dies on the way - so be it.

RE CPD - do we have a reason that we are following New Zealand standards rather than the rest of Australia? At the moment personally I would meet easily the 20 hours annual CPD, but at a time in my career with 3 young children it would have been fairyland to achieve this. So many of our vets are females with children and I feel the vsb needs to be cognisant of this.

I have not had the time in the short time frame, whilst working over 40 hours per week and on-call to properly analyze the full 60 page document - but I have documented my major concerns. For this demographic of our profession I feel this may be a huge challenge.

I commend the VSB on the effort and diligence required to present this document. In my opinion it has presented some challenges.

regards,

Kim Barrett [B.V.Sc.](#) [M.A.N.Z.C.V.Sc.](#) Tas 159



Amelia Jones <vetstandards22@gmail.com>

FW: Important Prescribing Guidelines that I feel should be reviewed and restrictions put in place.

Vet Board Tasmania <vetboardtas@gmail.com>
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

20 December 2022 at 15:20

From: Melinda Lord [REDACTED]
Date: Wednesday, 7 December 2022 at 2:29 pm
To: vetboardtas@gmail.com <vetboardtas@gmail.com>
Subject: Important Prescribing Guidelines that I feel should be reviewed and restrictions put in place.

Dear Members of Tasmanian Veterinary Board

I have taken the time to review the Veterinary Standards document.

If I may also request that you review the all too common practise of clients requesting prescriptions for the online supply of veterinary prescription medication for their pet.

The Tasmanian Pharmaceutical Board, will not enable pharmacists in Tasmania accept scripts from Practitioners not registered to practice in Tasmania.

However, I am interested to know the stance of the Veterinary Board on Tasmanian Veterinary Practitioners providing scripts to unknown individuals, claiming to be pharmacists, or veterinarians, based interstate.

In my practice and in my local pharmacist, any medication prescribed, may be prepared by a nurse, but it is sighted and approved by myself before being given to the client.

Recently Cytopoint injections(requiring refrigeration) were made available online at a cost, lower than we as practitioners are able to obtain them from Zoetis, including delivery. I contacted our territory sales manager for Zoetis and he informed me that they do not know how these companies are getting their medication. They are not buying the medication from them as a company and often it is through individual mainland veterinarians who then store this medication in unknown premises, not subject to quality control measures. He questions whether the medication is transported according to the strict requirements of the company and raised questions as to the people working in these "Warehouse" pharmacies. Is it actually a veterinarian or pharmacist, or a minimal wage worker, processing these scripts. What is the role of the relative professionals in scrutinising these scripts and they really aren't responsible for the wholistic care of the patient, particularly if multiple drugs are involved.

He also commented that if they get any drug quality concerns or complaints from an owner, if purchased online through one of these unknown entities, they will not support the product, as they are unsure of the quality control and transport environment. In contrast they will fully support their products through "bricks and mortar" vets because, they have a relationship with the veterinarian and trust they have been professional and taken the appropriate measures to make sure that medication is handled correctly and in the best interests of the patient. They support the Veterinarian/client relationship.

My query therefore, is this: is it possible to review and pass standards, preventing Tasmanian veterinarians from writing prescriptions to online sellers of prescription medication. It is not a physical entity, supporting the profession like the BOVA compounding Pharmacy establishment, where the physical building and quality control measures are there in plain sight when you visit these establishments. We have an established relationship with Reputable pharmacists such as BOVA and also our local community pharmacist.

These so called pharmacies could be anywhere in any conditions, employing non qualified staff with no quality control. My opinion is this is one area in which the veterinary profession is falling short in it's quality assurance.

I currently stand by, I will not prescribe to non Tasmanian professionals, nor companies I do not have a relationship with. Mostly my clients will accept this. But if it was the requirement of the board supporting all Tasmanian professionals it would be an easy chance to say no, to this loop hole.

As our board, acting in our interests, I encourage you to review and legislate that Tasmanian veterinarians are not permitted to provide prescriptions for use online, where quality control cannot be assured.

Warm Regards
Dr Melinda Salter



When is an animal not under continuing care?

