

**VETERINARY SURGEONS BOARD
OF
SOUTH AUSTRALIA**



HANDBOOK

VETERINARY SURGEONS BOARD SA HANDBOOK

INTRODUCTION

The Veterinary Surgeons Board of SA is responsible for the regulation of the veterinary profession in South Australia. The Board reports to the Minister for Agriculture and Fisheries, and ultimately to the South Australian Parliament.

This Handbook has been developed over a period of years to assist the veterinary profession in South Australia. It includes information about a wide range of matters relevant to the profession, including Registration, Professional Conduct, Legislation, and Codes and Standards. It also provides advice about how to avoid complaints from consumers, and issues the profession deals with on a daily basis. These range from practice management matters (e.g. dealing with clients who cannot pay), to clinical practice issues such as controlled substances.

There has recently been a change in legislation in South Australia, with the Veterinary Practice Act 2003 being proclaimed in September 2005. This Act has significant implications for the profession, as it

- Broadens the definition of unprofessional conduct
- Changes Veterinary practice ownership
- Requires declaration of interests in veterinary businesses (products and services)
- Requires hospital inspections every 3 years
- Changes the disciplinary process and gives the Board investigatory powers
- Puts more emphasis on animal welfare

The Act also endorses various Codes and Standards developed by the Board. The Handbook provides copies of these Codes and Standards, and identifies all legislative changes in more detail.

The Handbook has drawn upon the experiences of the profession, and provides advice on a wide range of issues which members of the veterinary profession regularly seek guidance on. It also raises some of the more common issues which are the cause of complaints to the Board, and suggests ways to improve professional practice in order to reduce the possibility of complaints.

The Board urges all practitioners to use this document, and hopes it becomes a useful resource. We also welcome enquiries from veterinarians on any matters of concern, and suggest you contact the office of the Registrar to discuss your enquiry.

For more information, contact:
The Registrar
Veterinary Surgeons Board of SA
Or visit the website:
www.vsbsa.org.au

VSB SA • 185 FULLARTON RD • DULWICH SA 5065
PHONE: 08 8331 9433 • FAX: 08 8364 4688
WEBSITE: www.vsbsa.org.au E-MAIL: admin@vsbsa.org.au

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1 THE ACT

The Veterinary Practice Act 2003 is the principle Act regulating the veterinary profession in South Australia. The key objectives of this Act are to protect animal health, safety and welfare and the public interest by achieving and maintaining high professional standards in veterinary treatment across the profession in South Australia. Professional standards and veterinary treatment include both competence and conduct. This Act was proclaimed in September 2005, and repeals the Veterinary Surgeons Act 1985.

2 THE BOARD

Composition of Board

The Veterinary Surgeons Board is a statutory authority operating under the Veterinary Practice Act 2003.

The Board is composed of 7 people. One is a veterinary surgeon nominated by the Australian Veterinary Association (South Australian Division) and 6 are persons nominated by the Minister. Of these—

- ▶ 1 (the Presiding Member) is a legal practitioner; and
- ▶ 3 are veterinary surgeons of whom at least—
 - (a) 1 will have experience or knowledge relating to animals used for primary production or horses; and
 - (b) 1 will have experience or knowledge relating to other animals; and
- ▶ 2 are persons (not veterinary surgeons) of whom at least 1 will have experience or knowledge relating to animal health, safety and welfare.

Each position also has a deputy. Anyone interested in serving a term on the Board (3 years) either as a member or deputy member should contact the Registrar to register interest.

Functions of the Board

- ▶ to approve courses of education or training that provide qualifications for registration on the general register or the specialist register;
- ▶ to determine the requirements necessary for registration on the general register or the specialist register;
- ▶ to determine the specialties in which a person may be registered on the specialist register;
- ▶ to establish and maintain the registers in accordance with the Act;
- ▶ to prepare or endorse codes of conduct and professional standards for veterinary surgeons;
- ▶ to prepare or endorse guidelines on continuing education for veterinary surgeons;
- ▶ to establish administrative processes (including Tribunal Hearings) for handling complaints received against veterinary surgeons or veterinary services providers;
- ▶ to provide advice to the Minister as may be appropriate;
- ▶ to carry out other functions assigned to the Board by or under this Act, or by the Minister.

NOTE: Current news and policy can be found on the Board's website: www.vsbqa.org.au. Registrants are advised to check this site regularly.



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All correspondence and enquiries should be directed to:

The Registrar
Veterinary Surgeons Board of South Australia
185 Fullarton Rd
Dulwich South Australia 5065

Phone: 61 8 8331 9433 Fax: 61 8 8364 4688 E-mail: admin@vsbsa.org.au

*This edition of the Handbook was produced in March 2006. **Some** of the information contained in the Handbook has been updated at various times since.*

Note that the information was correct at the time of printing.

If in doubt, please check the website or contact the office.

3 REGISTRATION

To provide veterinary treatment in South Australia, a person must be registered as a Veterinary Surgeon or Specialist. Provisions for Registration under the Veterinary Practice Act 2003 include

- ▶ A person must not hold himself or herself out as a veterinary surgeon, specialist or particular class of specialist, or permit another person to do so, unless registered on the appropriate register and, in the case of a particular class of specialist, in the specialty relevant to that class. (*Maximum penalty: \$20 000 or imprisonment for 6 months*).
- ▶ A veterinary surgeon must, within 3 months after changing his or her name or personal or business address, inform the Board in writing of the change. (*Maximum penalty: \$250*).
- ▶ A veterinary surgeon must, in each calendar year before the date fixed for that purpose by the Board (31 Dec) —
 - i. pay to the Board the annual practice fee fixed under this Act; and
 - ii. provide a return, in a form approved by the Board, containing all information specified in the return relating to the provision of veterinary treatment, or the undertaking of any course of continuing veterinary practice education, by the person during the preceding year or to any other matter relevant to the person's registration under this Act.

The Board may, without further notice, remove a person who fails to pay the annual practice fee or furnish the required return *by the due date* (31st December) from the appropriate registers on which the person is registered. Restoration to the Register due to any lapse requires payment of an additional fee. The Register is published in the Government Gazette in March of each year and both a printed copy and electronic copy is available for purchase.

Employers are advised to check with the office the registration of new employees *prior* to their starting work.

DEFINITIONS

Registration as a Veterinary Surgeon in South Australia is available in the following categories:

- **Primary Registration**
Full registration for veterinarians living and working in South Australia.
- **Secondary Registration**
The applicant's principal place of residence and practice is outside SA and the person has Primary registration in another state or territory of Australia.
- **Specialist Registration**
Categories recommended by the Australasian Veterinary Board's Council Inc. and approved by the Board.
- **Limited Registration**
Registration with conditions, for example, for the purpose of gaining experience, teaching or skills, or undertaking research and/or the applicant is undertaking the National Veterinary Examination. It may be for a limited time, such as the Thoroughbred Sales, or to carry out a specific task. Conditions of Limited Registration may include the kind of veterinary treatment that can be provided, or the period during which registration will have effect, and usually involves working under supervision. The Board may include other conditions it considers appropriate.

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Limited Registration also applies to people previously granted a 'Permit' by the Board under the Veterinary Surgeons Act 1985. These registrants can provide specified veterinary treatment, and can only practice within a specified geographic region.

- **Provisional Registration**

Where a person has applied for registration and in the opinion of the Registrar, the Board is likely to grant the application. Registration takes effect from the commencement of Provisional Registration and remains effective until the next available meeting of the Board.

- **Retired or Non-Practising**

A veterinarian may keep their name on the register in this category to receive mail outs, but not practice acts of veterinary treatment for fee or reward nor purchase drugs.

RECENCY OF PRACTICE

A veterinary surgeon who has not provided veterinary treatment for a period of 3 years or more is unable to provide veterinary treatment for fee or reward without first obtaining the approval of the Board. This is a change from the previous Veterinary Surgeons Act 1985. (Maximum penalty: \$20 000).

USE OF THE TITLE MRCVS

As this is not an academic qualification, the use of same by those who have membership could be considered misleading to the public, and is hence discouraged. It is not included on the Register unless gained by examination.

SPECIALIST REGISTRATION

The following training programmes generally meet the standards acceptable for specialist registration (holding of a particular qualification does not in itself constitute eligibility for specialist registration). This list is neither exhaustive nor exclusive.

Veterinary Medicine: Fellow of the Australian College of Veterinary Scientists (FACVSc): small animal, feline, canine, cattle management and diseases, equine, deer management and diseases, porcine management and diseases, caprine management and diseases, ovine management and diseases, avian management and diseases, avian. Diploma of the American College (Dip AC) of Veterinary Internal Medicine: large animal, small animal. Dip AC of Poultry Veterinarians. Dip AC of Laboratory Animal Medicine

Veterinary Surgery: FACVSc: equine, large animal, small animal. Dip AC of Veterinary Surgeons. Dip of the European College of Veterinary Surgeons (ECVS): small animal surgery.

Veterinary Anaesthesia: FACVSc: anaesthesia & critical care. Dip AC of Veterinary Anaesthesiologists.

Veterinary Microbiology: FACVSc: microbiology. Dip AC of Veterinary Microbiologists: bacteriology & mycology, immunology, virology.

Veterinary Nutrition: Dip AC of Veterinary Nutrition.

Veterinary Reproduction: FACVSc: animal reproduction. Dip AC of Veterinary Theriogenologists.

Veterinary Radiology: FACVSc: radiology. Dip AC of Veterinary Radiology.

Veterinary Dermatology: FACVSc: dermatology. Dip AC of Veterinary Dermatology.

Veterinary Ophthalmology: FACVSc: ophthalmology. Dip AC of Veterinary Ophthalmologists. Dip Veterinary Ophthalmology RCVS.

Veterinary Neurology: FACVSc: neurology. Dip AC of Veterinary Internal Medicine: neurology.

Veterinary Cardiology: FACVSc: cardiology. Dip AC of Veterinary Internal Medicine: cardiology.

Veterinary Oncology: FACVSc: oncology. Dip AC of Veterinary Internal Medicine: oncology.

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Zoological Medicine: Dip AC of Veterinary Zoological Medicine.

Veterinary Pharmacology: FACVSc: applied pharmacology. Dip AC of Veterinary Clinical Pharmacology.

Animal Behaviour: FACVSc: animal behaviour. Dip AC of Veterinary Behaviourists.

Veterinary Public Health: FACVSc: veterinary public health and food hygiene.

Veterinary Pathology: FACVSc: anatomic pathology, clinical pathology. Dip AC of Veterinary Pathologists: anatomic pathology, clinical pathology.

Veterinary Dentistry: Dip of the American Veterinary Dental College.

Veterinary Emergency and Critical Care: FACVSc: emergency and critical care.

Veterinary Preventive Medicine: FACVSc: epidemiology. Dip AC of Veterinary Preventive Medicine: epidemiology.

Veterinary Toxicology: Dip AC of Veterinary Toxicology.

Veterinary Parasitology: FACVSc

This list does not preclude other categories, but the application process will be more complex. Applicants who wish to apply for specialist registration should consult the criteria formulated by the Advisory Committee on Registration of Veterinary Specialists (www.avbc.asn.au).

VETERINARY SERVICES PROVIDERS

Veterinary Services Providers are entities or persons (not being veterinary surgeons) who provide veterinary treatment through the instrumentality of a veterinary surgeon. The Board is required to keep a list of all Veterinary Services Providers. This listing includes names of people in authority, and the veterinary surgeon/s providing the treatment for the entity. Each entity is also required to notify the Board within 30 days if any of the information required to be kept changes.

REGISTRATION OF OVERSEAS GRADUATES

Overseas graduates who do not have qualifications automatically approved by the Board (refer Appendix IV) and are wishing to register in Australia, are required to sit and successfully complete the National Veterinary Examination (NVE) conducted by the Australasian Veterinary Boards Council Inc.

Enquiries with regard to assessment of qualifications for the purpose of immigration, and the NVE, should be directed to:

Australasian Veterinary Boards Council Inc.
Level 8, 470 Collins St, Melbourne Victoria 3000
Website: www.avbc.asn.au

The Board will grant Limited Registration to applicants intending to sit the NVE for the purposes of gaining skills (proof of acceptance by AVBC must be provided). Limited Registration will be available to applicants after they have passed the English language and Multiple Choice Questions components of the NVE. The applicant must work under the supervision of a fully registered veterinarian. NVE graduates are also required to be interviewed by the Registrar prior to registration.

4 PROFESSIONAL CONDUCT

Persons registered by the Veterinary Surgeons Board of South Australia are expected to be familiar with and abide by principles in the SA Veterinary Surgeons Board Code of Conduct (refer to Appendix I). The Code will be used in the assessment of allegations of misconduct made against individual veterinarians. Based on the AVA Code, it provides a framework of principles and professional and ethical standards. Non-compliance with any aspect of the Code will be considered unprofessional conduct.

The basic principles are as follows:

- ◆ *The primary concern of the profession is for the welfare of the animals.*
- ◆ *All work performed by veterinarians is to a standard of competence acceptable to their peers.*
- ◆ *Veterinarians, individually, act to promote cohesion within the profession and the trust of the profession by the general public.*
- ◆ *No personal advantage is sought to the detriment of a professional colleague.*

CONTINUING PROFESSIONAL DEVELOPMENT

The Board has a legal obligation to regulate and maintain high standards of practice, and consequently considers that a commitment to continuing education by veterinarians is essential to maintain and enhance their professional skills and knowledge. This will encourage confidence in the profession by the public, and enhance the welfare of animals.

It is expected that all practicing veterinary surgeons will do some form of continuing professional development (CPD) every year. All veterinarians on the practicing register *with Primary Registration*, i.e. private practice, government and other institutions, must maintain a record of activity.

New graduates in their first year of practice, registrants undergoing formal post graduate training in a relevant field and those on the non-practicing register are exempt. Record cards are issued to registrants with renewal of registration (or can be downloaded from the website).

Note that this policy, and the unit system, is subject to minor change as the system evolves in light of standardization with other states.

Monitoring CPD Records

- Records are based on a unit system, and kept like a diary.
- Individuals are expected to maintain their own records.
- The material can be from a broad range of continuing education options, but should be relevant to the practitioner's direction in the pursuit of their branch of veterinary science.
- These records may become subject to audit when the practitioner is subject to inquiry or at the time of renewal of registration.
- Evidence of undertaking a particular form of continuing education can be in any easily readable, stored form: hand written or published lecture notes, CD ROMs, floppy discs, videos, tapes, etc.
- The Board will accept a copy of a printout of the individual's participation in the Australian Veterinary Association CPD scheme in lieu of the Veterinary Surgeons Board record card.

CPD – how much?

The level of participation in continuing veterinary education programmes should be sufficient to maintain the individual's competency in their chosen field of work. If the veterinarian is a

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registered specialist then the continuing veterinary education standards will be commensurate with those required to achieve and maintain contemporary registration in the chosen field.

It is expected that a minimum of **60 units per triennium**, with at least 15 units to be structured activity (courses, seminars etc) should be achievable. The 3-year rule is to allow flexibility to cope with individual situations.

| ACTIVITY | UNIT VALUE | |
|---|------------------------|---------|
| | 60 units per triennium | |
| Structured <i>(minimum 15 units in each triennium)</i> | | |
| University CVE courses | 1 hour | 1 unit |
| Postgraduate courses etc. | 1 hour | 1 unit |
| Conferences, Seminars, etc. | 1 hour | 1 unit |
| Presentation of papers | 1 hour lecture | 4 units |
| Publication of papers* | 1 hour preparation | 4 units |
| Correspondence courses | 1 hour | 1 unit |
| Written assessment tests | 1 test | 1 unit |
| Assessed audio/video tapes/information Technology | 2 hours | 1 unit |
| Unstructured <i>(max 45 units can be accredited in each triennium)</i> | | |
| Reading | 2 hours | 1 unit |
| Non-assessed audio/video tapes or other information Technology | 2 hours | 1 unit |
| * the same material published or given as a public presentation cannot be counted twice | | |

What can you include?

Undertaking CPD is part of good professional practice. It is wide ranging and much broader than just veterinary medicine and surgery. *CPD that is relevant and of benefit to any aspect of a veterinary surgeon's professional life may be appropriate and recordable.* For example, practice management, stress management and communication skills are as important as other forms of CPD that relate more directly to veterinary medicine and surgery. Broadly, any educational material emanating from organizations affiliated with the AVA, recognized universities or TAFEs could be considered, but some may need to prove relevance.

Attention is drawn to the website of the Veterinary Education and Information Network:

<http://www.library.usyd.edu.au/VEIN/databases/>

This provides access to scientific research databases. It is possible through this to set up a current awareness service to automatically receive updates on veterinary research topics via e-mail.

PROFESSIONAL INDEMNITY INSURANCE

Every practising veterinarian must be insured against civil liabilities that might be incurred in the course of providing veterinary treatment (*maximum penalty for non-compliance: \$10 000*) and is required to declare annually details of that insurance.

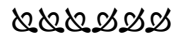
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A claim can be made for exemption if the veterinarian is a state or commonwealth employee or does locum work as an employee of the practice.

Locum work performed under a contractual arrangement (i.e. where the locum submits an account for services to the practice) does not qualify for exemption. Veterinarians should discuss this with your insurance provider.

