

# VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

## ACCREDITATION OF VETERINARY HOSPITALS

### Introduction

Under the Veterinary Practice Act 2003, all veterinary hospitals must be accredited. In SA, accreditation is granted by the Veterinary Surgeons Board of SA (VSBSA) or the Australian Small Animal Veterinary Association (ASAVA). The purpose of this document is to provide the profession with a clearer understanding about the accreditation of veterinary hospitals by the VSBSA. It covers the following matters:

1. legislative requirements
2. what is a veterinary hospital
3. the process of accreditation
4. fees for hospital accreditation
5. changes to the process for accrediting hospitals
6. dispute resolution process

ASAVA accreditation is also available for veterinary hospitals. You should contact the ASAVA if you wish to apply for accreditation under their auspices. Hospitals with ASAVA accreditation are also listed in South Australia as veterinary hospitals, but are not required to undergo VSBSA accreditation.

The Veterinary Surgeons Board of SA encourages the development of veterinary hospitals in South Australia. Veterinary hospitals should provide a high standard of service, with extended hours of service and quality care to patients, consistent with the *Standards for Veterinary Hospitals*. The Board recognises that hospital accreditation may also offer commercial gain to individuals/organisations, and that this may encourage owners of veterinary practices to invest resources in order to upgrade to hospital status.

There is a public expectation that veterinary hospitals will offer a higher standard of service than that which is offered by other veterinary practices. The Board has both a public interest role, and a role in ensuring high standards in the veterinary profession. This requires it to make certain that veterinary hospitals attain and maintain higher standards than other veterinary clinics. Because of this higher standard of care and service, there is an expectation on the part of the Board that fewer complaints will be received against veterinary surgeons practicing in veterinary hospitals.

### 1. Legislative requirements

- 1.1 The Veterinary Practice Act 2003 includes provisions relating to veterinary hospitals. These provisions include that the Board
  - can accredit veterinary hospitals for a period of three years (S.52)
  - can determine standards for veterinary hospitals (S.53)
  - can suspend or cancel hospital accreditation (S.53)
  - is required to keep a record of veterinary hospitals accredited by the Board, and make the record available to the public (S.53)

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- is informed of any change of ownership within 3 months of change in the ownership of a veterinary hospital (S.54).
- S.56 of the Act enables the Board to appoint inspectors for the purpose of accrediting hospitals

## 2. What is a veterinary hospital

- 2.1 A Veterinary Hospital means any premises accredited by the Board as providing the required standard of veterinary examination, diagnostic, prophylactic, medical, surgical, and nursing services, where an extended and superior range of services for animals under treatment is provided.
- 2.2 Veterinary hospitals provide extended care for medical and surgical cases. A registered veterinary surgeon must be on the premises during advertised consultation hours and rostered on duty during all advertised open hours.
- 2.3 Veterinary hospitals provide, where necessary, housing and nursing care on a 24 hour per day basis for medical and surgical cases. Where continuous nursing care is unavailable after hours, the hospital must be able to refer the client to a facility that provides continuous nursing care. Further, clients must be advised in writing if no one is on the hospital premises overnight to monitor animals in care.
- 2.4 The Board encourages veterinary premises seeking to become accredited as a veterinary hospital. Accreditation indicates that the practice wishes to provide a higher level of both service to the public, and quality of care to animals. This in turn can contribute to raising the standard of veterinary practice in South Australia.

## 3. Procedure for accreditation

### 3.1 Standards

To gain accreditation as a hospital, premises must meet the *Standards for Veterinary Hospitals*. The Standards have been endorsed under the Veterinary Practice Act 2003, and are attached. The Standards were reviewed in 2007, and identify requirements in a range of areas, including

1. Level of Care
2. General building
3. Reception and Waiting area
4. Records and Consent forms
5. Office and Library
6. Examination and Consultation area
7. Pharmacy
8. Laboratory
9. Radiology
10. Surgical
11. Staffing
12. Patient Accommodation

The Standards will next be reviewed in 2010.