[REDACTED]
To: vetstandards22@gmail.com

6 December 2022 at 15:57

To try to define a situation where an animal is not under 'continuing care' just opens up ambiguity and is like opening a can of worms. In my view this clause should be avoided.

If an animal undergoes surgery it is quite possible that it can happily go home on Friday evening with the expectation from one Vet that reasonably anticipates no problem, while another Vet, same surgery, would be unhappy and would expect a risk. There is always a level of risk, so what level of risk is reasonable?? So in that situation the Vet board are going to be dealing with is a situation where lawyers and Specialist Veterinary surgeon will be called in on both sides to argue what risk is reasonably anticipated to justify their lack of provision of after care for a surgery they have accepted payment for.

In my view and for the public, veterinary clientele, should they expect that there is an after hours service from that Vet that performs that surgery, or other procedure, in the days immediately following.

There is a cost to providing afterhours care for patients and if some Vets don't provide care then there operations are cheaper.

Another scenario might be a vet from the mainland comes to Tasmania to perform surgery then flies home, thinking or just hoping that the case is not under their 'continuing care'

Also bear in mind that out side of Hobart there is no after hours centre that these unfortunate clients can be referred too. It is just left to the unfortunate Vets that do provide after hours care to deal with these situations that do arise.

Dr Malcolm Waterston

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22nd November 2022

Dear Board,

Thank you for taking the time to review the veterinary service standards, I am generally very pleased with the draft.

My only issue with the draft lies with Standard 14, the section under “Putting the VOA relationship into effect for remote prescribing” which states:

“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.”

After spending the last 5 years working across several different small animal practices in the state, both as a permanent staff member and as a locum, I can tell you that many practices have spent a lot of time training clients to expect 6 monthly revisits. The previous guidelines suggested that 6 monthly visits satisfied the VOA for prescribing of long-term medication and every small animal practice I have worked at has strived to implement this – often bearing the brunt of client abuse. I feel it will make it more difficult for staff to justify to clients 6 monthly revisits, to the detriment of staff mental health.

I feel this change, regarding companion animal practice only, is counterproductive. Both for the above reasons, and from a medical perspective – an animal on a long-term medication has a chronic health issue, and is often geriatric - this warrants frequent follow-up. I do not think it is enough to say it is up to the individual veterinarian if they wish to see an animal sooner.

Kind regards,

Dr Sinead Phillips BSc DVM

13/12/2022

Dear Veterinary Board of Tasmania

I am writing to express my strong support for the new proposed Veterinary Standards. Having read them carefully and in their entirety, I believe them to be well thought-out. We live and work in a difficult profession where ongoing shortages of vets and veterinary nurses are putting huge pressure on veterinary businesses and their stakeholders. I firmly believe that the proposed changes will promote both the welfare of veterinary staff and that of their patients.

I am a vet based in Launceston. Within the city there has been vocal opposition to your proposal; specifically regarding after-hours requirements. Over the last 12 months I have (voluntarily and for other various reasons) undertaken a lion-share of the after-hours workload and I believe that I am well-placed to make some further comments.

Stress and burn-out are common in the veterinary workforce, myself included. These serious illnesses lead to the need to take time off to recover and / or a reduction in weekly working hours. The overall impact is a net reduction in the number of workforce hours which further contributes to the nationwide veterinary shortage. Who will care for animals when there are no vets left? After-hours work is recognised as a significant contributing factor to stress for vets working in clinical practice and as little as one extra working hour per week can increase suicidal thoughts by nearly 2%¹. Removal of the mandatory requirement to work after-hours, in the new Standards, will act as a positive incentive to clinicians who want to remain in the profession but who would otherwise be forced to quit because of personal health concerns. It will also facilitate recruitment².