LEGAL PROCEEDINGS

When a *civil* claim is made against a registered person for alleged negligence in the course of veterinary practice, and there is a court order to pay compensation or *an agreement in settlement of the claim*, the registered person is required to furnish the Board with the details of the claim within 30 days. (*Maximum penalty for non-compliance: \$10 000.*)



5 COMPLAINTS & DISCIPLINARY PROCEDURE

The Board plays a major role in consumer protection and community service, protecting both the profession and the public, by maintaining high standards of competence and conduct. The office of the Registrar handles numerous phone calls from the public, in the form of inquiries and complaints. Where possible, consumers are directed back to the veterinarian for further explanation, or mediation may take place. If these options fail, consumers may put their complaint in writing for investigation.

Procedures for investigating complaints

On receipt of a complaint, the usual procedure is that a letter of acknowledgment goes to the complainant and letters of notification of the complaint to the veterinary surgeon(s) involved, with a copy of the complaint, requesting a written response to the allegations in the complaint. A copy of records relating to the complaint will also be requested. Any other veterinarian involved in any way is also asked to comment in writing and supply any records. *The cooperation of the veterinarians involved and the quality of the records supplied will often have a large bearing on the way in which the matter proceeds.*

Should the nature of the complaint be considered frivolous or vexatious, the Registrar may respond directly. On the other hand, should it appear to be of a very serious nature, the Registrar may refer it directly to the Crown Solicitor for advice or investigation.

In most circumstances, the response from the veterinary surgeon/s will be made available to the complainant. Only new facts or evidence will be sought by the Registrar from the complainant. Following this, unless the complaint has been referred to the Crown Solicitor, it is then passed on to the Board, which considers the complaint and all responses, analyzes the issues and determines what action may be appropriate.

Options at this stage include:

- ◆ To respond directly to the parties concerned – in this case, the Board has made a determination on the complaint and advises both the complainant and the veterinary surgeon/s accordingly
- ◆ To direct the Registrar to have the matter investigated further
- ◆ To direct the Registrar to seek advice on the case from the Crown Solicitor
- ◆ To offer the veterinarian involved use of the Diversion process – this involves acknowledgement by the veterinarian that the complaint has merit

The over-riding object is to prevent a similar complaint arising, so in the majority of cases the Board will make written recommendations to the veterinarian concerned, identifying areas of concern that led to the complaint. The Board may invite the veterinary surgeon to attend a meeting of the Board for an informal discussion aimed at counseling in the areas of concern.

The Registrar will advise the complainant of the outcome and also of his/her right to lay the complaint before a Board hearing if he/she is not satisfied. In this case, a Tribunal may be convened, and the complainant will engage legal representation to pursue their complaint.

Should the complainant remain dissatisfied with the outcome, further options include contacting the Minister or the State Ombudsman, in which case the Board may be asked to disclose the way in which the matter was handled and to justify their process and their findings. Alternatively, if the matter has been the subject of a Tribunal hearing, an appeal may be made to the District Court.

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Use of the Crown Solicitor

If the Registrar considers that the veterinarian may have acted in a manner that could be considered to be negligent or unprofessional, and the complaint is a serious matter, then the case may be sent to the Crown Solicitor's Office for advice and/or investigation, and the complainant notified. If the decision is to proceed with a formal inquiry, the Board will convene a Tribunal hearing. Members of the Tribunal are drawn from the Board or its Deputies, and members will be selected on the basis of not having any prior knowledge of the complaint. There is a legislative requirement to ensure a Tribunal panel includes at least one veterinarian, along with the Presiding member (or the Deputy Presiding member), and one other Board or Deputy member.

The Registrar is represented by a Crown Solicitor and the veterinary surgeon is strongly advised to have legal representation. Should the veterinary surgeon be found guilty of contravening the Act, the Tribunal determines a penalty under the guidelines of the Act.

Tribunal Hearing

Tribunal Hearings are convened for serious complaints involving allegations of negligence or unprofessional conduct. It is recommended that veterinary surgeons engage their own legal advice if involved in a complaint before the Tribunal. The Registrar engages the Crown Solicitor's Office to represent the interests of the complainant and Board.

A pre-trial conference will normally be held before the Tribunal hearing. This will involve details on the processes of the Tribunal, and a preliminary assessment of the evidence.

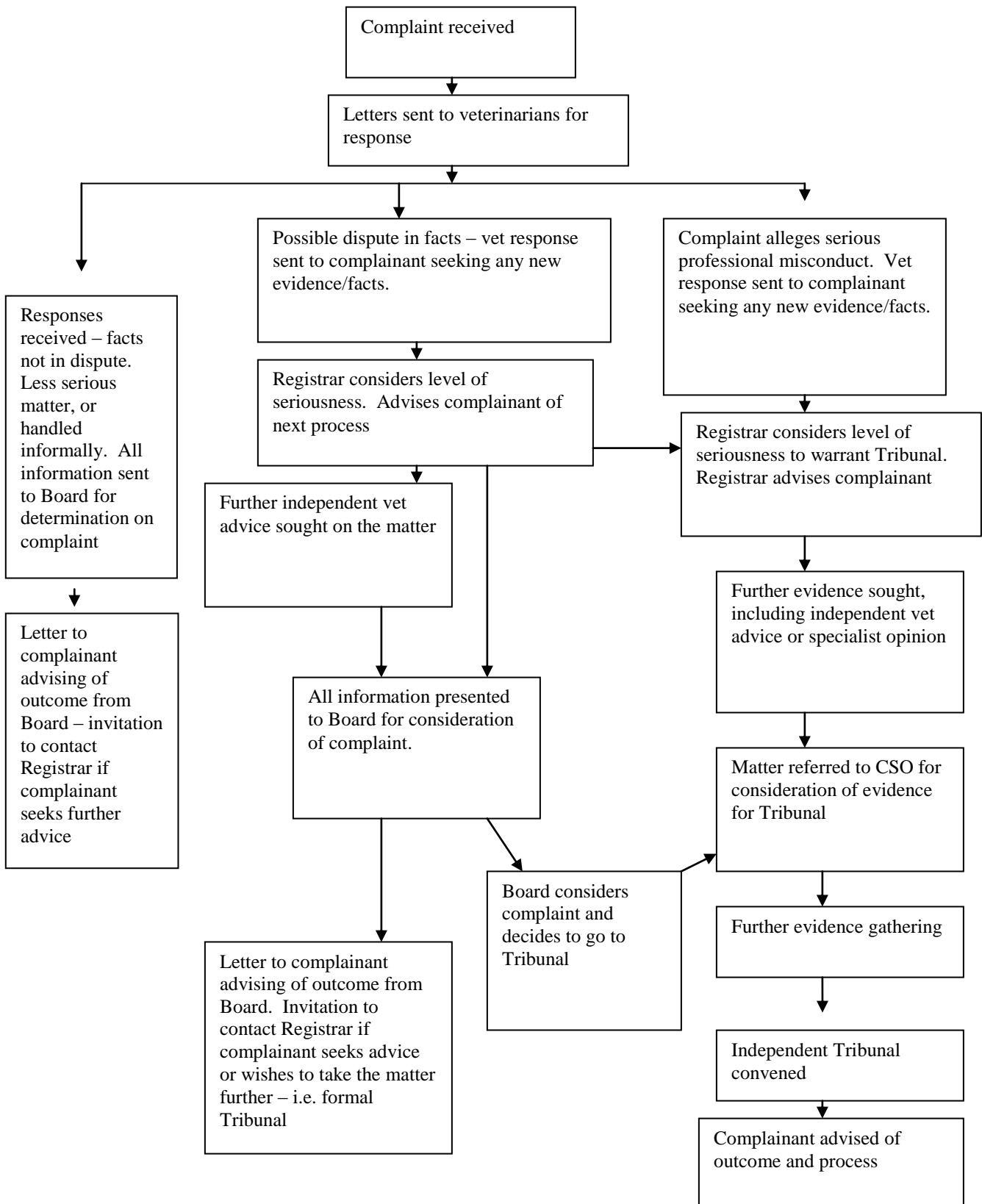
Tribunal hearings are similar to court proceedings. They are usually convened in the District Court, and transcriptions of proceedings are taken.

Following the presentation of all evidence, the Tribunal will consider its determination. This will include its consideration of the complaint and findings, sentencing (if appropriate), and dispersal of costs. In the interests of the public, Tribunal determinations are posted on the Board's website.

Under the Act, it is possible for complainants to request a Tribunal hearing is convened on their complaint if not satisfied with the way the matter was dealt with by the Board. In these instances, the Registrar is not the litigant. The complainant is responsible for bringing the matter to the Tribunal.

The chart on the following page illustrates the complaint process.

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RESPONDING TO A COMPLAINT - advice to the veterinarian

The Board has a statutory obligation to investigate complaints. Receiving a request for a response in no way implies any wrong doing on the part of the veterinary surgeon.

The majority of complaints do not reveal misconduct or negligence. They are largely the result of poor communication. The policy of the Board when investigating complaints is to identify the cause of the problem and to concentrate on prevention of recurrence rather than focus on punishment. Hence, counselling, written or verbal, a technique-specific refresher course, or use of a mentor, will be considered outcomes. Only when the contravention is blatant, or the costs significant, will a monetary penalty be imposed.

Records should always be provided when responding to complaints. These should, in most cases, provide all of the information necessary. The quality of the records and any x-rays will have a significant bearing on the considerations. **Good record keeping is considered by the Board to be a measure of professional conduct (see section below).**

Veterinarians should be aware that your response to the complaint will be sent to the complainant.

This is now required of the Board in handling complaints. Complainants will be asked for any comments on matters of facts, or evidence. If no response is received in two weeks, the matter will be listed for the consideration of the Board.

If you are unsure about how to respond to a complaint, the matter can be discussed in strictest confidence and without prejudice with the Registrar. In some circumstances it may be possible for the Registrar to mediate with the client and veterinarian without the matter proceeding further.

Where complaints are of a more serious nature, you may be advised to obtain legal advice.

Should a veterinarian feel compelled to complain about another member of the profession, this is treated in confidence and names are not released.

DIVERSION: INFORMAL PROCESS FOR THE HANDLING OF COMPLAINTS

Diversion is a process by which a veterinarian who is accused of a wrongdoing can take responsibility for their behaviour without going through the normal court or hearing process. This enables those involved in the matter to reach a solution, while at the same time ensuring that the public retains confidence in the profession. Diversion also is a way to increase the accountability and responsibility of the profession in a self-regulating manner. It is an efficient, cost effective means of reaching an acceptable solution with the least stress to all parties.

1. Purpose

Diversion is a process that provides an alternative to the Board holding an enquiry in relation to a registered veterinarian facing an allegation of unprofessional conduct. Diversion offers the veterinarian the opportunity to accept responsibility for, and agree to reparation of, their actions.

2. Authority

Veterinary Practice Act 2003, Functions of the Board. Clause 13.1.(g): *to establish administrative processes for handling complaints received against veterinary surgeons or veterinary services providers (which may include processes under which the veterinary surgeon or veterinary services provider voluntarily enters into an undertaking).*

3. Eligibility

The Board may apply Diversion where:

- 1) there is evidence to support a hearing by the Board of an accusation of unprofessional conduct;
- 2) the veterinarian acknowledges that they carried out the action or behaviour that is the subject of the allegation, or conduct substantially similar to the action or behaviour that is the subject of the allegation;

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- 3) the veterinarian accepts or does not accept that they have acted unprofessionally but acknowledges some responsibility;
- 4) the veterinarian accepts or does not accept that they are guilty of unprofessional conduct but acknowledges some responsibility; and
- 5) the veterinarian is willing to participate.

Diversion will remain an option for an eligible veterinarian for a period of 28 days from the time that it is first offered to the veterinarian by the Board.

4. Exclusion

Diversion will not apply in the case where:

- 1) The veterinarian refuses to participate;
- 2) The veterinarian has, more than twice in the last three years, been the subject of a Diversion Agreement or been the subject of Diversion processes that have not resulted in an Agreement;
- 3) The veterinarian has, in the last six months, been the subject of a Diversion Agreement and has not carried out the terms of the Agreement;
- 4) The veterinarian has a substantial record of either complaints of a similar nature or of recent complaints; or
- 5) In the opinion of the Board the process is not suited to the veterinarian or the matter of the complaint.
- 6) The veterinarian has not elected to participate in the Diversion within 28 days of the Board having made an offer to the veterinarian for the veterinarian to participate.

5. Diversion agreement

Without limiting possible solutions, Diversion may lead to **an Agreement** under which the veterinarian would carry out, or be subject to, one or more of the following:

- 1) Mediation;
- 2) A personal apology;
- 3) Publication of an apology in a newspaper, newsletter or other publication;
- 4) Payment of part or all of the Board's costs;
- 5) Payment of a financial or other penalty;
- 6) Restitution, reimbursement or compensation in cash or in kind;
- 7) A period of suspension of registration or conditions being applied to registration;
- 8) Making a personal undertaking to the Board about future conduct or practice;
- 9) A period of supervision and/or mentorship;
- 10) One or more or training courses or a program of professional development;
- 11) Referral to a personal development program (life skills, behaviour management) or referral for counselling/treatment (drug/alcohol, health, mental health, social service agency, etc);
- 12) Publication of the details of the Diversion (without identifying the parties) in a paper or newsletter;
- 13) Some other reasonable agreement appropriate in the circumstances.

6. Diversion outcome

Where the Board has agreed that a veterinarian who has been the subject of a Diversion Agreement has carried out the terms of the Agreement, the Board will annul the allegation against the veterinarian and terminate the case.

Where the Board has agreed that a veterinarian who has been the subject of a Diversion Agreement has failed to carry out the terms of the Agreement, the Board may:

- 1) Agree to an extension of time to complete the terms of the Agreement;
- 2) Agree to an amendment of the terms of the Agreement; or
- 3) Cancel the Agreement and the hold an Enquiry.



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HOW TO AVOID COMPLAINTS

The overwhelming majority of complaints arise from a breakdown or lack of communication between the parties: either through misunderstanding, lack of information, a mistaken perception of a lack of caring, or poor skills. Veterinarians need to be ever mindful that often clients are in a distressing situation, with little knowledge of procedures involved. Tactful handling can prevent grief turning into anger. Complaints can often be resolved simply if the client receives a further explanation of services carried out when they have had a chance to calm down.

It is beneficial for practices to hold regular staff meetings to discuss issues regarding client relations. You may wish to use the Veterinary Surgeons Board office to provide advice on how to deal with clients.

Dealing with complaints at practice level

There is a legislative requirement to notify the Board of any civil case arising from veterinary treatment and of any private settlement arrangements. It is recognized that there may be rare occasions where the client's expectations have not been met and the practice agrees to, say, renegotiate the account.

Any type of inducement made to a client which prevents or discourages them from discussing their complaint matter with the office of the Registrar would be seen as unprofessional conduct. Ensure that your insurance company is aware of this fact.

When things go wrong it is often in the best interest of all parties to make use of the office as an independent mediator. This can be done in complete confidence and in such cases it is likely the matter will not go before the Board.

COMMON MATTERS LEADING TO COMPLAINTS

(Refer also to Section 8 of the Handbook: General Guidelines and Policies, as many of these policies have come about as a result of complaints coming before the Board).

Perceived lack of caring

It is the *perception* of the manner in which the veterinarian is dealing with the animal that may lead to a complaint. Complaints regarding insensitivity, particularly surrounding euthanasia, are not uncommon.

Consent for operations

Complaints arise because the outcome of a particular treatment is different from the expectations of the owner. Clients often maintain they were not given a clear understanding of the available options, the cost, prognosis and/or potential complications.

The Board recommends that before undertaking major veterinary procedures, where possible fully discuss *all* the available options for treatment, their associated costs, prognosis and complications, allow the owner to make the decision, and get a consent form signed. (See Appendix III for sample forms).

The client should always be made aware that, even when the optimal method of treatment is used, it is both impossible and unethical to guarantee a full recovery. Ensure that the client is fully aware of any possible complications and further costs that may be associated with their particular choice of treatment, particularly when they choose less than optimal treatment.

If the attendant veterinary surgeon lacks the necessary skills/ equipment to provide the preferred treatment, the owner should be given the option of a referral to another veterinarian who possesses such skills or equipment.

Second opinions

Often a complaint will be made after the client has received a second opinion from another veterinarian. The complaint in these circumstances may be driven by the second veterinarian passing judgement about the way the first veterinarian handled the case. All veterinarians should be mindful of the Code of Professional Conduct (see Appendix I), and treat their colleagues with respect, so that the public can maintain their trust and confidence in the profession.

Inaccurate quoting

Clients should be given an indication of costs prior to work being undertaken. This quote should include an estimate of ongoing expenses arising from the procedure. If it becomes clear during the procedure that the costs will be significantly greater due to unforeseen complications, then every attempt must be made to contact the owner to approve the additional work.

Payment of Accounts

A large number of complaints arise from payment of accounts. People often take their animals to surgeries in emergencies, and do not have the cash on them at the time to cover the expenses incurred. The way in which such situations are handled is a measure of the professionalism and communication skills of the staff of the practice. The VSB office may become involved when the matter is not well handled.

If treatment is restricted by the client's inability to pay then it becomes even more important that options are discussed with the owner at every stage and quotes given, so that the owner can make an informed decision and is clear about the fact that the treatment may be less than optimal.