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## 3.2 *Application*

- 3.2.1 An application form should be completed if you wish to apply for accreditation for a new veterinary hospital. The application form is available from the office of the Registrar.
- 3.2.2 It is recommended that applications for new veterinary hospitals are received 3 months before the anticipated opening date for the premises. This will give sufficient time to arrange a mutually convenient date for the inspection of the premises, when completed.
- 3.2.3 Current veterinary hospitals are not required to complete an application form for continued accreditation.
- 3.2.4 New owners of accredited hospitals need to complete the application form if intending to continue accreditation. The application must be sent to the Registrar within 3 months of the change of ownership.
- 3.2.5 Accreditation is granted by the Board after a full inspection by the Hospital Inspector and the Board considers the report and approves the facility.

## 3.3 *Approval*

- 3.3.1 Accreditation is granted by the Board after a full inspection of the completed premises has been arranged. A Hospital Inspector appointed by the Board will undertake the inspection, and provide a report to the Board. The report may recommend conditions that are required to be undertaken. The Board will approve accreditation for the premise as a veterinary hospital **only when all conditions required by the Board have been met**. This may require a further inspection of the premises by a person approved by the Board (i.e. Inspector or other person). If a further inspection is not required, Hospitals may be asked to provide evidence (e.g. photographs, documentation etc) to support claims that all outstanding conditions have been met, before accreditation is granted.
- 3.3.2 In the past, **provisional approval** has been given by the Registrar. This has been the case where plans (building layout and construction) for the facility have been provided prior to the commencement of building work. Provisional approval has enabled applicants to organize signage and stationery so that it is ready when the facility is open to clients.

**Provisional approval will not be granted in future.** Past experience is that plans may change from the time provisional approval is given to the final inspection for accreditation, and this can have the effect of potentially compromising the integrity of the hospital inspection process for that facility. The overall effect may be that other hospitals accredited by the Board are disadvantaged by any inconsistency in the application of standards for hospital premises.

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3.3.3 Nevertheless, if you are considering upgrading to, or building, a veterinary hospital, you can provide detailed plans of the building (i.e. its construction detail, required work and layout of the premises). An appraisal can be made which may assist you in determining your future building plans. The appraisal will provide advice as to whether the plans are generally consistent with the physical standards for veterinary hospitals (i.e. floor plan, building materials etc). The appraisal is offered as a service, and should not be taken as approval to proceed.

## 3.4 *Signage, advertising etc*

Any signage, stationery and other ancillary requirements (e.g. advertisements including Yellow Pages) should not be used until the hospital has gained accreditation from the Board. In regard to advertisements in the Yellow Pages, the Board recognises that the printed version of the Yellow Pages is distributed once a year and entries are required to be confirmed some months beforehand. If hospital accreditation has not been approved, the entry should not be confirmed. An entry in the electronic version of the Yellow Pages can however be inserted relatively quickly once accreditation has been approved.

## 3.5 *Re-inspection*

3.5.1 Once accredited, hospitals must be re-inspected every three years to maintain accreditation. A Hospital Inspector appointed by the Board will undertake the inspection, and provide a report to the Board. Often, the Board will approve continued accreditation on the basis that certain conditions are met. It is the responsibility of the owner of the hospital to ensure the conditions are satisfied, within the specified time.

3.5.2 The Board may appoint an inspector or delegate responsibility to another person to assess whether the conditions have been met after the specified time has elapsed. A hospital which requires a subsequent inspection by a hospital inspector to ensure all conditions have been met will be charged for the inspection on a full cost-recovery basis. Alternatively, evidence such as photographs may be required.

3.5.3 In the event the conditions have not been met within the required time limits, the Board may suspend or cancel hospital accreditation forthwith. In order to regain hospital status, a full inspection will be required.

## 4. **Fees for hospital accreditation**

4.1 The Board has set the following fees for hospital accreditation:

### *Initial listing as a Hospital*

- |   |  |
|---|--|
| • Application                             | No fee                                     |
| • Full Inspection fee                     | \$682.00 (includes GST)                    |
| • Subsequent Inspection fee (if required) | Determined by Board on cost recovery basis |

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## 4.2 Re-accreditation every three years

- Inspection fee \$517.00 (includes GST)
- Subsequent Inspection fee (if required) Determined by Board on cost recovery basis

4.3 An invoice will be forwarded to the applicant for payment following each inspection. Accreditation will not apply to the facility until such time as all payments have been made.