An emergency clinic generally needs to be supported by 20 full-time equivalent daytime vets to be a viable business. If the proposed changes do result in a reduction in the number of clinics offering after-hours services, this will act as a positive market force for the creation of a dedicated 24-hour clinic in Northern Tasmania. The current on-call system of work means that hospitalised patients are left unsupervised for long periods. How is pain controlled with a constant rate infusion if the drip becomes blocked? How do you ensure a seizure-free treatment period for patients with status epilepticus? How do you monitor patients with dyspnoea? How can the best care be provided if the duty vet is ill but still forced to work? None of us aspire to achieve poor outcomes and the on-call system is broken. True 24-hour care is a scenario which benefits everyone, and we should be doing everything we can to encourage its permanent creation.

The threat that Northern Tasmania could be left with no vets at all after-hours has been made to stir public outcry. The introduction of telemedicine will make this a fallacy but nevertheless any owner can imagine ways their individual pet *could* suffer, and I suspect the Board will receive numerous emotional letters of discontent about the proposal from owners worried about hypothetical scenarios. A small number of scenarios could be realised, and individual animals could suffer. It goes without saying that no one wants this to happen. However, if the ultimate outcome is a full 24 hour service this will benefit the much larger number of pets who currently receive suboptimal care via the traditional on-call system.

Pet owners are poor judges of animal welfare, with less than 30% of after-hours call outs being genuine clinical emergencies³. They are largely unaware – even disbelieving - of the tiring working hours and pressures faced by veterinary personnel and are unknowing of the limitations an on-call system imposes. They are driven by convenience; often declining to drive further for treatment even when it is clinically indicated for the animal. I urge you, as our veterinary leaders, not to allow unwitting public opinion or client amenity to take precedence over the welfare of our profession and the patients that we care for.

Yours faithfully

Dr Stephanie Tickle MA VetMB Cert AVP PGCert VPS

1. Bartram DJ et al (2009). Psychosocial working conditions and work-related stressors among UK veterinary surgeons, *Occup Med* 59(5): 334-341
2. SPVS (Society of Practising Veterinary Surgeons). 'Recruitment Survey 2017'. Available at www.spvs.org.uk/spvs-survey. Accessed 8th December 2022.
3. Vet Times. 'Vets and VNs say most OOH calls not emergencies'. Sept 2021. Available at www.vettimes.co.uk/news/vets-and-vns-say-most-oooh-calls-not-emergencies. Accessed 8th December 2022.

Public Consultation: Review of VSS

I think the proposed change to not have to provide after-hours is a good change. There are many single vet clinics that cannot find help or afford more vets and they must be on-call 24/7/365, This is untenable and a work health and safety risk, no-one can or should be made to do this. I feel like this is when mistakes are made, and the vet gets into trouble regardless.

Other states already have this change in place.

Thank you



<vetstandards22@gmail.com>

Public Consultation: Review of VSS

To: vetstandards22@gmail.com

7 December 2022 at 07:10

To whom it may concern,

I implore you not to change after hours care available in Tasmania at Vet Clinics

I am in the north of the state, we have needed to use the after hours service at our vet several times. Without this service our dog would have died, it is as simple as that.

Our Vet Clinic is the "Animal Medical Centre" in Launceston has a wonderful team of Vets and nurses who know our dog and understand his health issues. Our dog is old and if we had to travel to seek medical assistance, I fear the outcome.

Surely common sense must prevail in situations like this, grown adults who run/ manage their own Vet Practice should be able to decide what service they can offer!!!

We have a wonderful Vet service with staff willing to offer after hours care for emergencies. We all know that animals don't get sick according to a clock...they get sick like children, usually at night or on weekends.

It would not be acceptable to change the service we already have, especially when the staff at our Vet clinic are willing to work after hours and share the load between staff..

Please listen to the people who pay the bills

Andrea Wall



[REDACTED] <vetstandards22@gmail.com>

Public Consultation: Review of VSS

[REDACTED]

7 December 2022 at 12:45

To: vetstandards22@gmail.com

Hello,

I would like to comment.

There needs to be an after hours vet service for emergencies.

I have used this on multiple occasions one where my dog had to be put to sleep due to a trauma that would of been cruel to both myself and my dog to wait until the morning.

I have also had a case of potential baiting after-hours that is also an emergency.

This service should not be stopped and should be available it is cruel to animals if it does not continue.