Often underlying a complaint about payment of accounts is a concern by clients that they have not received appropriate treatment.

Large practices

There is a greater chance for complaint when a client sees a different face on each visit. It is desirable in large practices that no more than two veterinarians take responsibility for communicating with owners when handling complex ongoing cases. Good record keeping is essential in this situation.



6 NEW LEGISLATION: VETERINARY PRACTICE ACT 2003

This has replaced the Veterinary Surgeons Act, 1985 and its Regulations. The Act was proclaimed on 15 September 2005.

The main areas of change include:

- The objects of the act: *'to protect animal health, safety and welfare and the public interest'* has been added
- The composition of the Board: in line with the new emphasis on animal welfare, an additional lay person with interests in this area.
- Three Registers will be kept. These are the Registers of Veterinary Surgeons; Veterinary Specialists; and Veterinary Surgeons and Specialists removed from the respective Register.
- Composition of disciplinary tribunals (from 4 to 3, at least one must be a veterinarian)
- The definition of unprofessional conduct
- Ownership of veterinary practices: now open to non-veterinarians.
- Details of ownership of all practices involving 'Veterinary Services Providers' (non-veterinarians) will be kept
- Details of any prescribed businesses owned by veterinarians with their direct relatives will be kept
- Reference to hospitals: the standards are now endorsed by legislation, and inspection is required every 3 years.
- Recognition of registration requirements by approval of the Board (rather than requiring changes to legislation every time the Australasian Veterinary Boards Council recommends a new institution).
- Recognition of specialisation categories by approval of the Board (rather than requiring changes to legislation every time the Australasian Veterinary Boards Council recommends a new category).
- Changes to the disciplinary process including greater powers of investigation.
- Increased penalties.
- New Code of Conduct and ability of Board to endorse Codes (e.g. Premises, Hospitals, Boarding, Bark Reduction, etc).
- Greater emphasis on Continuing Professional Development (including reference to lapse of practise)
- Right of appeal to the District Court (no longer the Supreme Court).

Unprofessional conduct. The definition now includes—

- ▶ improper or unethical conduct in relation to professional practice; and
- ▶ incompetence or negligence in relation to the provision of veterinary treatment; and
- ▶ a contravention of or failure to comply with—
 - a provision of this Act; or
 - a code of conduct or professional standards prepared or endorsed by the Board
- ▶ conduct that constitutes an offence punishable by imprisonment for 1 year or more under some other Act or law;

Vicarious liability for offences

If a Veterinary Services Provider is guilty of an offence against this Act, each person occupying a position of authority in the entity is guilty of an offence and liable to the same penalty as is prescribed for the principal offence unless it is proved that the person could not, by the exercise of reasonable care, have prevented the commission of the offence by the entity.

Veterinary Hospitals

A person must not hold out a facility as a veterinary hospital or animal hospital or permit another person to do so *unless the facility is accredited as a veterinary hospital by the Board*. Accreditation

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by the Board of a facility as a veterinary hospital remains in force for a period of 3 years and may be renewed for successive 3 year periods.

Changes to the disciplinary process and investigatory powers

Investigations: *Powers of inspectors appointed by the Board (S.56 of the Veterinary Practice Act)*

If there are reasonable grounds for suspecting

- that there is proper cause for disciplinary action against a person; or
- that a veterinary surgeon is medically unfit to provide veterinary treatment; or
- that any other person is guilty of an offence against this Act,

an inspector may investigate the matter.

For the purposes of an investigation, an inspector may—

- a) at any reasonable time, enter and inspect premises of a veterinary surgeon, premises of a facility accredited as a veterinary hospital by the Board or premises on which the inspector reasonably suspects an offence against this Act has been or is being committed; or
- b) with the authority of a warrant issued by a magistrate or in circumstances in which the inspector reasonably believes that immediate action is required, use reasonable force to break into or open any part of, or anything in or on any premises referred to in paragraph (a); or
- c) while on premises entered under paragraph (a) or (b), seize and retain anything found on the premises that the inspector reasonably believes may afford evidence relevant to the matters under investigation; or
- d) require any person who has possession of records or documents relevant to the matters under investigation to produce those records or documents for inspection, including written records that reproduce in a readily understandable form information kept by computer, microfilm or other process; or
- e) inspect any records or documents produced to the inspector and retain them for such reasonable period as the inspector thinks fit, and make copies of the records or documents; or
- f) require any person who is in a position to provide information relevant to the matters under investigation to answer any question put by the inspector in relation to those matters; or
- g) take photographs, films or video or audio recordings; or
- h) if the inspector reasonably suspects that an offence against this Act has been or is being committed, require the suspected offender to state his or her full name and address.

The person in charge of premises at the relevant time must give an inspector such assistance and provide such facilities as are necessary to enable the powers conferred by this section to be exercised.

Veterinary Services Providers

"veterinary services provider" means a person (not being a veterinary surgeon) who provides veterinary treatment through the instrumentality of a veterinary surgeon;

Non-veterinarians are now entitled to own veterinary practices. These entities are deemed to be a 'veterinary services provider'.

A veterinary services provider must provide the Board with prescribed information within 60 days of becoming a veterinary services provider. Forms are available and fees apply.

A veterinary services provider must inform the Board in writing of any change to this information within 30 days. (*Maximum penalty: \$10 000*).

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Improper directions, etc., to veterinary surgeon by veterinary services provider

If a person who provides veterinary treatment through the instrumentality of a veterinary surgeon directs or pressures the veterinary surgeon to act unlawfully, improperly, negligently or unfairly in relation to the provision of veterinary treatment, the person is guilty of an offence (*Maximum penalty: \$20 000*).

Prescribed business

"**prescribed business**" means a business consisting of or involving—

- ▶ the provision of a veterinary service; or
- ▶ the manufacture, sale or supply of a veterinary product;

"**veterinary service**" includes

- ▶ veterinary treatment, veterinary pathology or veterinary pharmaceutical services; or
- ▶ veterinary hospital services; or
- ▶ any other service declared by the regulations to be a veterinary service

The intent of this section of the Act is to avoid conflicts of interests on the part of the veterinarian, and to protect the interests of consumers.

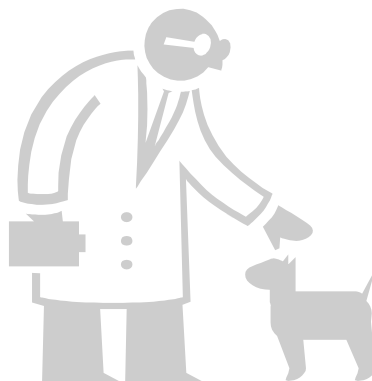
Veterinary surgeons and their relative/s may have an interest in a prescribed business (see above definition of a prescribed business). A relative may be a parent, spouse, putative spouse, child, grandchild, brother or sister of the veterinary surgeon. If so, then the veterinary surgeon must inform the client, in writing, of the interest of the veterinary surgeon or his/her relative in that business, if prescribing or recommending the services, or product, to the client.

The Board has received legal advice on how these requirements can be met by veterinarians. The Board recommends that where a veterinarian or their relative has an interest in a 'prescribed business', that a public notice similar to the following is listed in a prominent place (such as the waiting room), identifying the interest.

"It is a statutory requirement that we inform you that (name of principle, relative, shareholder etc) of this practice has a financial interest in the (service or product name)."

The Board also recommends that each client is provided with a written notice identifying the interest in the 'prescribed business' if the product or service is recommended by the veterinarian.

The Board is required to keep a record of information of veterinary surgeons and their relatives who have an interest in a prescribed business, and make this record of information available for inspection to any person. Veterinarians or their relatives must inform the Board of any change in the nature or extent of their interest in the prescribed business within one month of the change.



7 VETERINARY PRACTICES

PRACTICE NAMES

A registered person must not practise veterinary surgery in a name other than the person's own name.

When choosing a clinic/surgery/hospital name for a business, prospective applicants should contact the Office of Business and Consumer Affairs to ascertain whether the chosen name is available; and contact the Registrar regarding the suitability of the chosen name. It is recommended you contact the Registrar before registering the business name with the Office of Business and Consumer Affairs.

HOSPITAL STATUS

A person must not hold out a facility as a veterinary hospital or animal hospital or permit another person to do so unless the facility is accredited as a veterinary hospital by the Board. (Maximum penalty: \$20 000).

There is a public expectation that a Veterinary Hospital will offer a higher standard of service than that which is offered by a normal veterinary practice. The term 'Veterinary Hospital' will only be approved for premises that satisfy the requirements (refer to Appendix I). Hospital status requires inspection prior to approval, and on-going inspection to maintain status. Accreditation remains in force for a period of 3 years and may be renewed for successive 3-year periods. Fees apply. Hospitals holding current ASAVA accreditation would be deemed to be a hospital under the guidelines.

If the Board is satisfied that the facility does not meet the requirements necessary for accreditation the Board may –

- a) suspend the accreditation of the facility until stipulated conditions are complied with or until further order of the Board; or
- b) cancel the accreditation of the facility.

A person must, within 3 months after becoming the owner or occupier of the facility, inform the Board in writing of that fact.

STANDARDS OF VETERINARY PREMISES

Refer to Appendix I for *minimum* acceptable standards for veterinary premises.

HOURS OF OPERATION – 24 hour service and availability

Practices need to take care not to mislead the public in advertisements. "24 hour service" means that the client has access to a veterinarian at any hour of the day. It is often a source of complaints that a veterinarian is not available on the premises even though it is advertised as a 24 hour practice.

The Board strongly recommends that all practices with a veterinarian on call on a mobile number make use of a 'message bank' or 'voice mail' system on their practice telephone. The message should direct the caller to the mobile number of the veterinary surgeon on call, and also identify the nearest other practice as well, or a practice known to offer a 24 hour service. A recording with just a mobile phone number is not in itself sufficient, as the phone may be out of range at the time of an emergency, leaving a distressed client with no alternative advice.

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MOBILE PRACTICES &/OR HOUSE CALLS

Refer to Appendix I for *minimum* acceptable standards.

If the veterinarian is unavailable to answer the phone, the phone message must offer an alternative emergency contact number. A practitioner intending to establish a House Call Practice must provide the Board with details of standing arrangements with a clinic base for the emergency treatment and hospitalisation of animals.



8 GENERAL GUIDELINES AND POLICIES

GENERAL PRACTICE

ADVERTISING

A veterinary practice may advertise provided the information

- is not false or misleading;
- does not compare the competence of any registered person with that of any other;
- is not vulgar or sensational;
- would not tend to bring the practice of veterinary surgery into disrepute.

REWARD SCHEMES

There are different schemes (Barter card, 'Shop a docket', and others) in existence whereby clients receive 'rewards' at selected veterinary outlets. They raise ethical issues for the profession in that the client does not set up a relationship with the veterinarian, so it is difficult to have a history for the animal. This has been a contributing factor in more than one complaint to the Board. It may be wise to limit the use of these schemes to over the counter sales (not prescription items) to test the value of the particular scheme in increasing through-door custom.

CHIROPRACTORS AND PHYSIOTHERAPISTS

Chiropractors and physiotherapists may only treat animals under the supervision of a veterinarian (the diagnosis of the condition must be made by a veterinarian). If a veterinarian chooses to refer an animal to a Chiropractor or Physiotherapist for treatment, ensure that the person is registered with their appropriate authority. As there are veterinarians with chiropractic qualifications, (and chiropractors with qualifications in animal treatment) it may be more prudent to refer to them.

DEALING WITH ABANDONED OR UNCOLLECTED ANIMALS

In general terms the rights and obligations of veterinarians when confronted with the issue of treating abandoned animals are such that the veterinarian:

- is in all circumstances obligated to provide treatment in emergency situations for the welfare of the animal and must stabilise the animal before negotiating further treatment;
- can refuse to provide further treatment if the owner is unable or unwilling to pay;
- can charge for continued hospitalisation of abandoned/uncollected animals and take action to recover costs and expenses incurred;
- can turn the animal over to the pound after all reasonable attempts have been made to contact the owner (such as a registered letter to last known address).

The Board strongly recommends that all practices write to the owner at their last known address, and advise that if the animal is not collected within (at least) 7 days, the animal becomes the property of the practice. The RSPCA, Animal Welfare etc is unlikely to take an animal unless a written attempt has been made to contact the owner advising they will lose ownership if the animal is not collected within a specified time.

DEALING WITH INJURED ANIMAL, CLIENTS UNABLE TO PAY

If an animal is brought in with serious injury, requiring a procedure for which the owners are unwilling/unable to pay or unable to effectively manage, the options for the veterinarian are:

- To take the animal and destroy it; or
- To offer emergency assistance and pain relief, whilst resolving the next step, which will most likely be:
 - To offer euthanasia;
 - To negotiate payment terms with the client to enable surgery to proceed, (direct debit is recommended); or
- If the owners will not cooperate, or you suspect they will not effectively manage the animal, call in the RSPCA.

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Be aware of your legal obligations:

- *The primary concern of the profession is for the welfare of the animals.*
As the professional you must act in the best interest of the animal, and not assume that the owner will do so.
- *Prevention of Cruelty to Animals Act, 1985. Section 30. Inspector or veterinary surgeon may kill animals in certain circumstances:*
“(1) Subject to this section, where, in the opinion of an inspector or a veterinary surgeon, the condition of an animal is, by reason of age, illness or injury, such that the animal is so weak or disabled, or in such pain, that it should be killed, the inspector or veterinary surgeon may kill the animal.”

HANDLING DIFFICULT ANIMALS

Veterinarians have a duty to appear professional and caring at all times. Firmer than usual handling of animals can sometimes be unavoidable, but should be opted for with great caution. If you suspect the animal is going to be difficult, you may be advised to remove it from the owner and treat it out of sight or at least spell out your actions to the client and explain all options in detail. If the client wishes to be present for a euthanasia it may be prudent to sedate the animal first in another room.

REFERRING ON

It is good business practice – and may prevent a complaint - to be open and honest with clients. If the expertise to deal with an exotic pet does not exist within your practice, it is wise to let the client know, and refer them to another practice. If the client still chooses to have you treat the animal, it is advisable to seek advice from a colleague proficient in that area.

RADIOGRAPHS

X-rays belong to the practice that took them. However, should they be needed for a second opinion, either charge the client for a copy, or send the x-rays on to the next practice (with a request for them to be returned if necessary). It is not ethical, nor in the best interests of the animal, to refuse to allow another veterinarian to view them. Clients should not be charged for x-rays that are not of diagnostic quality, nor should treatment decisions be based upon them.

It is acceptable for x-rays to be scanned to disc or sent electronically as digital photographs, provided the copies are easily readable.

Use Of X-Ray Apparatus

Under the Radiation Protection and Control Act 1982 X-ray units must be registered. Ownership of an unregistered X-ray unit is an offence unless the unit has been sufficiently disabled. Operators of X-ray units must hold a current licence. Veterinarians must be familiar with the “Code of Practice for the Safe Use of Ionizing Radiation in Veterinary Radiology.” Employers must provide radiation workers with a radiation safety manual and an approved personal monitoring device. The Radiation Branch of the Environment Protection Authority audits veterinary practices to ensure that the requirements of legislation are being met. For more information, or forms, visit <http://www.environment.sa.gov.au/epa/radiation.html> .

RECORD KEEPING

It is important to maintain good records. Anything less leaves the veterinarian vulnerable in the event of a complaint. Well-documented, professional and complete records provide a picture of good protocols in place and strongly support the case of the veterinarian. In multi person practices, good record keeping is essential to provide continuity of treatment between veterinarians.

The Board will request that veterinarians provide copies of records when investigating complaints. Records should be able to stand alone in the event of an inquiry and be sufficient to justify the treatment and management of the particular case. Several complaints have come to the attention of the Board recently where better record keeping would have been helpful to both the Board, and the veterinarian. Suggestions for good record keeping are:

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- 'if it's not written down—it's not done' should be your benchmark. The Board assumes procedures are done when they are recorded; and conversely not done when they are not recorded.
- make sure your records are accurate
- record the details of the consultation are recorded at the time of, or immediately following, the consultation
- if you need to add something later on, include the date, time and your initials
- if sending your records to another vet, make sure a complete copy of the record is sent

The Department of Health routinely checks purchases of restricted drugs and may approach a practice to inspect records substantiating an atypical size purchase, or may ask the Registrar to informally approach the practice.

Records must be available at the premises to which they apply for a period of 2 years. When deciding the length of time to hold general records, bear in mind that in a civil proceeding for breach of contract or negligence, an action can be taken out on a practice up to 6 years after the alleged act of negligence. There is no time limit on an Unprofessional Conduct allegation put before the Board, but it would be prejudiced due to the time delay, after say, 2 years. Financial records should be kept for a minimum of 5 years.

OWNERSHIP OF RECORDS

The general principle is that clinical records held by veterinary surgeons on animals are jointly owned by the practice, and the owner of the animal. The exception to this are X-rays (see above), which belong to the practice. If a client requests a copy of records for their animal, the copy should be provided. If a copy of X-rays are requested by the owner, you should advise a copy can be provided at a charge. Alternatively you may choose to provide a copy of the X-ray free of charge.