## 5. Changes to accreditation process for veterinary hospitals

5.1 This document provides information about the new process for accreditation which was approved by the VSBSA in September 2007. The process is grounded in the following two key principles:

1. Raising the standards of veterinary practice in South Australia to ensure the public has confidence in the profession
2. The importance of equity in decision making on hospital accreditation across South Australia – while recognizing that all hospitals are different and there may be differences in settings (e.g. rural; metropolitan)

5.2 Significant changes from past practice for the accreditation of veterinary hospitals include:

5.2.1 The Standards have been reviewed. Major changes focus around the level of care offered by veterinary hospitals, and include

- the requirement that a registered veterinarian is rostered on duty during all advertised opening hours – the veterinarian must be on the premises during advertised consulting hours and available during the remainder of the advertised open hours
- clients must be informed in writing if no one is on the hospital premises overnight to monitor animals in care
- anaesthetic machines and vapourisers must be serviced at least annually
- more attention is given to record keeping
- changes to the Radiology section

5.2.2 Contrary to past practice, provisional approval for hospitals will no longer be given. As described above, this is so that the inspection process for completed hospitals is not compromised. If however, you seek guidance on whether the building plan and layout for your proposed hospital is generally consistent with the Standards, you may submit the plans for appraisal. You should be aware that an appraisal can only be made on full line drawn plans, including information about building materials and floor layout. *The appraisal should not be taken as approval to proceed.* Rather the appraisal offers potential applicants guidance and advice only, and the applicant should make their own decision about

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proceeding with the building and subsequent application for hospital status.

5.2.3 Again, contrary to past practice, accreditation will not be granted to new hospitals until all conditions identified as requiring completion or implementation, have been met. The Hospital Inspector will prepare a report for the Board following the inspection. This report may identify some outstanding matters which need to be completed, changed, or implemented. The Board will consider the recommendations in the Hospital Inspector's report, and either grant approval for Hospital accreditation, or determine the conditions which are outstanding and need to be finalised. The Board will only grant accreditation status for the hospital when all the outstanding matters have been met. The applicant will be advised of the Board's decision, and can discuss the process to ensure these conditions are met with the Registrar. This may involve

- a further hospital inspection by a Hospital Inspector (at cost recovery)
- an inspection by another person approved by the Board
- submission of evidence such as photographs, documentation etc.

5.2.4 In relation to existing hospitals, conditions identified by the Hospital Inspector and agreed to by the Board should be remedied as soon as practicable, and within the time limit specified by the Board. The Board will advise the time in which the changes are required to be made, and the Registrar may discuss these requirements with the owner of the hospital. The onus of responsibility is on the owner of the hospital to satisfy the conditions, and inform the Board of such.

The Board may require

- a further hospital inspection by a Hospital Inspector (at cost recovery)
- an inspection by another person approved by the Board
- submission of evidence such as photographs, documentation etc.

5.2.5 Ownership of veterinary hospitals is now available to non-veterinary surgeons. Under the Veterinary Practice Act 2003, non-veterinary providers of veterinary services become Veterinary Services Providers. This may include persons, corporate entities, trusts etc. Veterinary Services Providers are required to meet the same conditions as other hospital owners. Other sections of the Veterinary Practice Act 2003 apply to Veterinary Services Providers, including the requirement to not direct veterinary surgeons to act unprofessionally.

5.2.6 All owners of veterinary hospitals are required to

1. maintain hospital facilities to the required standard during the interval between inspections
2. meet the conditions required upon re-inspection within the time identified by the Board

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3. advise of change of ownership to the veterinary hospital within 3 months of any such change. An inspection of the Hospital will be arranged within 6 months of any change in ownership.

5.3 Hospital Inspectors are appointed by the Board under section S.56 of the Act. Inspectors currently appointed by the Board are:

- Dr John Hamilton
- Dr Jenny Weston
- Dr Andy Doube

## 6. Dispute resolution process

6.1 In the event that there is a dispute between the Board and a veterinary hospital in relation to the application and/or process of accreditation (including continuing accreditation), the Board will establish a sub-committee to mediate the dispute. The sub-committee will comprise

1 – hospital inspector (other than the inspector involved with the inspection of the facility)

1 – member of the Board

1 – owner of an existing veterinary hospital nominated by the Board  
The Registrar

6.2 The sub-committee will be directed by the Board on the issue/s to be resolved, and provide their recommendation for resolution of the dispute to the Board for final decision.

6.3 The dispute resolution process will only apply for disputes relating to the process of accreditation. Complaints from members of the public involving veterinary hospitals will be considered by the Board under its normal complaint handling procedures.

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