Also the call centre for after hours is also very stressful as a owner and does not get urgent advice.

Thankyou

Danielle newton



<vetstandards22@gmail.com>

Proposed changes to after hours care

To: vetstandards22@gmail.com

4 December 2022 at 18:19

Hi
I have just seen an article of great concern.
The proposed changes to make after hours vet care not compulsory could come at a huge cost.
How many animals would suffer waiting all night for a vet to open in the morning.
Animals can't go to the local hospital.
I myself had had to take my dogs in the middle of the night - one that had been poisoned and one with pain from end stage cancer.
Please re consider the proposed changes and don't let animals suffer
Regards
Elisha

[Sent from Yahoo Mail for iPhone](#)



[REDACTED] <vetstandards22@gmail.com>

After Hours Vet Care

[REDACTED]
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

4 December 2022 at 18:56

Hello,

Just a quick message to share my concerns regarding the potential change to after hours vet care. As a pet owner in the Launceston area who has required after hours care in the last I would be very concerned if vet practises were not required to provide an out of hours care option. I believe that if this was not a requirement, those centres like the Animal Medical Centre would be under unreasonable stress. I believe this should be a basic requirement for vets.

Thank you,

Eerin Hardman



<vetstandards22@gmail.com>

After hours mandatory

14 December 2022 at 11:11

To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

Good morning,

I work in reception at a Veterinary hospital in Launceston.

I wish to express my concern at the potential of after hours not being mandatory for clinics in Tasmania. As it stands our vets, nurses and support staff are already working in excess to provide care for our existing clients, with inbound calls daily from other clinic's clients seeking help. Just today I received a call from a client seeking to get a routine surgery done but their regular clinic has apparently closed until the 9th of January, leaving this client with no veterinary care option for roughly 5 weeks, unless another clinic takes this on. If this client has a medical emergency what are they supposed to do? What are all of those clients supposed to do? Clinics need to have an after hours plan in place to offer their clients.

Poor mental health is obviously an issue within our profession. Leaving the after hours calls to only a select few clinics only increases stress to the employees in these clinics.

With the only after hour emergency clinic hours away from the north of the state, it is not sustainable to have clinics able to not offer these services.

Please consider the added stressors that this change would have on all of us and keep after hours options mandatory. As it is, some clinics up this way seem not to offer it and we have more on our plate because of this.

Warm Regards,
Emily Maloney



vetstandards22@gmail.com>

After hours vet services.

To: vetstandards22@gmail.com

10 December 2022 at 21:12

Hello.

I am writing to oppose the proposed changes to emergency vet care in Tasmania.

We need all vets to offer a 24 hour emergency service, this should not fall on only those vets to choose to offer this service as the pressure that may put on those practices could be catastrophic for a pet owner, an animal in need & the health of the vet staff.

We live 30 mins outside of Launceston & it is imperative we have after hour's emergency vet care that we can access for our dogs. Our only option would be to drive 2.5 hours to the 24/7 animal hospital in Hobart which in most cases would not be a viable option for any animal health emergency.

It's stressful enough to have to rush to an emergency vet let alone not have one to rush to if that service is not essential.

Thank you for your consideration.

Regards,
Erin Lovell Verinder

Sent from my iPhone



[REDACTED] <vetstandards22@gmail.com>

Submission AH vet services

[REDACTED]

4 December 2022 at 18:50

To: vetstandards22@gmail.com

I strongly urge the decision to stop AH vet access be overturned.

Don't do it

We love our pets

We want vet access

Heather Davis

[REDACTED]

Sent from my iPhone

Fwd: After hours vet care

Vet Board Tasmania <vetboardtas@gmail.com>
To: vetstandards22@gmail.com

10 December 2022 at 08:48

----- Forwarded message -----

From: [REDACTED]
Date: Saturday, 10 December 2022
Subject: After hours vet care
To: vetboardtas@gmail.com

To whom it may concern.