TRANSFER / RELEASE OF RECORDS & PRIVACY IMPLICATIONS FOR PRACTICES

There is an expectation that practices will cooperate and liaise professionally. Veterinarians have an obligation to provide a summary of relevant clinical history as a minimum when requested by a second veterinarian, in the interests of animal welfare. If a second opinion is sought without the knowledge of the first veterinarian, then the second veterinarian should phone the first and discuss the case. *The interests of the animal must be put first and it is unprofessional to do less.*

The transmission of information from one practice to the other does not, in general, raise any concerns about compliance with the Commonwealth Privacy Act 1988. Small businesses (those with an annual turnover of \$3,000,000 or less) are exempt from the national privacy principles. In addition, privacy is only protected when the information is about a human subject. (Health professionals that offer health services to human patients are bound by the act, irrespective of size). Similarly, transmission of X-rays from one practice to another would not violate any provisions. However, in the spirit of the new laws and to make clients feel comfortable, it is worth considering asking clients to sign a consent form to release their records, even though it is not strictly necessary. This can then be faxed through to the first practice as proof of authority to release records.

REFUSING TO SERVICE A CLIENT

The welfare of the animal is of primary importance. The veterinary surgeon can refuse to service a client, and the Board suggests that you notify the client in writing in this case. However, if any animal is presented in trauma, emergency relief must be provided, or the offer of euthanasia is made. If the client refuses euthanasia and the veterinarian believes that the animal will suffer, the veterinarian is advised to contact the RSPCA.

If the reason for refusal to provide a service is that there is not the expertise to treat a particular species, explain this to the client and suggest an alternative practice.

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UNEXPLAINED DEATHS, POST-MORTEMS, DISPOSAL OF BODIES

The obligations of a veterinarian do not cease when the animal dies. Disposal of an animal's body can be a traumatic time for the owner. It is essential to gain the consent of the owner prior to disposal of the body and options should be discussed. In the case of an unexplained death, always discuss the option of a post mortem with the client.

VETERINARY TELEPHONE SERVICES

The purpose of the phone advice lines is to provide members of the public with easily accessible veterinary advice, at any hour of the day or night. Any such service should give the public the best available information in accordance with legislation. The public relations role of this service can only be beneficial if a high professional standard is maintained.

The Telephone Information Service Standards Council (TISSC) has a Code of Practice for all telephone advice lines. The Board endorses that Code of Practice - subsequently the TISSC Code of Practice must be upheld by the Veterinarians who are Information Providers.

- 190 and 01972 numbers must be answered by a veterinarian at all times. The 13 and 1800 numbers may be answered by the staff of the veterinary practice provided they clearly identify the practice and their position.
- The Veterinary Surgeon answering the phone must identify himself/herself.
- The advertisement of the phone advice line must include the cost of the call per minute and also the hours the service is available.
- If the service is advertised as available 24 hours it must be answered on a 24 hour basis or diverted at no cost or inconvenience to the caller to be answered by a qualified Veterinary Surgeon not a paging service.
- The Veterinary Surgeon answering the phone **must be a registered Veterinary Surgeon in all States in which the service is advertised.**

If the animal needs to be examined by a veterinarian the Information Provider (i.e. Vet answering the call) must have available an accurate up-to-date comprehensive list of all Veterinary Surgeons in any given location and the hours that they are available. A listing of the emergency facilities in the States where the service is advertised is critical to the provision of a caring, accurate information service.

Whilst the 1800 numbers are not covered by the Code of Practice to the same extent as the 1900 numbers, the principles of the Code are fundamental to providing the members of the public with a high standard of service.

SMALL ANIMAL GROOMING

The Animal Welfare Advisory Committee endorses a Code of Conduct for Groomers. Veterinarians should encourage clients to use groomers who operate under this Code.

CLINICAL PRACTICE

ILLICIT SUPPLY/ USE OF ANABOLIC STEROIDS

The Department of Health monitors controlled substances. A problem exists regarding 'leakage' of veterinary anabolics from the animal industries into areas of human use. Increased aggression in persons using these products is well documented and can result in serious injury to other persons. There are also major concerns over the inappropriate use of steroids in racing and performance horses. It is important that practices have in place good methods of record keeping, to be able to substantiate appropriate supply of such drugs. Incorrect supply of anabolic steroids will be deemed to constitute unprofessional conduct. Practices should be aware that the Department of Health has the power to require a practice to furnish records relating to supply of Controlled Substances.

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LAPAROSCOPIC INSEMINATION OF SHEEP

This procedure is highly invasive and may only be performed by registered persons, or persons licensed by the Chief Veterinary Officer, under the provisions of the Livestock Act. A registered veterinarian must directly supervise administration of any S4 drugs involved.

MEDICAL WASTE

Sharps, syringes and other waste generated as the result of treating animals is classified as Medical Waste and therefore must be disposed of in an approved manner. Local Government Authorities and Contractors providing a weekly domestic refuse collection service are not licensed to collect, transport or dispose of Medical Waste. Public health and safety issues arise from the illegal transportation and disposal of medical waste at landfill sites. *Medical Waste must be disposed of using a licensed contractor and using approved containers.* For further information contact your Local Council.

MICROCHIPPING

Microchipping of all species is deemed to be an act of veterinary treatment and therefore can only be carried out by or under the direct supervision of, a registered person. This is because

- ▶ it is an invasive procedure;
- ▶ it requires a knowledge of anatomy, particularly as in some species there is a problem with migration of the chip;
- ▶ it requires professional responsibility and accountability with regard to certification and data entry; and
- ▶ at this stage there is no accreditation process available in South Australia for lay persons, and therefore lay persons would not be accountable should they carry out the procedure poorly.

PAIN MANAGEMENT

Any animal having an invasive procedure performed should be administered an appropriate level of pain relief that is effective for a reasonable amount of time, as part of routine practice. Insufficient pain relief may be considered unprofessional conduct.

PRE-PURCHASE EXAMINATIONS OF HORSES

Australian Equine Veterinary Association Certificates are only to be used by Members of that Association. Pre-purchase examinations of horses can often lead to complaints due to unclear expectations of the purchaser. The veterinarian must make clear to the purchaser the limitations of the type of examination to be carried out.

STERILIZATION TECHNIQUES

As a general guideline, autoclaving is the preferred method of sterilization. Any other method would be considered a compromise, with a far greater margin for error. For invasive surgery, autoclaving is the only acceptable method of sterilization. If any practices are choosing to use other methods, then it is highly recommended that clients be informed via a notice in the surgery.

SUTURE MATERIAL

Use of catgut is often involved in wound breakdown cases. Catgut, in particular Chromic Catgut absorbs water and swells rapidly after placement in the tissues which can lead to rapid loosening and untying of knots. Superior alternatives are available. The Board considers the use of catgut suture material *internally* in midline incisions in any form of continuous suture pattern is no longer appropriate. The Board encourages the use of superior suture materials with better absorption properties, even when interrupted sutures are used.

TAIL DOCKING OF DOGS

Amputation of a dog's tail for cosmetic reasons is considered an unnecessary surgical procedure. It is illegal unless carried out by a registered veterinarian for therapeutic reasons under anaesthetic. If you are presented with a puppy with a recently docked tail and you suspect it was done illegally

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it is suggested that in the first instance, you advise the client that this may well have been done illegally and the person responsible could face severe penalties. Alternatively, pass on the name & address of the person involved to the Registrar, who will advise them of the statutory requirements under the Prevention of Cruelty to Animals Act. If you believe the practice to be continuing, then either notify the Registrar or the RSPCA direct.

USE OF ENDOTRACHEAL TUBES

Increased awareness and care in the use of endotracheal tubes is required following complaints received by the Board regarding the deaths of apparently healthy cats during routine dental procedures.

Requirements for intubation:

- Endo tracheal tubes need to be of the appropriate size such that insertion does not require force.
- The cuff needs to be checked by inflation prior to insertion and care taken not to over inflate.
- Be aware of the variance in the cuffs of different brands of ET tubes (therefore a chart of tubes sizes and volumes may not be appropriate).
- Cuffs should be regularly checked for uneven expansions or aneurysms and discarded. Inflate and deflate the cuff prior to every insertion to ensure that it inflates evenly.
- ET tubes should be regularly checked for damage or roughness.
- Tubes should be removed only once the cuff has been completely deflated.
- Great care should be taken when turning the anaesthetised patient once the tube is in place.
- Be aware of a higher risk in dental procedures, due to the need to turn the patient, the need for full inflation of cuff, and possible presence of inflammatory response.
- Ensure that *all* staff who are likely to be involved in the insertion of tubes (this includes nurses, as this is often their role), are properly trained, are aware of the potential risks, and follow the above protocol each time.

USE OF TISSUE ADHESIVES

Use of the surgical product 'Vetbond' is considered acceptable if used within the guidelines of the manufacturers. It is not intended for use on infected or deep wounds, nor is it intended to replace sutures in every case. To use, or encourage clients to use, a product that is not designed for animal use, such as 'Superglue', as a tissue adhesive on animals is considered unprofessional.

USE OF TRANQUILLIZERS/SEDATIVES

Veterinary surgeons are under continuing pressure to provide S4 drugs such as tranquillizers and sedatives, to third parties. Animal contractors including shearers, equine dentists, breeders are more recent examples where requests have been made. (See the following section on Controlled Substances, and the Code of Practice for S4 drugs for shearing of rams). The Board has determined the following principles for ensuring a professional service at all times:

- Veterinary services involving the provision of drugs can only be provided to bona fide clients – i.e. not third parties
- There is a therapeutic need for the drug
- There is a clinical relationship with the animal/s
- All other requirements under the Controlled Substances Act 1984 have been followed (e.g. recording, labeling, storage etc)
- The client has been informed on how to use the drug properly and safely
- After care can be provided if required

USE OF TRANQUILLIZER GUNS

Veterinarians may be approached by Local Councils with a view to use of tranquillizer guns to sedate stray dogs. The Board is opposed to the use of the guns in this instance as they are designed to be used on large animals, not dogs. They are considered unreliable, difficult to use,

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inaccurate and dangerous, both to the animal and to the humans, especially in inexperienced hands. It is an inappropriate method of catching stray dogs.

USE OF VACCINES AND DIAGNOSTIC AGENTS

Regulations of the *Livestock Act 1997*, prohibit the use of any diagnostic agent and certain vaccines without prior permission of the Chief Inspector of Stock (Chief Veterinary Officer).

➤ **Participation in Bovine T.B. testing**

A separate permit issued by the Chief Inspector of Stock is required to carry out any TB testing in cattle, deer or other species.

➤ **Ovine Brucellosis - free Accreditation Scheme**

Approval to participate in the scheme is required in order to carry out testing in flocks.

For information contact: **The Chief Inspector of Stock, PIRSA, GPO Box 1671, Adelaide SA 5001.**

GENERAL ISSUES

EQUINE DENTISTRY

There have been allegations (recorded over several states) of overuse of power tools by lay equine dentists carrying out work on horses causing problems such as burnt mouths, inability to eat hay, colic, even death. Equine dentists can rasp teeth, but any work involving use of sedatives or analgesia requires the supervision of, or referral from, a veterinarian.

If a veterinarian hands over a Controlled Substance to a client for later unsupervised use it is recommended that a disclaimer be signed, acknowledging the potential of an adverse reaction (refer Appendix III: Sample forms).

Note that routine equine dentistry should be able to be carried out without the need for drugs and at least one equine dental association operates under this premise. Clients could be encouraged to check whether their equine dentist is a member of an association that abides by a similar code.

LINK BETWEEN CHILD & ANIMAL ABUSE

There is ongoing discussion about the link between child & animal abuse and whether there should be mandatory reporting. The matter has not been resolved and is being considered by the Australian Veterinary Association.

PROVISION OF VETERINARY SERVICES ACROSS JURISDICTIONAL BORDERS

While legislation varies between jurisdictions, all states and territories restrict veterinary practice including the possession and supply of drugs and/or the use of veterinary title, to registered veterinary practitioners. **Practitioners providing veterinary services in any state or territory are required to be registered in that state or territory.** Mutual recognition legislation in Australia ensures that once a person is registered as a veterinary practitioner in one jurisdiction, they are *eligible* for registration in all or any other Australian jurisdictions. However registration still has to be applied for and legally granted in another state or territory before a person can provide a veterinary service, supply restricted drugs or use a veterinary title in that state or territory.

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

Where a veterinary consultation or the provision of professional advice occurs remotely by electronic means, the veterinary service occurs *where the animal patient is located*. If the animal is located in another jurisdiction, the practitioner must be registered in that other jurisdiction. As a general rule therefore, a veterinarian providing a veterinary service by remote means must be registered in the place where the animal patient is located. Veterinarians can only supply restricted drugs for animals clearly under their care and for which they have established a therapeutic need.

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PROCEDURES ABLE TO BE PERFORMED BY VETERINARY NURSES

The Veterinary Practice Act 2003 and its Regulations enable the administration of an anaesthesia, drug or vaccine to an animal by a person in accordance with **the directions of a veterinary surgeon**. It is important to bear in mind that the veterinary surgeon must have

- assessed the animal to whom anaesthesia, drugs or vaccine are administered, and
- directed the veterinary nurse in relation to the type, strength and dosage for the particular animal.

Veterinary surgeons should also supervise the veterinary nurse, and ensure veterinary nurses undertaking these procedures are trained and competent. Ultimately, the veterinary surgeon will always retain responsibility in relation to these procedures.



9 CONTROLLED SUBSTANCES

Conditions for the dispensing, handling, recording and storage of restricted and dangerous drugs are laid down in the *Controlled Substances Act 1984* & its Regulations. Failure to comply with these laws represents professional misconduct and may lead to action by the Veterinary Surgeons Board and/or the Drug and Alcohol Services SA (DASSA) who administers this Act.

In order to legally supply a controlled substance, a veterinarian must be registered as a veterinary surgeon in the state where the patient is and acting in the ordinary course of his/her profession. 'In the ordinary course' means:

- The animal for which it is intended is under his/her care.
- There are supporting records and the treatment recommended is recorded.
- The client must be advised of the correct usage of the drug and, if for food-producing animals or performance animals, withholding periods must be explained.

To establish if the animals are *under the care* of a veterinary surgeon: the veterinary surgeon is given responsibility for the health of the animal(s) or herd in question by the agent or owners and the care of the animals or herd by the veterinary surgeon is real and not merely nominal. Although circumstances will vary, the veterinary surgeon must at least:

- either have seen the animal or herd for the purpose of diagnosis or prescription immediately prior thereto or
- visited the farm or other premises on which the animal or herd is kept, sufficiently often and recently enough to have acquired from personal knowledge and inspection an accurate picture of the current health state of that farm, sufficient to enable diagnosis or prescription for the animal or herd in question.
- have supporting records.

Problems of liability can arise when clients approach vets for drugs for later use, or a third party is involved. Examples: clipping horses, dental work on horses, grooming small animals. People carrying out this work may approach the vet for say, a supply of sedative so that they may carry out their job safely. The vet is unable to supply drugs to the third party in such cases. The responsibility is on the owner of the animal (or person acting as an agent for the owner) to purchase the drugs from their usual vet. The vet may then, having records for this person, at his/her discretion supply a *single* dose for later use. The vet must record this transaction and it is *highly recommended* that the vet get this person to sign an '**Acknowledgement of Risk & Responsibility**' form, to highlight the potential for adverse reaction, and keep that signed form on record. (Refer Appendix III: Sample forms).

The following extracts are taken from **A HEALTH PROFESSIONAL'S GUIDE TO THE CONTROLLED SUBSTANCES ACT 1984 AND ITS REGULATIONS**. Advice is available from the Drug and Alcohol Services SA - Southern Adelaide Health Service, Drugs of Dependence Unit, PO Box 6, Rundle Mall, Adelaide 5000, telephone 1300 652 584.

A veterinary surgeon may manufacture, produce, pack and sell or supply drugs of dependence or poisons where such activity is part of normal veterinary practice. As an example a veterinary surgeon may prepare and sell a medication for the treatment of animals in his care but may not mass produce medications, as this would not be seen to be normal veterinary practice, without a manufacturing licence. Similarly a veterinary surgeon can not sell or supply medications for the treatment of people. [CSAct s13, 18]

Advertising

In the interest of public health the availability or use of some Schedule 3 poisons (PHARMACIST ONLY), and all Schedule 4 poisons (PRESCRIPTION ONLY MEDICINES) and all Schedule 8 poisons (CONTROLLED DRUGS) must **not** be advertised to the public. [CSAct s28; reg 23]

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STORAGE

General Medications: All medications should remain in their original packs and be stored according to the manufacturer's recommendations in order to ensure efficacy and safety. Special care should be taken with medications that require refrigeration or storage under temperature controlled conditions.

Drugs of dependence: Drugs of dependence must be stored in accordance with the Department of Health's "Code of Practice for the Storage and Transport of Drugs of Dependence". [CSAct s25; reg 20]. The code provides the minimum level of security required based on the quantity of drugs stored and the situation.

Schedule 3, 4 and 7 poisons: Schedule 3, 4 and 7 poisons must be kept or stored in a part of the premises to which the public does not have access. [CSAct s25; reg 20(b)].

PROVIDING INFORMATION AND INSPECTIONS

The Act allows DASSA to gather information relating to the use or abuse of drugs and poisons. All health professionals must provide information relating to sale, supply or administration of drugs or poisons when requested by the Minister or his or her delegate. [CSAct s60, reg 39]. Authorised officers may inspect records or drugs to ascertain if provisions of the Act are being complied with or contravened (CSAct s50 and s52)

The giving of false or misleading information or the inclusion of false information in a record required to be kept by the Act or regulations is an offence reg 39]

VICARIOUS LIABILITY

Employers are responsible for the acts or omissions of their employees. [reg 36] It is the employer's responsibility to ensure that the requirements of the Act and its regulations are complied with.

WITHDRAWAL OF PRIVILEGES

The Minister responsible for the Act may revoke a health professional's right to prescribe, supply, possess or administer a Controlled Substances. [CSAct s57]. Alleged or proven offences may also be referred to the relevant professional registration board for investigation or consideration and any action considered appropriate by that board.

Self administration

A veterinary surgeon is not permitted to prescribe a drug of dependence for self administration or medical treatment of another person. A veterinary surgeon is not permitted to administer a drug of dependence to him or herself unless it has been prescribed by a registered medical practitioner or dentist and lawfully supplied for that purpose. [CSAct s31]

Schedule 7 poisons

Where the poison being sold is a Schedule 7 poison (DANGEROUS POISON) it may only be sold to a person eighteen years of age or over who is known to the veterinary surgeon or who produces a satisfactory means of identification and if there is a genuine need for the purchaser to have the poison.

The veterinary surgeon must keep a record of the sale which contains:

- the name and address and occupation of the purchaser;
- the name, strength and form of the poison;
- the purpose for which it was sold;
- the quantity sold;
- the date on which it was sold. [CSAct s16, reg 15]

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Schedule 3 or Schedule 4 poisons

Where the poison being sold is a Schedule 3 or Schedule 4 poison the veterinary surgeon must personally supervise the sale. These products cannot be sold or supplied by anyone unless the veterinary surgeon is present at the time of sale and provides professional advice about the safe use of the product to the purchaser.

Professional supply

Where a veterinary surgeon supplies a medication as part of his professional practice (e.g. a sample) that medication must either have a complete original manufacturer's label on it or be labelled as a dispensed medication. [Act s24; reg 19]

Dispensed medications

When a veterinary surgeon packs a medication for a client a label must be fixed to the container. The label must have printed clearly on it:

- the name (trade and approved), form and strength of the medicine;
- the directions for use including, where appropriate the route of administration;
- the name or type of the animal for which it was dispensed; and the name of the owner or person responsible for the animal;
- the date on which it was dispensed;
- the words "FOR ANIMAL TREATMENT ONLY";
- the name and address of the veterinary surgeon.

Containers

Poisons packed or dispensed by the veterinary surgeon must be supplied in containers which are:

- impervious to the poison;
- incapable of reacting with the poison;
- sufficiently strong to prevent leakage arising from the ordinary risks of handling, storage or transport;
- securely closed; and capable of being securely re-closed unless the contents are to be used on one occasion only.

Paper or plastic envelopes or packets are not considered to be suitable containers for loose tablets or capsules.

Liquid preparations for external application must be packed in poison bottles of appropriate size. Solid dose preparations (e.g. tablets or capsules) should be supplied in vials or jars or if the manufacturer has packed them in foil or paper strips or blister trays, small cartons or reclosable plastic envelopes may be used. Certain prescribed drugs (e.g. Antihistamines, Anticonvulsants – see complete list) must be packed in child resistant packaging (e.g. strip packaging or blister packs in an outer carton) or in bottles or vials that have approved child-resistant closures:

While legislation only applies to scheduled poisons it is recommended that these requirements be carried out for all substances provided to owners by veterinary practices.

Labels

Any drugs supplied by a veterinary surgeon must have the original manufacturers labels attached or be labelled by the veterinary surgeon with —

- the name, business address and telephone number of the veterinary surgeon;
- the name (if any) and species of the animal; and the name of the owner of the animal;
- the trade name of the preparation or approved name of the drug; directions for use; and date of supply. [Act s18; reg 19]

Pseudoephedrine

Pseudoephedrine medications (containing a total of more than 720mg of pseudoephedrine (800mg if in liquid preparation) are prescription drugs. Where the pseudoephedrine content is less than this, it is classed as Schedule 3 "recordable" substances, only available for sale personally by

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a pharmacist and the details of the sale are recorded and monitored. These controls are in response to the use of pseudoephedrine to unlawfully manufacture methamphetamine. *As these medications may be used to treat urinary incontinence in dogs it is advised that you explain these requirements and the reasons behind them to owners when you recommend this treatment for their pets before they attend the pharmacy.*

Chloramphenicol

Chloramphenicol must not be used for the treatment of any animal, bird or bee bred, raised or used for the purpose of providing human food. [reg 22]

SCHEDULE 8 DRUGS

The veterinary use of Schedule 8 drugs of dependence has increased in response to recent directives for the provision of adequate analgesia to animals under care. There is, for example, an increasing use of Fentanyl transdermal patches (Durogesic) by veterinary surgeons when a slow release of analgesic is required to treat a pain condition. It must be remembered that this drug is a Schedule 8 poison. As the patches contain a reservoir of this drug that can provide pain relief for up to 3 days this poses a potential risk to the public if they are not used and disposed of correctly. Regulation 37 of the *Controlled Substances (Poisons) Regulations 1996* states that "a person must not dispose of or use, or cause to be disposed of or used, a poison in any place or manner that constitutes, or it likely to constitute, a risk to public health or safety". **Therefore it is recommended that veterinary surgeons remove and dispose of Fentanyl patches correctly and not leave this task to the owners.**

Ketamine

Ketamine is a Schedule 8 controlled substance in South Australia.

Registers for drugs of dependence

If a veterinary surgeon purchases, possesses or uses any drug of dependence a register should be kept by that veterinary surgeon, recording:

- the date of the transaction;
- the trade name or approved name of the drug;
- the amount received, supplied or administered and where applicable the strength of the drug;
- the name and address of the person from whom the drug was obtained; or to whom the drug was supplied or administered;
- the balance of stock; and
- the name and signature of the person making the entry. [reg 31F, 31G]

Each drug and each strength of the drug must be on a separate folio of the register (e.g. if the practitioner uses pethidine ampoules 50 mg, pethidine ampoules 100 mg and morphine ampoules 15 mg then a separate page is needed for each of these drugs).

Registers for more than one surgery

If drugs are kept at more than one surgery then there must be a separate register for each address. The registers for the drugs must be on the premises to which they apply at all times. When drugs are transferred from one address to the other then an entry must be made in each register, in one as a supply and in the other as a receipt of the drug.

Registers must be kept for a period of two years after the last entry in the register.

The register must be balanced at the end of each month to ensure that all drugs received or disbursed have been entered and the stock in hand coincides with the amount shown in the register.

False or misleading entries must not be made in a register and errors must be corrected, noted and signed, **not** erased.

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POISONS INFORMATION

The National Poisons Information Hotline 131126 is available 24 hours for phone advice on ingredients and toxicity of poisons.

FURTHER INFORMATION

Additional information, guidance or clarification of responsibilities under the Controlled Substances Act may be obtained from the Drugs of Dependence Unit at DASSA.

Copies of the "Controlled Substances Act 1984", the "Controlled Substances (Poisons) Regulations 1996" and the "Code of Practice for the Transport and Storage of Drugs of Dependence" are available from the DASSA website. This site also has available circulars and policies relating to the administration of this legislation

Contact Details:

For further information, contact the Registrar's office, or

Drugs of Dependence Unit – Pharmaceutical Services Branch

Drug and Alcohol Services SA

Southern Adelaide Health Service

PO Box 6, Rundle Mall, Adelaide SA 5000

Telephone 1300 652 584

Facsimile 1300 658 447

Website www.DASSA.sa.gov.au – Health Professionals – Legal Controls over Medicines



10 LEGISLATION

Veterinary Surgeons have a responsibility to be familiar with all legislation that impacts on their professional activities. Not being aware of the provisions of legislation is not a legal defence and a finding of unprofessional conduct can be sustained whether it be by *act or omission*. Veterinarians currently operate under Veterinary Practice Act 2003, and its Regulations.

Other Acts, and their Regulations, which may affect the practice of veterinary surgery include:

- ◆ *Controlled Substances Act, 1984*
- ◆ *Prevention of Cruelty to Animals Act, 1985*
- ◆ *LiveStock Act, 1997*
- ◆ *Agriculture and Veterinary Chemicals (SA) Act, 1994*
- ◆ *Animal and Plant Control (Agricultural Protection and Other Purposes) Act, 1986*
- ◆ *Radiation Protection And Control Act 1982*
- ◆ *Trade Practices Act 1974*

If you have any queries about the implications of legislation on your practice, contact the Registrar for advice. Copies of legislation can be obtained from http://www.parliament.sa.gov.au/leg/5_legislation.shtml, or State Information, Australian Centre, 77 Grenfell Street, Adelaide 5000, or mail orders: Publications Section, 282 Richmond Road, Netley 5037.

11 AUSTRALASIAN VETERINARY BOARDS COUNCIL INCORPORATED

The Australasian Veterinary Boards Council Incorporated (AVBC) (www.avbc.asn.au) provides a forum where representatives of Australian and New Zealand Veterinary regulatory bodies and education providers discuss issues of national concern relating to maintaining the standards of veterinary practice. It provides a mechanism to foster standardisation and quality assurance of the delivery of veterinary sciences and enables Australia to liaise effectively with other countries. The Council is funded by the individual Boards. The AVBC administers the National Veterinary Examination and assesses overseas qualifications for the purpose of migration.

Sub-Committees and their roles include:

- **Veterinary Schools Accreditation Advisory Committee (VSAAC)**
Ongoing assessment of Australian and overseas veterinary qualifications to ensure high academic standards are maintained and the professional competence of their graduates. This involves visitations to schools, along with Royal College of Veterinary Surgeons (UK) and American Veterinary Medical Association representatives. It includes recognition of the **European Association of Establishments for Veterinary Education (EAVE)** evaluations, including the **Educational Commission for Foreign Veterinary Graduates (ECFVG)** exam, and may ultimately include a global accreditation scheme;
A new policy on "Reasonable assurance and Short Term Accreditation" will allow interim assurance for the 2 new Australian veterinary schools.
- **Advisory Committee on Registration of Veterinary Specialist (ACVRS)**
Makes recommendations on the recognition of specialist qualifications, with courses having to be accredited prior to individuals.
- **National Veterinary Examination (NVE) Panel & Board of Examiners**
The NVE is for overseas graduates with non-recognised qualifications wishing to gain full registration in Australia. This responsibility has been taken over from the National Office of Overseas Skills Recognition (Commonwealth Government) and is run entirely by the AVBC.

12 AUSTRALIAN VETERINARY ASSOCIATION LTD

Membership of the Australian Veterinary Association provides many benefits including:

- ✓ Opportunities to participate in AVA activities. State Division, Branch and Special Interest Groups represent regional concerns and the many different species/discipline interests of members of the Australian Veterinary Association Ltd.
- ✓ Opportunities to socialise with peers at AVA functions.
- ✓ Receipt of the *Australian Veterinary Journal*. Published monthly and has a reputation for excellence in clinical and research communications in veterinary science. It also incorporates AVA news.
- ✓ Receipt of the South Australian quarterly magazine, *the Bulletin*.
- ✓ Participation at the Annual National Conference and state conference.
- ✓ Access to Continuing Veterinary Education programmes.
- ✓ Access to the AVA Hip Dysplasia Scheme.
- ✓ Insurance cover through AVASURANCE.
- ✓ Flexible membership rates, and the availability of trade and service discounts.

For information / membership contact: **Australian Veterinary Association Ltd, South Australian Division, AVA House, Suite 13 / 70 Walkerville Terrace, Walkerville SA 5081.**

Phone: 61 8 8344 6337 Fax: 61 8 8344 9227 e-mail: avasa@ava.com.au website: www.ava.com.au.

13 FREEDOM OF INFORMATION

Under the *Freedom Of Information Act 1991* the Board as a government agency is obliged to provide access to personal files and to provide copies of information contained in these files to the person concerned. In this context the relevant files are those containing information on initial application for registration as a veterinary surgeon, or veterinary specialist.

The Board is not obliged to provide access or copies of information relating to the investigation of complaints on normal request. However, it may be prepared to provide some access under certain circumstances, and will treat each request on its merits. The Registrar is designated as the Board's Freedom of Information Officer, pursuant to the provision of Section 14 of the FOI Act.

Requests for access to documents should be directed to the Registrar, in writing and accompanied by the current fee (there may be additional processing charges).

14 PRIVACY POLICY

- ✎ The Veterinary Surgeons Board is committed to the responsible handling of personal information and to protecting an individual's right to privacy.
- ✎ The Board will only collect personal information that is necessary to fulfil its functions under the Act. This information will be collected by lawful and fair means, with your consent and be used for a lawful purpose.
- ✎ The Board will only collect personal information from you with your prior knowledge and consent. No attempt will be made to identify users or their browsing activities from any statistics generated by the Website.
- ✎ The types of organisations to which the Board may disclose personal information include: other veterinary registration authorities in Australia and overseas; other federal and/or state government regulatory authorities; registered medical practitioners; complainants and the Board's solicitors; drug wholesalers.
- ✎ The Board will only use personal information for the purpose it has been collected or, where you would reasonably expect this to occur and/or you have consented.
- ✎ The Board's goal is to ensure that your personal information is accurate, complete and up to date. To assist us with this please keep us informed of any changes to your details.

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- The Registrar is designated as the Privacy Officer.
- No member or officer of the Board can disclose personal information except in performing their duties or in specific situations to assist a law enforcement agency.
- The Board will take all reasonable precautions to ensure that personal information it holds is kept secure. Reasonable steps will be taken to de-identify any personal information no longer required.
- The Board uses a reliable and secure computer system. However, you should be aware that, although we strive to protect information transmitted via our Website, there may be inherent risks associated with the transmission of data via the Internet.



APPENDIX I: Codes endorsed under legislation

1 CODE OF PROFESSIONAL CONDUCT

Section 1. INTRODUCTION

The Code will be used in the assessment of allegations of misconduct made against individual veterinarians. It provides a framework of principles and professional and ethical standards. **Non-compliance with any aspect of the Code will be considered unprofessional conduct**

Persons registered with the Veterinary Surgeons Board of South Australia are expected to abide by the following basic principles when carrying out their professional duties:

- ◆ *The primary concern of the profession is for the welfare of the animals.*
- ◆ *All work performed by veterinarians is to a standard of competence acceptable to their peers.*
- ◆ *Veterinarians, individually, act to promote cohesion within the profession and the trust of the profession by the general public.*
- ◆ *No personal advantage is sought to the detriment of a professional colleague.*

Section 2. GUIDELINES FOR PROFESSIONAL CONDUCT

1. Veterinarians have a special duty towards animal welfare and to alleviate animal suffering. They must be conversant with the provisions of the *Prevention of Cruelty to Animals Act 1985* and its Regulations and any codes of animal welfare relevant to their fields of endeavour.
2. Veterinarians must communicate effectively and treat all with whom they come into contact with respect, consideration, courtesy and openness.
3. Veterinarians must conduct themselves in a manner that will maintain or enhance the reputation of the profession. (Veterinarians are reminded that registration can be suspended if their performance is affected because of any mental or physical disability or condition).
4. Veterinarians should not show disrespect for colleagues. They should uphold a working environment in which colleagues can freely exchange information to the benefit of patients, and society in general.
5. Veterinarians must be conversant with and abide by all statutory requirements affecting them individually in their various professional roles and take every reasonable step to ensure their observance by others.
6. Veterinarians must keep abreast of knowledge and skills in their field of endeavour, and accept the obligation to continue their education and so further their professional knowledge and competence.
7. Except in an emergency where immediate relief of suffering is paramount, veterinarians have a duty to operate only in fields in which they are competent to do so unless supervised by a colleague with competence in the field.

Section 3. GENERAL GUIDELINES

1 General Practice

- a. A registered person must not practise veterinary surgery in a manner that would be likely to bring the practice of veterinary surgery into disrepute.
- b. A registered person must not assume a name or description that would be taken by a reasonable person as meaning that the registered person holds a qualification, or has experience in, veterinary science, surgery or medicine unless the registered person actually holds that qualification or has that experience.
- c. Sub rule (b) does not prevent a registered person who is not the holder of a doctorate from assuming the title "Doctor".
- d. A registered person who gives a public speech relating to the practice of veterinary surgery or publishes, by newspaper, radio or television, a report or notice relating to the practice of veterinary surgery must ensure that the speech, report or notice—
 - i. is not false or misleading;
 - ii. does not compare the competence of any registered person with that of any other;
 - iii. is not vulgar or sensational;

- iv. would not tend to bring the practice of veterinary surgery into disrepute.
In this rule— "newspaper" includes magazine, journal or any other written publication.
- e. A veterinary surgeon who operates or participates in a veterinary science practice must not enter into a contract or arrangement under which a publisher or distributor of a directory or other publication includes, or agrees to include, in the directory or publication an entry that advertises or promotes that practice to the exclusion of any other veterinary science practice.
- f. A registered person must ensure that, at all times during which premises from which the person provides veterinary treatment are unattended—
 - i. telephone enquiries directed to the premises are redirected in such a manner that they may be taken by a registered person or answered by recorded message specifying a telephone number by which a registered person may be contacted; and
 - ii. there is displayed at or near the entrance to the premises a sign, illuminated during hours of darkness, specifying the name of a registered person and the telephone number at which that person may be contacted.
- g. A registered person must not practise veterinary surgery in a name other than the person's own name or a name approved by the Board. .
- h. Despite rule (g), if a registered person was a practising veterinary surgeon at the time of his or her death, the practice may be carried on in the name of the deceased person by another registered person for a period not exceeding 12 months from the date of death.