It is with great anxiety that I read what could face devoted pet owners in the future. Being devoted pet owners, we have had to access after hours care for our pets and no doubt, without that access we would have lost our much loved pet. It should not even be considered an option to remove that sort of care from a community. I appreciate we have vet services and staff that work long hard hours. We are fortunate that our local vet shares the after hours/emergency service with another vet practice in our town to help ease the burden on staff.

I can't believe that the care and welfare of precious pets should be risked or compromised.

Please support us.

Sincerely Jan Dearing.

Sent from my Galaxy

[REDACTED]



[REDACTED] <vetstandards22@gmail.com>

Changes to the guidelines surrounding afterhour veterinary care

[REDACTED]
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

7 December 2022 at 09:47

To whom it may concern,

I'm the current practice manager of the Launceston Veterinary Clinic.

I have seen first hand how after hours work directly affects my team. I have lost vets due to the toll it takes on not only their mental health but also their overall well-being.

It's caused us to now be in a position where we are not able to take on new clients as we compensate our on call vets with a later start during the day following their night on call. This results in fewer vets in hours to treat day to day patients.

We then have the added burden of clinics in Launceston who turn away emergencies and do not offer any after-hours service for their clients. Time and time again we have clients of these clinics phone us or simply arrive on our doorstep with true life or death emergencies that we cannot, by law, turn away and must treat.

My fear is if after-hours becomes optional, this will cause a huge load of stress to the vets who are already struggling with the burden of after-hours work, to the point where we loose them.

I believe the AVA needs to act now to ensure all clinics have a plan in place for their clients after hours and that their clients are aware of this. Or they need to build an emergency clinic in the north of the state, like they have in the south, to remove the burden all together.

Kind regards,
Jess Partridge
[REDACTED]



Amelia Jones <vetstandards22@gmail.com>

After hours

Luke Swan <htswan31@gmail.com>
To: vetstandards22@gmail.com

4 December 2022 at 18:51

To whom this may concern.

My name is Luke Swan I have a staffy cross that grew up with a few incidents that made us go to after hour vets that saved my dogs life. By taking away the after hours agreement you are effectively killing animals that are in need of emergency vets within Launceston. If this must go through what about having a animal hospital built in Launceston that is manned by vets from all practices within Launceston and the same for each area this also creates jobs for new vet students and vets that don't have work aswell as saving animals. Two vet clinics within Launceston have already joined together for after hours help they are Animal medical centre Launceston and Launceston vet clinic. I really hope that the Vet standards board thinks about the consequences of there actions because at the end of the day vets are here to help animals at any time.

Kind regards
Luke Swan.



[REDACTED] <vetstandards22@gmail.com>

Do not change after hours service requirements

[REDACTED]
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

4 December 2022 at 18:47

To whom it may concern

Do not change the after hours service requirement.

This will reduce after hours services and put pressure on clinics that do provide after hours services, especially in small rural and remote areas and country towns.

Which will then contribute to further burnout on staff

Instead, encourage clinics to work together to share an on all roster when they are unable to provide an after hours service around the clock.

Madeleine Dunn

Fwd: After hours

Vet Board Tasmania <vetboardtas@gmail.com>
To: vetstandards22@gmail.com

16 December 2022 at 08:26

----- Forwarded message -----

From: **Nadia Butler** [REDACTED]

Date: Thursday, 15 December 2022

Subject: After hours

To: vetboardtas@gmail.com

To whom it concerns,

I'm writing to express my concerns regarding your proposal to forfeit the requirement of after hours/system in place for current clinics to provide to their clients.

I understand that this motion was brought on due to the mental health toll it takes on our vets and nurses and wanting to protect our vets from burnout and fatigue.

However, if the clinics of Launceston are no longer required to provide an after hours service for their clients, this will then proceed to overload the few clinics that do the right thing and provide this service. The few clinics that proceed to see after hours will be expected to take on other clinics clients and from there it will cause the few clinics left to experience work overload, burnout, fatigue and be more detrimental to our mental healths.

This will cause more clinics to close their doors to after-hours and weekend work resulting in the only option for clients and patients of Launceston will be to travel to Hobart. This will cause loss of life and patient suffering.