2. Animal welfare

- a. A veterinary surgeon must at all times consider the welfare of animals when practising veterinary science.
- b. A veterinary surgeon who has accepted responsibility for the care of an animal should ensure that the animal is not abandoned unless there is good reason to do so and unless the welfare of the animal is safeguarded.
- c. A veterinary surgeon who provides veterinary services directly to the public should not, without good reason, refuse to provide relief of pain or suffering of an animal. Relief may be confined to emergency treatment only or immediate referral to another veterinary surgeon.
- d. Any animal having an invasive procedure performed should be administered an appropriate level of pain relief, that is effective for a reasonable length of time, as part of routine practice.

3. Correction of genetic defects

- a. It is unethical for a veterinary surgeon to perform a surgical operation on, or to provide medical treatment for, an animal if the primary purpose of the operation or treatment is to conceal the animal's true genetic status so as to enhance its value for sale, breeding or showing in competition.
- b. A veterinary surgeon who becomes aware that an animal belonging to a client is suffering from a defect or disease that is known to be inheritable must inform the client of the defect or disease and its implications for breeding programs.
- c. It is not unethical for a veterinary surgeon to perform a surgical operation for the correction of an inheritable defect or to provide medical treatment for an inheritable disease, but only if the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort to the animal.

4. Proscribed procedures

- a. The following procedures may only be carried out by registered persons for genuine therapeutic purposes and records must substantiate this :
 - i. declawing of cats,
 - ii. tail docking of dogs, horses or cattle,
 - iii. ear cropping of dogs.
- b. Bark reduction must only be carried out for therapeutic or prophylactic reasons, or as an alternative to euthanasia for a dog that barks persistently. It should not be carried out as a substitute for the proper management and training of a dog. Veterinarians requested to perform bark reduction must be convinced that all reasonable attempts have been made by the owner to modify the dogs behaviour by alternative and humane means.

(See Appendix I for the Code of Practice and a sample statutory declaration that could be used to assist the veterinarian in ensuring that the owners fully understand the legal ramifications of the procedure.)

5. Professional practice

- a. A veterinary surgeon should, at all times, diligently maintain knowledge of current standards of veterinary science.
- b. Professional procedures should always be carried out in accordance with current standards of veterinary science.
- c. **Informed decisions**
Except in the case of an emergency, a veterinary surgeon should not undertake any veterinary procedure on an animal without ensuring that the owner or person in charge of the animal is made aware of the likely extent and outcome of the procedure and of its probable cost and any ongoing costs. An example of an emergency is a circumstance in which there is an immediate threat to the life of the animal concerned.
- d. **Referrals**
A veterinary surgeon should refer a client to an appropriately qualified veterinary surgeon whenever a second opinion or a referral is desirable.
- e. A veterinary surgeon should not refuse a request by a client for a referral or second opinion.
- f. A veterinary surgeon to whom a client of another veterinary surgeon is referred or who is asked to provide a second opinion for such a client should act in the best interests of that client and the animal concerned.
- g. A veterinary surgeon who has previously treated an animal must, when asked by another veterinary surgeon who has taken over treatment of the animal, provide all relevant details of clinical history directly to the other veterinary surgeon.
- h. A veterinary surgeon to whom another veterinary surgeon has referred an animal for treatment or a second opinion should return all documents and other articles provided by the other veterinary surgeon when the animal is finally discharged or is referred back to the other veterinary surgeon.
- i. **Vicarious liability**
A veterinary surgeon responsible for the professional supervision of lay staff must ensure that the staff carry out their duties effectively and in compliance with relevant legislation.
- j. A veterinary surgeon should ensure that:
 - i. support staff treat as confidential and refrain from divulging any information relating to clients or their animals acquired during the course of their employment, and
 - ii. support staff, having in an emergency given first aid to an animal for the purpose of saving life or relieving pain, report and hand over the case to the veterinary surgeon or another veterinary surgeon at the earliest opportunity, and
 - iii. information relating to a client or a client's animal obtained in the course of examining or treating the animal is not divulged, except when referring the animal to another veterinary surgeon for treatment or a second opinion or with the consent of the client.
- k. **Certification**
When a veterinarian provides a certificate, it must be prepared with care and accuracy: be legible, bear the date of examination or procedure carried out, what the certificate actually attests to, the date of issue of the certificate, and the name, address and signature of the issuing veterinarian.
A veterinary surgeon should not sign a certificate relating to the performance of a veterinary service unless:
 - i. the certificate is accurately completed to the best of the veterinary surgeon's knowledge, and
 - ii. the surgeon has personally performed or supervised the performance of the service.
- l. **Record Keeping**
Veterinarians must maintain adequate records of treatment carried out. As soon as practicable after treating an animal or consulting with a client, a veterinary surgeon should ensure that a detailed record of the treatment or consultation is made. This record should include: description of the problem, differential diagnoses, treatment carried out, any x-ray film, radiograph or ultrasound image relating to the treatment of an animal. The veterinary surgeon should ensure that the record is kept in safe custody for at least 2 years after the relevant treatment or consultation.
Records of any case should be of such detail that any veterinary surgeon could take over management of the case at any time. Records should be sufficient to stand alone to justify treatment and procedure.

m. **Consent Forms**

The use of consent forms is strongly recommended.

6. Drugs, antibiotics and other chemical or biological substances

- a. A veterinary surgeon must ensure that conditions imposed by other legislation (such as the *Controlled Substances Act 1984*) relating to dispensing, handling or storing restricted or dangerous drugs are strictly complied with.
- 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 drugs 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.
- d. It is recommended that if a drug is supplied to the client for use when a veterinarian is not present an 'Acknowledgement of Risk & Responsibility' form is signed by the client to bring to their attention the potential for adverse reaction.

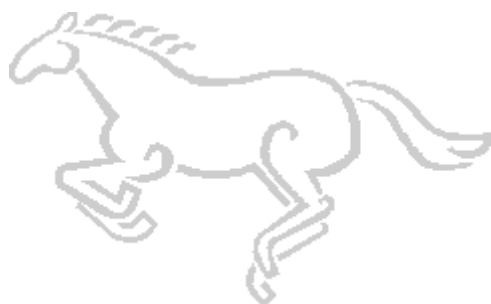
7. Legislative responsibilities

To ensure that a veterinary surgeon is able to practise veterinary science in a safe and competent manner, the surgeon must acquire and maintain a sufficient knowledge of all laws that affect the practice of veterinary science, including:

- I. laws regulating the supply, dispensing and storage of poisons and therapeutic substances,
- II. laws regulating and controlling the use, keeping and disposal of radioactive substances and radioactive apparatus for therapeutic purposes; and
- III. laws relating to continuing professional development and recency of practice.

8. Special interest areas

Before undertaking practice in a special interest area of veterinary science with which the veterinary surgeon is not familiar, a veterinary surgeon should ensure that he or she has the knowledge and competence necessary to practise in that area.



APPENDIX I: Codes endorsed under legislation

2 STANDARDS FOR VETERINARY HOSPITALS

There is a public expectation that a Veterinary Hospital will offer a higher standard of service than that which is offered by a normal veterinary practice.

A Veterinary Hospital is an establishment where veterinary services are available at all times, and where full facilities are provided for examination, diagnosis, prophylaxis, medical treatment and surgery of animals. It provides where necessary, housing and nursing care on a 24-hour per day basis for medical and surgical cases.

Clients must be advised in writing if no one is on the hospital premises overnight to monitor animals in care.

LEVEL OF CARE:

1. The level of care offered is higher than that offered in normal veterinary practices.
2. A veterinary surgeon must be rostered on duty during all advertised opening hours.
3. As a minimum, a Certificate IV Qualified veterinary nurse must be on the premises during all opening hours.

GENERAL FACILITY:

1. The building and its surrounds must be maintained regularly to present a clean and tidy appearance.
2. Signs must complement the facility and conform to the advertising requirements of the Veterinary Practice Act 2003 and Regulations.
3. The name, telephone number, days and hours of attendance, and arrangements for obtaining after hours' service must be on prominent display. Where a separate after hour service is used, an answer phone or diversion service must advise clients how to obtain direct veterinary care. Mobile phone services are acceptable.
4. The building must be solidly constructed with internal walls and floors of impervious materials to allow thorough cleaning and disinfection.
5. All areas must be adequately ventilated to maintain freedom from offensive odours and to maintain appropriate ambient temperatures.
6. A high standard of general maintenance, including insect and vermin control must be maintained throughout the building.
7. The design must enable full control over and constraint of animals at all times to minimise the possibility of escape.
8. There must be adequate general equipment to provide a high standard of service to clients. Equipment must include: a contemporary gaseous anaesthetic machine, some form of anaesthetic monitoring such as a Pulse Oximeter, autoclaving facilities, radiology equipment, adequate equipment to conduct a full clinical examination, ability to achieve routine laboratory results within 24 hours (and desirably in 12 hours or less) in emergency cases within the Adelaide metropolitan area.
9. A public toilet close to or opening off the waiting room should be provided.
10. Sanitary and aesthetic arrangements for the disposal of all wastes and cadavers must be provided, including provision of a freezer for the storage of cadavers.
11. The building must be equipped with sufficient fire extinguishers and designed with alternative exits to allow safe removal of animals, staff and clients in the event of a fire.
12. Accommodation and nursing for medical and surgical cases must be available on a full 24-hour basis. Where continuous nursing care is unavailable after hours, the hospital must be able to refer to a facility that provides continuous nursing care.
13. Adequate floor space must be provided for the separation and efficient function of all activity areas.
14. Anaesthetic machines and vapourisers must be serviced at least annually.

RECEPTION AND WAITING:

1. Areas must be of sufficient size for the volume of business.
2. The Waiting area should be sufficiently comfortable for clients who may be waiting some time for either their animal, or for information about the condition of their animal.

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RECORDS AND CONSENT FORMS:

1. Adequate medical and surgical records and retrieval systems must be maintained for all patients and the confidentiality of these records must be ensured. Computerized systems are desirable but not obligatory. It is the quality of the records that is important.
2. Consent forms are essential for
 - surgery and anaesthesia
 - euthanasia
3. As with any practice, in the event of a complaint, the records must be sufficient to stand alone to justify treatment and procedure and such that any veterinary surgeon could take over management of the case at any time.
4. Minimum expectation is a 'SOAP' style or equivalent detailed work-up (subjective, objective, assessment, plan), and monitoring forms which includes anaesthetics, medications including fluids and assessments.
5. Any handwritten records must be easily legible.
6. Copies of randomly selected records for 5 cases recently treated by the practice will be evaluated during inspections.

OFFICE AND LIBRARY:

1. A business office/reception which is convenient to staff and clients as required must be provided.
2. A library containing reference material covering the range of animals and conditions seen in the hospital's practice must be provided and constantly updated. Included should be subscriptions to at least two professional journals to assist staff in keeping abreast of current developments in veterinary science.

EXAMINATION AND CONSULTATION AREA:

1. The hospital shall have a minimum of two rooms separate from the reception and waiting room for the purpose of conducting examination of animals.
2. Each must provide:
 - 2.1 An examination table which can be readily cleaned and disinfected.
 - 2.2 A sink with hot and cold water.
 - 2.3 An examination light in addition to normal room lighting.
 - 2.4 Instrumentation for a competent clinical examination.
 - 2.5 Seating for elderly, disabled or distressed clients.
3. These rooms must not be used for surgical procedures, radiology or in-patient treatment.

PHARMACY:

1. A separate area convenient to examination must stock a range of pharmaceuticals consistent with a good standard of practice.
2. They must be stored and dispensed according to the regulations of the Controlled Substances Act 1984.

LABORATORY:

1. Separate facilities should be provided with adequate bench space and equipment for the examination of blood, serum, urine and faecal specimens or, demonstrable access to the usage of professional services in haematology, chemistry, bacteriology, parasitology and pathology if these services are not carried out in the building.
2. Routine laboratory test results must be able to be obtained within 24 hours, and desirably 12 hours or less in respect of emergency cases in the Adelaide metropolitan area.

RADIOLOGY:

1. Equipment capable of producing diagnostic radiographs for the species being radiographed must be available on the premises.
2. An accurate exposure chart for the relevant machine must be readily available.
3. Equipment must be maintained, registered and the operator licensed as required under the Radiation Protection & Control Act 1982. Apparatus must be placed and used in a manner that will not constitute a risk to clients, staff or patients, according to the standards laid down by the SA Health Commission.

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4. X-ray gloves, aprons, thyroid protectors and other appropriate protective equipment must be worn by all personnel in the room at the time. All staff involved in the radio graphing of animals must be monitored for radiation exposure by an approved scheme.
5. A separate darkroom with bench and storage facilities for chemicals required for processing X-rays will be a part of the radiology section, unless a digital system is being utilized. In this latter case, appropriate technology includes equipment for producing a 'hard copy' of the X-ray.
6. A system of permanent identification of X-rays must be employed. A radiography log must be maintained. There must be a system of filing radiographs so that they can be readily retrieved.
7. Viewing boxes should be provided in radiology areas.

SURGICAL:

1. A separate operating theatre must be provided and used exclusively for surgical operations.
2. A separate treatment/preparation area must be provided near the operating theatre for sterilisation of surgical materials, induction of gaseous anaesthesia, pre-operative preparation of the patient, scrubbing of surgeon's hands, and post-operative recovery in an area where the animals are readily observable.
3. An approved scavenger system must be used whenever gaseous anaesthesia is undertaken. (Approved scavenger systems include active systems using a pump to remove gaseous waste, and a charcoal system. If the latter, the charcoal must be changed according to the manufacturer's recommendations and a separate log of anaesthetic use kept for assessment).
4. Equipment must be provided for oxygen administration and resuscitation of patients.
5. Emergency protocol and commonly used drugs and dose rates must be displayed in the operating theatre.
6. Drugs for resuscitation must be located with each anaesthetic machine, or a mobile emergency resuscitation unit must be readily accessible.
7. Provision must exist for the non-chemical sterilisation of surgical instruments and packs.
8. The operating theatre must contain moveable surgical furniture and equipment including surgical light, operating table. A good range of surgical instruments must be provided.
9. Viewing boxes must be provided in or adjacent to surgery areas.

STAFFING:

1. The principals of the practice will attempt at all times to provide service and facilities that demonstrate best practice. This can best be achieved by all staff and management acknowledging the benefits of Continuing Professional Development and time should be made available for this.
2. All veterinary staff will undertake the required number of units of Continuing Professional Development.
3. Regular staff meetings will be held to discuss cases, current information from the Veterinary Surgeons Board, clinic policies and procedures, and ways to continually improve conditions for staff and service to clients. During staff meetings, arrangements must be made to ensure that any emergencies that occur during the meetings are catered for.
4. There must be a current manual of Policies and Procedures to cover the most common activities of the practice available to all staff and this must be regularly reviewed.
5. During normal working hours adequately trained staff must be on the premises to provide a personal and telephone service for clients.
6. A registered veterinary surgeon must be rostered on duty during all advertised opening hours. The veterinarian must be on the premises during advertised consultation hours, and available during the remainder of the advertised open hours to allow for emergencies. 'Available' means contactable by telephone – telephone includes mobile phone.
7. As a minimum, a Certificate IV Qualified veterinary nurse must be on the premises during all opening hours.
8. It is expected that all nursing staff will strive to achieve Nursing Certificate IV.
9. A nurse must be present at all times during surgery to monitor anaesthesia and assist as required.
10. The staff must maintain a standard of dress, cleanliness, and personal appearance consistent with a clinical atmosphere.
11. There should be a schedule kept of all routine maintenance for the building, equipment and cleaning.

PATIENT ACCOMMODATION:

1. Clients must be advised in writing if there is no-one on the premises overnight to monitor animals in care. This may be by way of written advice on the Hospital Admission Form.

VETERINARY SURGEONS BOARD SA HANDBOOK

2. Animals must be housed in a separate room equipped with adequate lighting, heating, cooling, ventilation and sound proofing.
3. The room should contain sufficient compartments of appropriate size for the animals housed and be constructed of non-permeable materials and fittings that are easily cleaned and disinfected.
4. Appropriate safe cages and facilities must be provided for the housing of animals.
5. An enclosed exercise area should be available for use of dogs that are housed for a day or more (if their condition permits).
6. There should be an area for bathing and grooming of in-patients separate and apart from the surgical and examination areas.
7. A separate room must be provided for the isolation of animals suffering from infectious disease. A posted protocol of isolation procedures should be available at all times. The room should contain all the equipment, chemicals and drugs necessary for maintenance of the protocol. When not occupied by such cases, it is acceptable for the area to be used for normal ward function after adequate sterilization.
8. Animals recovering from surgery must be visible, kept warm, easily accessible, and closely monitored by trained staff.