I urge you to reconsider your proposal to disregard the requirement of after-hour services for all clinics.

Thank you for your time and consideration.

Nadia

Sent from my iPhone

[Sent from Yahoo Mail for iPhone](#)

--
[REDACTED]



Amelia Jones <vetstandards22@gmail.com>

After Hours

Harding, Natalie L [REDACTED]
To: "vetstandards22@gmail.com" <vetstandards22@gmail.com>

5 December 2022 at 18:02

I am writing to express my concern that all vet clinics may not be required to open after hours. As a former vet nurse I have been called into some critical emergencies after hours and it is worrisome indeed if these services were recommended to close over night. This is due to lack of services to our animal friends but also the enormous amount of pressure this would put on the existing practices. Please consider making it compulsory for all vet practices to offer after hours services.

Many thanks
Natalie Harding

Sent from my iPhone

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re submission on review on afterhours veterinary services

[REDACTED]
To: vetstandards22@gmail.com

5 December 2022 at 14:16

The Registrar
Veterinary Board of Tasmania

Dear Sir/Madam,

It is with great concern that I read a proposal to alter the requirement for veterinary practices to provide access to after hours emergency services. I have had recent and very personal experience of the importance of there being an emergency service available after hours here in Launceston as my dog experienced a cluster seizure from which she did not wake and finally required euthanasia. The impact of not having access to a local service would have been incredible in our circumstance. Having to drive over 2 hours to a vet in Hobart would have increased her suffering beyond what any animal should have to bear and would have had significant flow on effects to our mental health after suffering such a traumatic end and the loss of a beloved family member.

I have the deepest sympathy for all vet clinics with regards to the ongoing effects of lack of qualified staff, ongoing increases in the cost of delivering services and increasing expectation of the public and the impact that this has on mental health. However I feel that removing the requirement of all vets to have an afterhours service available will greatly increase the load on the remaining few who do and exponentially add to the burden both psychological and physical, that already exists. It is short sighted in the extreme to assume that the majority who can will - I fully expect that the rights of animals will be minimised by some in the desire to maximise profit and attract staff to practices by offering better schedules and daytime hours. The current requirements have ensured that small practices and solo operators resource share with larger clinics to provide a service that is more sustainable for all. I am very concerned that the incentive to do this will be removed and over a relatively short time services will be reduced and potentially eliminated in all but the largest catchment areas - eg Hobart.

Thank you for your consideration of this submission. Unfortunately I only became aware of this review today and have not been able to spend the required time to produce a detailed, documented and supported review of the proposed changes. I appreciate that "anecdotal" submissions are of limited value to the Board but hope that those concerns will still be considered.

With kind regards,
Rosemary Jones

[REDACTED]



[REDACTED] <vetstandards22@gmail.com>

After hours services

[REDACTED]

6 December 2022 at 04:28

To: vetstandards22@gmail.com

We hear that you are considering not making vet surgeries have after hour's emergency care - please please please do not do this! Just look at our public health system that has little to no after hours care available and hence everyone goes to ER! Let alone the added impact to those lovely vets who do keep doing it - the work load would be horrendous with inevitable turning away of patients in need. This will impact them greatly both professionally and personally and even more mental health pressure will be placed onto those that do continue.

PLEASE, they need to share the load.

Do not publish my personal information.

Kind regards

[REDACTED]

Sent from my iPhone



Amelia Jones <vetstandards22@gmail.com>

Fwd: After hours

Vet Board Tasmania <vetboardtas@gmail.com>
To: vetstandards22@gmail.com

7 December 2022 at 13:38

----- Forwarded message -----

From: **Tamalane Leigh Petersen** [REDACTED]
Date: Wednesday, 7 December 2022
Subject: After hours
To: vetboardtas@gmail.com

The local dairy, sheep and cattle farmers as well as all the other animal owners in the North East Tasmania require all hours veterinary care.

It is impractical and would potentially contribute unnecessary harm to rural animals as well as any suffering out of hours.

With less practice's participating in after hours consultations it would apply undue and unreasonable pressure on those clinics that do choose to remain open.