APPENDIX I: Codes endorsed under legislation

3 STANDARDS FOR VETERINARY PREMISES

The following standards represent the *minimum* acceptable standards for veterinary premises. All veterinary premises, including consulting rooms, clinics and hospitals shall:

- be clean and hygienic at all times;
- have on prominent display the name, telephone number and days and hours of attendance of the registered veterinary surgeon or surgeons usually in attendance and arrangements for obtaining after hours service; have a separate area for use as a waiting room and client reception;
- maintain patient records including details of examinations, procedures, tests and treatment;
- provide in the consulting area an examination table with impervious surfaces and a basin with hot and cold running water and fixed drainage;
- have storage for veterinary instruments and facilities for their sterilisation;
- have secure storage for drugs as required by the Regulations of the Controlled Substances Act
- have facilities for any excreta, putrescible waste, soiled bedding and carcasses to be stored in such a way and disposed of at intervals sufficient to avoid;
the generation of offensive odours
offensive appearance, and
those materials becoming a hazard to health
- have adequate facilities for cooling, heating and ventilation of any area in which any kennel, cage or stall is situated - individual cage heating is acceptable.

Where a veterinary practice is conducted on the same premises as a commercial enterprise (such as boarding kennels and/or grooming parlour), then:

- the practice rooms and facilities shall be separate from those of the enterprise,
- animals coming to the surgery will be kept separate from animals coming to the premises for other reasons,

It is recommended that as part of good veterinary practice where possible practices employ veterinary nurses with appropriate veterinary nurse qualifications and training, or, encourage them to attain qualifications. Nurses should be encouraged to take up continuing education opportunities and be part of regular staff meetings.

4 STANDARDS FOR MOBILE PRACTICES

The Standards are the minimum requirements for all veterinarians providing a mobile practice service.

Preamble

A Mobile veterinary practice is a facility which provides that form of clinical veterinary practice which may be transported or moved from one location to another for delivery of a limited range of medical and/or surgical services available from a trailer or vehicle. In addition, a Mobile veterinary practice is one which provides a veterinary service only to small animals, usually in the home of the owner. Small animals include cats, dogs, birds, rabbits, guinea pigs, reptiles, and some native animals.

Practices which provide services to large animals by attending the home/property of the owner or farm manager are not considered to be Mobile Practices for the purposes of these Standards. Also exempt are veterinarians providing a service to animals on land owned by Anangu Pitjantjatjara Yankunytjatjara (APY) under the Anangu Pitjantjatjara Yankunytjatjara Lands Right Act 1981, or similar Aboriginal communities in rural and remote areas of South Australia.

These standards should also be met by all veterinary practices which provide house calls as a service of the clinic-based practice, to small animals.

Public Liability

Veterinarians providing services through their mobile practice, or by providing house calls as a service of the clinic-based practice, should have public liability insurance cover in addition to professional indemnity insurance.

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Standards

1. A Mobile Practice must have access to a staffed clinic base (i.e. one where at least one other staff person is available) that can provide the following as a minimum:
 - i. Storage of drugs as required by legislation
 - ii. Safe and adequate radiology, anaesthesia and surgery
 - iii. Room/s for the housing of animals in which any kennel or cage is of a size appropriate to the animal housed and with adequate cooling, heating and ventilation
 - iv. Complete medical and surgical records for all patients
2. The vehicle used for house calls is to:
 - i. Be clean and hygienic at all times
 - ii. Have secure storage for carrying drugs as required by legislation
 - iii. Carry sufficient stocks of veterinary stationery to enable medical and surgical records to be completed when house calls are made
 - iv. Meet the requirements of local Authority by-laws (e.g. for disposal of waste etc)
 - v. Carry sufficient instrumentation (and sterilization equipment) for a competent clinical examination and the performance of minor surgery
 - vi. Include a secure compartment for the safe transport of the animal to a veterinary clinic
3. If a situation cannot be managed appropriately as an outpatient, then the animal should be transferred to the base clinic, or referred to another clinic.
4. Mobile Practices must have adequate telephone contact and telephone message services. This includes ensuring the veterinarian or the clinic base can be contacted by telephone during normal hours. It also includes making sure that advice to callers includes contact details for out of hours and/or emergency services. This may include referral to the clinic base, or an after hours veterinary service.
5. Safety and public liability issues must be determined before a visit (i.e. if the animal is known to be aggressive etc). Adequate assistance should be organized before attending where safety or public liability is compromised (e.g. a trained vet nurse attending with the veterinarian). In the event that assistance is not available, and the veterinarian is concerned about an animal's aggression, has any other safety concerns, or concerns about the general management of the patient, the animal should be referred to a veterinary clinic.
6. Examination of medical patients and surgery requiring sedation and local anaesthetic only may be carried out at the animal owner's premises, and/or in an appropriately equipped mobile surgery. All cases requiring hospitalization and/or surgical procedures requiring either general anaesthetic (i.e. involving loss of consciousness by animal) or intensive care must be performed at veterinary premises that conform to Board guidelines on standards of veterinary premises and include surgical and patient accommodation.

Where minor surgery is conducted, the veterinarian will remain at the premises until the animal has recovered to at least sternal recumbency.

The owner must sign a consent form for all procedures requiring sedation or local anaesthetic. This will alert them to the risks associated with the use of such medications in a setting other than a clinic base (e.g. risks associated with continual monitoring not being available, nor attendance by veterinary nurses.)

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7. The following procedures may be performed by a mobile practice. (Nevertheless, the veterinarian should perform the procedure at a clinic base if the animal is overtly aggressive or the veterinarian perceives other problems which may compromise the patient's outcome).
- General health and welfare check of the animal
 - Vaccinations
 - Surgery requiring sedation or local anaesthetic only (e.g. removal of grass seeds; suturing minor wounds). Procedures requiring general anaesthetic (i.e. loss of consciousness) must be referred to a clinic.
 - Euthanasia
 - Routine dental examinations
 - Consultations, examinations and investigations
 - Minor procedures not involving general anaesthetic, for example clipping 'hot spots', nail cutting
 - Microchip implantation. (All veterinarians must first scan the animal for an existing microchip; implant if no microchip is present; and then scan to ensure the microchip inserted is readable. Microchip certificates should be signed by the veterinary surgeon.)

APPENDIX I: Codes endorsed under legislation

5 CODE OF PRACTICE FOR THE OPERATION OF COMMERCIAL BOARDING ESTABLISHMENTS

The following standards apply to all veterinary practices where commercial boarding of cats and dogs is carried out. The Veterinary Surgeons Board aims to ensure that boarding establishments provided by veterinary practices provide a high standard of care and are consistent with the requirements for maintaining animal health and welfare. The Code of Practice presents a minimum standard, and is endorsed under the Veterinary Practice Act 2003. Veterinarians not meeting all standards in this Code of Practice may be in breach of the Act.

1 INTRODUCTION

- 1.1 The purpose of the Code is to specify the *minimum* standards of accommodation, management and care that are appropriate to the physical and behavioural needs of dogs and cats housed in commercial boarding establishments.
- 1.2 For the purposes of this code a boarding establishment is any establishment where a fee is paid for the housing of dogs and/or cats for the specific purpose of boarding, and excludes hospitalization or training facilities.
- 1.3 Boarding establishments must provide secure, healthy and humane short-term accommodation for companion animals and accept the full responsibility for the welfare of the boarders for and on behalf of their owners.
- 1.4 This code applies to the welfare of dogs and cats held and cared for at all commercial boarding establishments, which includes shelters and veterinary practices.
- 1.5 Compliance with the code does not remove the need to comply with State and Local Government legislation and permits.

2 ANIMAL ATTENDANTS

- 2.1 The proprietor of a boarding establishment is responsible for the overall management and conduct of the establishment and for the welfare of the animals boarded therein.
- 2.2 Responsibilities of the proprietor include:
 - ⊃ the mental and physical well-being of all animals in the establishment, taking into account the accommodation and equipment;
 - ⊃ provision of sufficient space for animals to move around freely;
 - ⊃ the protection of animals from people, other animals or adverse environmental conditions;
 - ⊃ protection of animals as far as possible from disease, distress and injury;
 - ⊃ overall level of hygiene in the establishment;
 - ⊃ supervision of attendants, whether working full or part-time and whether or not working for fee or reward;
 - ⊃ ensuring that staff employed by the establishment are sufficiently trained and experienced to properly manage the type of animal boarded;
 - ⊃ ensuring the maintenance of relevant records; and
 - ⊃ developing a plan for emergency situations (which may include such things as power failures, disease outbreak, fire, etc.).
- 2.3 Animal attendants must respect animals and have experience in handling them. Attendants are encouraged to have formal training, such as a technical college qualification in animal care.
- 2.4 Animal attendants are responsible to the proprietor for:
 - ⊃ general inspection of the animal on entry, including identification of the animal, recording of details and requirements (which may include: administration of medication, feeding of special diets, bathing and grooming);
 - ⊃ daily feeding, watering and inspection of all animals;
 - ⊃ daily cleaning of facilities, i.e. hosing out, replacing bedding, litter trays, cleaning food and water bowls;
 - ⊃ exercising dogs as required;
 - ⊃ reporting promptly to the manager animals showing any undesirable symptoms and ensuring the provision of prompt veterinary or other appropriate treatment if required;
 - ⊃ maintaining records; and

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- ensuring that the owner signs an agreement acknowledging the inherent risk when their animal is housed in shared accommodation, or shares an exercise pen with another animal(s).
- 2.5 Staff health should be protected by the provision of appropriate work clothing, adequate hand washing facilities and tetanus immunisation.
- 2.6 Information should be supplied to all staff on disease-causing organisms which can be transmitted to humans (zoonoses) and personal hygiene procedures must be such that transmission should not occur.

3 HUSBANDRY

DIET:

- 3.1 Animals must receive appropriate, uncontaminated and nutritionally adequate food according to the accepted requirements for the species and breed, age and condition.
- 3.2 Adult dogs must be fed at least once daily. Adult cats should be fed twice daily or have ad-lib access to dry food. Pregnant and lactating animals, pups up to 6 months of age, and kittens up to 8 months of age should be fed at least twice daily or have ad-lib access to dry food.
- 3.3 Food must be prepared hygienically and served in clean containers that are readily accessible, positioned to avoid spillage and contamination by urine or faeces, and cleaned at least daily.
- 3.4 Food must be stored appropriately, with dry food kept in a rodent-free place and fresh meat kept refrigerated.
- 3.5 Uneaten food should be removed and disposed of promptly so that it does not spoil or attract vermin. Uneaten dry food should be removed at least every other day and replaced with fresh dry food.
- 3.6 Animals housed together must be monitored to check that each is eating.
- 3.7 Fresh water must be available at all times.

HEALTH CARE:

- 3.8 Dogs less than 4 months old and cats less than 3 months old must not be admitted for boarding other than in exceptional circumstances.
- 3.9 Each animal shall be checked at least twice daily to monitor its health and comfort.
- 3.10 The person checking the animals should note whether each animal:
 - is eating ; drinking ; defaecating ; urinating ; behaving normally ; is of normal appearance ; is able to move about freely; and has a normal coat.
- 3.11 Any changes in health status should be reported promptly to the animal boarding establishment manager.
- 3.12 For dogs, pre-vaccination against distemper, hepatitis, parvovirus and kennel cough including bordatella is strongly recommended. It is essential that a current vaccination certificate be produced for each dog prior to admission.
- 3.13 For cats, pre-vaccination against feline infectious enteritis and feline respiratory disease is strongly recommended. It is essential that a current vaccination certificate be produced for each cat prior to admission.
- 3.14 Dogs and cats should have been treated for gastrointestinal worms and fleas before admission. Animals that have not been wormed or de-fleaed should be treated on admission at the owners cost and the owner be advised accordingly prior to admission.
- 3.15 All reasonable special requirements requested by the animal's owner or attending veterinarian must be complied with.
- 3.16 Animals known or suspected to be suffering from an infectious disease must not be admitted for boarding unless into an isolated quarantine kennel/cattery.
- 3.17 Owners of boarding animals must sign an agreement authorising provision of veterinary treatment if considered necessary.
- 3.18 Each establishment must have an arrangement with a veterinary practice or practitioner to be available and be responsible to the manager for the health and treatment of the animals, especially:
 - to be on call for emergencies;
 - to provide treatment other than first aid as necessary, including euthanasia;
 - to advise on housing, nutrition, hygiene and disease control; and
 - to provide clear warning and treatment of infectious and zoonotic diseases.

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- 3.19 Veterinary attention must be sought by the boarding establishment manager or his or her nominee for any animal showing symptoms including but not limited to the following:
- ▷ inability to stand or walk
 - ▷ bloating of abdomen
 - ▷ inability to urinate or defecate
 - ▷ fits or staggering
 - ▷ severe diarrhoea, especially if bloodstained
 - ▷ apparent pain
 - ▷ bleeding or swelling of body parts (other than the vulva of a female on heat)
 - ▷ coughing
 - ▷ vomiting
 - ▷ lameness
 - ▷ weight loss
 - ▷ evidence of skin disease or excessive scratching
 - ▷ runny nose
 - ▷ runny, discharging or inflamed eyes
 - ▷ repeated sneezing
- 3.20 Facilities must be available either at the boarding establishment or at veterinary premises for isolation of animals that are suspected of, or have been diagnosed as having an infectious disease.

HYGIENE:

- 3.21 The establishment is to be clean and hygienic at all times. All pens must be cleaned out at least once per day. All used, contaminated bedding and litter and all uneaten food must be removed. Used litter and uneaten food must be disposed of appropriately.
- 3.22 Kennels, catteries and associated housing or exercise areas must be cleaned daily, and disinfected at least once each week or before new animals are introduced and after an outbreak of infectious disease.
- 3.23 All watering and feeding utensils must be cleaned daily.
- 3.24 Cleaning and disinfecting agents should be chosen on the basis of their suitability, safety and effectiveness. Some common disinfectants, particularly those derived from or containing coal or wood tar products, are toxic to cats. Pine oil, phenol, cresol and chloroxylenols are such products, and must not be used where cats are kept. Manufacturer's instructions for the use of cleaning and disinfecting agents must be followed, since too dilute a solution may be ineffective and too concentrated a solution may be toxic.
- 3.25 After cleaning, animals should not be returned to the pens until the area is dry.
- 3.26 Pests including fleas, ticks, flies, mosquitoes and rodents must be controlled.
- 3.27 Chemicals used for pest control must be either prescribed by a registered veterinarian and/or registered and used only in accordance with manufacturer's instructions.
- 3.28 Cats must be provided with sufficient depth of suitable litter material, such as commercial cat litter, sawdust, shavings, sand or shredded paper. Litter should be checked, scooped, replenished or changed as needed. All litter must be completely changed at least once a week, when trays should be washed and disinfected. Fresh litter must be provided in disinfected trays for new cats when they are admitted.
- 3.29 Waste disposal must be in accordance with the requirements of the local government authority. Use of a trade waste service for collection and disposal of wastes is preferable. Wastes must not be incinerated.

EXERCISE:

- 3.30 Dogs must have the opportunity for exercise. Exercise can be provided by:
- ▷ allowing dogs access to an exercise area for at least 10 minutes twice daily; or
 - ▷ walking dogs on a lead for at least 10 minutes twice daily
- Very active or old dogs may require more or less exercise than specified.
- 3.31 Care must be taken to ensure that dogs being exercised cannot escape and are not in danger of attack or other injury. If dogs are walked off the property, the owner must give written informed consent.
- 3.32 If it is necessary to tether a dog, they must be tethered for no longer than 2 hours at a time and checked regularly, and then must be given the opportunity to exercise. Dogs must not be tethered overnight.

- 3.33 Cats must have sufficient room to enable them to stretch and to move about freely, and be provided with toys that are disposable (e.g. pipe-cleaners) or able to be disinfected and/or other opportunities for stimulation (e.g. planks of wood for scratching), ability to hide (e.g. cardboard boxes).
- 3.34 Cats should be checked daily for normal posture and mobility.

4 HOUSING

GENERAL:

- 4.1 Animal boarding establishments must provide an area for reception and records storage. Premises must include washing and toilet facilities for staff.
- 4.2 Catteries and kennels must be designed, constructed, serviced and maintained in a way that ensures the good health and well being of the animals, whilst preventing escape or injury to humans or other animals.
- 4.3 Housing must provide protection from the weather (wind, rain, sun and extremes of climate), vermin and harassment from other animals. This includes protection from extremes of temperature, with environmental temperature controlled as far as possible to minimize stress to animals.
- 4.4 Very old and very young animals may require provision of heating or cooling.
- 4.5 Materials should be selected for ease of maintenance and cleaning, durability and non-toxicity. Floors of animal housing areas of catteries and kennels must be made of an impervious material to assist cleaning and drainage. Wood, brick, dirt or grass floors are not acceptable.
- 4.6 The internal surfaces of the external walls must be constructed of impervious, solid, washable materials optimally curved at the wall/floor junctions to facilitate cleaning and disinfection.
- 4.7 Kennel and cattery floors should be sloped to enable wastes and water to run off, with a collection drain provided to take away water after cleaning.
- 4.8 Pens may be separated by either solid partitions, galvanised chain wire or weld mesh wire dividers. Pens must be completely enclosed having either a solid or wire roof or have an overhang of 700 millimetres at an angle of 35° to the horizontal.
- 4.9 All bedding provided for animals must be changed frequently and kept clean and dry.
- 4.10 Where kennels & catteries are constructed indoors, temperature, humidity and ventilation must be considered. Ventilation must be adequate to keep animal housing areas free of dampness, noxious odours and draughts. Cage or pen areas must have an ample supply of fresh air.
- 4.11 In totally enclosed buildings where forced ventilation is the only form of air the following is required:
- ▷ an air change rate of 8-12 changes per hour to prevent the build up of foul odours;
 - ▷ ventilation devices that avoid draughts and distribute fresh air evenly to all of the boarding areas;
 - ▷ temperature maintained in the range of 15^o-30^o C; and
 - ▷ air re-circulation units incorporating effective air cleaning and filtration.
- 4.12 Lighting must be as close as possible in duration and intensity to natural conditions.
- 4.13 Suitable facilities for bathing, drying and grooming animals must be available and must be hygienically maintained. These facilities may be provided by an outside grooming service.
- 4.14 Joint Facilities: Where boarding kennels are used by a municipality as a pound or shelter, or the boarding kennels and cattery is attached to a veterinary practice, then the facility to house the pound, shelter or veterinary practice should be physically separated by sufficient distance to minimise the possibility of spreading disease to the boarded animals. Separate staff should be available for each business or if this is not possible a change of outer garments and the facilities to disinfect footwear must be used.

DOGS:

- 4.15 All adult dogs must be housed one to a pen unless the owner(s) has given written consent for dogs to be housed together. If there are likely to be any times that the dog will be in the same run with one or more other dogs then the owner must give prior written consent. This must occur whether the dogs are from the same household or not.
- 4.16 Dogs which must always be housed singly include:
- ▷ bitches with puppies;
 - ▷ very aggressive dogs; and
 - ▷ old or frail dogs

VETERINARY SURGEONS BOARD SA HANDBOOK

4.17 Minimum pen sizes for one adult dog (older than 16 weeks):

| Height of dog at shoulder (cm) | Minimum Floor Area (m ²) | Minimum Width (cm) | Minimum height (cm) | Increased floor area for each additional animal (m ²) |
|--------------------------------|--------------------------------------|--------------------|---------------------|---|
| > 70 | 3.5 | 120 | 180 | 1.7 |
| 40 - 70 | 2.4 | 90 | 180 | 1.2 |
| < 40 | 1.5 | 90 | 180 | 1.0 |

4.18 One third of the area of each pen must be weatherproof and include raised sleeping quarters. Individual sleeping equipment should be provided when two adult dogs are housed in the one pen.

4.19 Noise from barking dogs must be managed to comply with local council noise regulations and may be reduced by one or more of the following methods:

- ▷ situating kennels so that they do not face each other;
- ▷ limiting external stimulation, e.g. by partitioning between kennels or use of blinds;
- ▷ holding dogs singly or in compatible pairs; and/or
- ▷ provision of background music or radio.

CATS:

4.20 Facilities for cats must be physically separated from dog facilities.

4.21 Cats should not be kept in the same cage or run as dogs, even if they come from the same household, unless appropriate dual accommodation is provided for families of mixed species and the owner has given written consent.

4.22 Cats may be housed in cages or walk-in modules that include a sleeping compartment and an exercise area.

4.23 The *minimum* size cage for short term boarding of up to seven days must have a floor area of at least one square metre and a minimum height of 900 millimetres.

4.24 Cats boarded for longer than seven days must be provided with accommodation that meets the following criteria:

Cages that have a *minimum* floor area of 1.5 square metres and a minimum height of 900 millimetres, or walk-in modules that have a minimum floor area of 0.8 square metres, a minimum width of 900 millimetres and a minimum height of 1.8 metres. The module must contain at least two levels including raised sleeping quarters. The higher level(s) must be connected to the floor by means of a ramp or pole. This size is for one cat only and an additional one square metre floor space is required for a second cat.

4.25 Cats must be housed singly in minimum sized cages. Where two or more cats are housed together in walk in modules the owner must give prior written consent. This still applies where cats from the same household are to be housed together.

4.26 Where cats are housed in groups, additional floor area per cat is required than when cats are housed singly, and increased attention is needed to monitor for stress or disease.

4.27 Cats must be provided with bedding.

4.28 Cats need as much fresh air as possible while providing protection from the elements and wire mesh should be the major feature of a cattery.

5 SECURITY

5.1 All boarding establishments must have an external perimeter fence at least two metres high surrounding the establishment to prevent the escape of animals. The external walls of the facility may serve as the perimeter fence if an animal escaping from its pen is restrained by these walls.

5.2 Buildings housing dogs and cats must be securely lockable. Any security methods used must allow for ready access by staff to animals and ready exit of staff and animals from the premises in the event of an emergency.

5.3 Each individual kennel, module or colony pen must be fitted with a secure closing device that cannot be opened by the animals.

5.4 Fire fighting equipment must be readily available.

6 MANAGEMENT

- 6.1 Animals are to be protected from distress or injury caused by other animals.
- 6.2 All animals must be identified.
- 6.3 The following information must be recorded relating to each animal admitted for boarding:
- ▷ animal's name;
 - ▷ name, address and telephone number of its owner;
 - ▷ contact telephone number, and number of nominee in the event that the owner is uncontactable;
 - ▷ date of admission and expected date of collection by owner;
 - ▷ a description of the animal including:
 - sex
 - breed or type
 - colour
 - age
 - distinguishing features
 - vaccination status;
 - ▷ name and contact telephone number of a veterinarian who normally attends the animal;
 - ▷ details of medical, dietary, bathing and grooming requirements;
 - ▷ the animal's condition and preferably weight on arrival;
 - ▷ any collars, leads or belongings brought in with the animal; and
 - ▷ record of the signed consent of the owner where required (refer clauses 2.4, 3.18, 3.31, 4.15, 4.21, 4.25 and 8.2).

7 TRANSPORT

- 7.1 Animals should be transported in the shortest practicable time. They must not be kept in parked vehicles in the sun or in hot weather unless adequate ventilation and shade is provided.
- 7.2 Any vehicle especially designed or regularly used for transporting animals should:
- ▷ protect animals from injury;
 - ▷ have non-slip floors;
 - ▷ provide easy access and operator safety;
 - ▷ protect against extremes of temperature;
 - ▷ protect against unauthorised release of animals;
 - ▷ be easy to clean and disinfect; and
 - ▷ be supplied with clean, secure cages or carry baskets for cats or very small dogs, and with separate compartments or partitions for larger dogs. Transport cages should permit an animal to turn around, but otherwise be of appropriate size to avoid trauma during transport.

8 EUTHANASIA & UNCLAIMED ANIMALS

- 8.1 Euthanasia should be considered where an animal becomes seriously ill or injured and where it is recommended by a veterinarian who has examined it. Permission from the animal's owner or nominee, preferably in writing, should be obtained. Euthanasia must only be performed by a veterinarian except in exceptional circumstances.
- 8.2 Proprietors must have a policy for dealing with unclaimed animals, which gives owners a reasonable opportunity to collect boarded animals. Owners must be made aware of this policy when animals are admitted, by reading and signing a standard form which sets out the terms under which animals are accepted for boarding.



APPENDIX I: Codes endorsed under legislation

6 CODE OF PRACTICE FOR THE BARK REDUCTION OF DOGS

This Code recognises that bark reduction may be necessary for therapeutic or prophylactic effects or as an alternative to euthanasia for a dog which barks persistently. This Code does not approve of bark reduction as a substitute for proper care, management and training of a dog. The owner of the dog must recognize that persistent barking is a behaviour problem, and the cause of the problem will not be addressed by this surgical procedure. Dog owners are encouraged to seek professional help to address the cause of the problem. When management changes and training are undertaken, sufficient time must always be allowed for behaviour changes in a dog to be evident.

1. PURPOSE OF THE CODE:

This Code aims to protect the welfare of dogs from indiscriminate surgical procedures to reduce barking and encourage considerate management of dogs. This Code is complementary to and should be read in conjunction with relevant sections of the Prevention of Cruelty to Animals Act, 1985 and Regulations.

2. MEANING OF BARK REDUCTION:

For the purposes of this Code 'bark reduction' means the surgical operation performed by a veterinary surgeon to reduce the noise of a dog's bark. After this procedure such dogs will usually have a reduced ability to vocalise, often with a "husky" bark which may be audible up to 20 metres.

3. CIRCUMSTANCES IN WHICH A DOG MAY UNDERGO BARK REDUCTION:

- a) The owner must demonstrate that they have taken all reasonable steps to discourage the dog from barking by considerate care, training and management of the dog. This will include such measures as:-
- i. appropriate obedience training by a recognised body;
 - ii. consultation with an animal behaviourist, and
 - iii. use of humane bark reduction aids.

The onus is on the owner to demonstrate to the veterinary surgeon that the problem has been ongoing for a significant period; that consistent, ongoing and genuine attempts have been made to appropriately address the cause of the problem; and that a range of options have been tried.

- b) There have been written complaints from two or more neighbouring residences, submitted to the local Council and training & management options have been pursued by the owner, or
- c) It is the opinion of an authorised Local Government Dog Management Officer that all other avenues have been pursued and bark reduction is a last resort to removal of the dog or euthanasia.

4. RESPONSIBILITIES OF THE OWNER IN THE CASE OF A DOG WHICH BARKS EXCESSIVELY:

An owner, or their agent, who intends to have a dog bark reduced must first complete the attached Statutory Declaration to demonstrate that they have taken reasonable steps to reduce the problem, as outlined in this Code. A model declaration is attached.

5. RESPONSIBILITIES OF THE VETERINARY SURGEON:

A veterinary surgeon who has surgically reduced the bark of a dog is required to maintain records of the operation for a period of seven years and be prepared to supply information to the Veterinary Surgeons Board or the Office of Animal Welfare on request.

Before agreeing to perform a bark reduction operation, the veterinary surgeon must consider the history and physical condition of the dog and arrangements for post-operative care and management. If the welfare of a dog after bark reduction is jeopardised, the dog must not undergo the surgery. If, it is in the veterinary surgeon's professional judgement that bark reduction is inappropriate in a specific case, the owner must be encouraged to arrange rehousing or euthanasia of the dog.

The veterinary surgeon must advise the owner or the person-in-charge of the appropriate care and management of a dog which has been barked reduced. It may not be necessary to completely separate a bark reduced dog from other dogs but care must always be taken soon after the operation or with dogs that are unfamiliar to the bark reduced dog.

APPENDIX I: Codes endorsed under legislation

CODE OF PRACTICE FOR THE BARK REDUCTION OF DOGS: SAMPLE FORM

PRACTICE NAME

OWNER'S STATUTORY DECLARATION FOR BARK REDUCTION IN A DOG

To be completed and presented to the Veterinary Surgeon who it is intended will surgically bark reduce the dog.

All sections are to be completed and the document is to be witnessed by a Justice of the Peace or the Commissioner for taking Affidavits in the Supreme Court of South Australia.

I
Full Name (printed)

Of
Address (printed)

do solemnly and sincerely declare that:-

1. I am the owner of a
Age, Breed & Description of dog

Dog named Registration number
in the Council Of

2. I request that the above dog be bark reduced by a surgical operation because it barks persistently.

3. I have made every reasonable effort to discourage the dog from so barking by considerate care, obedience training and the use of humane bark reduction aids.

I recognize that persistent barking is a behavioural problem, and that debarking does not reduce the dog's anxiety because it does not alter the problem, only the symptom.

The methods that I have used to attempt to alter the dogs behaviour are as follows (give details):

Obedience classes attended (where, length of time):

Animal Behaviourists consulted:

Devices used:

5. I have read carefully and understand the purport of the Code of Practice for Bark Reduction in Dogs.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1936

DECLARED AND SUBSCRIBED at

By Owner's Full Name (printed)

This day of 20

Before me:

J.P. or Commissioner for taking Affidavits in the Supreme Court of South Australia
(signature, official stamp & number included):

Appendix I: Codes endorsed under legislation.

7 CODE OF PRACTICE FOR THE TRANQUILLIZATION OF RAMS

Background

Shearers, through their union have raised the question as to whether veterinarians can provide them with S4 drugs to tranquillize rams when shearing. The Victorian Veterinarian Practice Board has recently considered this issue, and agreed that S4 drugs can be made available for shearing as long as the prescribed drug is provided in accordance with the Victorian Total Professional Service and Dispensing Checklist in their document, Guideline 6 on the 'The Supply and Use of Drugs in Veterinary Practice' (see www.vetboard.vic.gov.au). This Code of Practice also draws on this document.

Issues

The issue for shearers is the size and behaviour of some rams, and the resulting occupational health and safety concerns for shearers if the ram is difficult to handle.

The issue for veterinarians is their legal responsibility in relation to the supply of controlled substances (including S4 drugs) for the purpose of treating or tranquillizing animals. In particular, only veterinarians can supply S4 drugs for these purposes, and as such, veterinarians are responsible for the 'trail' of the prescribed medication. They are also responsible for the outcome from the use of the medication. S4 drugs can only legally be supplied to the owner or their representative who has control of the animals. This does not extend to shearers or shearing contractors.

Position

The Veterinary Surgeons Board supports the provision of S4 drugs for the purpose of shearing rams whose weight and demeanor makes it a potential occupational health and safety risk for the shearer, only under prescribed circumstances. In taking this position, the Board recognises that there are important animal welfare and public interest issues which need to be taken into account. These include

- (a) providing the wrong drug, or the wrong dose or strength of drug may have an adverse impact on the animal
- (b) the condition of the animal will have an impact on the use of drugs; for example the shearing shed environment may affect its behaviour
- (c) intended or accidental human dosing may have severe effects
- (d) to maintain public confidence in the veterinary profession, all veterinarians must uphold professional standards consistently across the State when supplying drugs.

Code of Practice

The Board supports the provision of S4 drugs for use in shearing rams whose weight and demeanor makes it a potential OH&S risk, only in accordance with all of the following:

1. The prescribed drug is provided to a 'bona-fide client' of the veterinarian. A 'bona-fide' client is one where
 - The veterinarian has a demonstrated professional relationship with the animal/flock and/or client within the last 12 months.
 - The veterinarian can demonstrate 'on farm' visits have been regular to attend the animal/flock/property, at least once every 12 months.
 - The bona-fide client is responsible for the animal husbandry and day to day management of the animal/flock. This is likely to be either the owner of the animal/flock, or a 'Responsible Agent' - i.e. the farm manager/stud manager.
 - The owner should have regular day to day involvement with the animal/flock and make decisions on the management of the animal/flock
 - The 'Responsible Agent' must have management responsibility for the animal/flock. A 'Responsible Agent' is not a person who provides either an irregular or regular service to the animal/flock (i.e. a shearer, farm contractor and so on)
2. There is a therapeutic need for the prescribed drug. To ensure there is a therapeutic need, the following procedures apply:
 - The flock is assessed individually, each year at shearing time, to ensure the correct type, dosage and strength of drug is supplied.
 - Detailed instructions are provided by the veterinarian to ensure the prescribed drug is administered appropriately to the animals. These must be written instructions.
 - Veterinarians should not provide a 'blanket dose' for rams in a flock. The veterinarian should make the owner/responsible agent aware of the need for individual doses for rams, based on an assessment of the following
 - breed
 - assessed weight
 - environmental conditions (e.g. penned, shearing shed etc)
 - age
 - ambient temperature
 - condition of ram (e.g. tired or exhausted from being chased etc)
 - The veterinarian is able to assess that the prescribed drug had the required outcome
 - The veterinarian is able to provide follow-up treatment or support if required
3. The Board has concerns about the use of drugs where inadvertent or unintentional human dosage can cause harm to people. Therefore the Board considers only a class of drug which is safely used in human medicine is recommended for dispensing for this activity. Phenothiazine derivative drugs (e.g. ACP) is therefore considered suitable, while Xylazine is inappropriate to use.
4. The veterinarian records the transaction of the prescribed drugs as required, and obtains the signature of the bona-fide client to whom the drugs are provided. The Board has developed 2 Forms (Pre-dispensation of drugs; Post-shearing of rams) and recommends these are signed and kept as part of the veterinarian's records. The Forms are attached.
5. Unused drugs are returned to the veterinarian, together with the Form 'Post-shearing of rams'.
6. All other requirements under the Controlled Substances Act are adhered to in the provision of S4 drugs – in particular, the veterinarian must personally supervise the sale of the prescription drug.

7. **Uniformity across the profession is imperative.** The VSB requires all veterinarians to follow these principles in the provision of prescribed drugs for the purposes of tranquillizing rams for shearing.

Not following these principles may result in the wrong drug being supplied, or the wrong dose or strength of drug made available. This will compromise the animal's health and welfare.

Inconsistency on this issue across the veterinary profession may also erode public confidence in the capacity of the profession to provide proper care to animals. It may also signal a lack of coherence between individual veterinarians and across the profession as a whole, which will further undermine public confidence.

The Board has based these principles on safety, consistency, and animal welfare considerations. Should the veterinarian not follow the principles endorsed by this code of practice, you may be considered negligent and so increase the potential for a civil claim being made against you and/or your practice.

8. The following **checklist** is provided to assist veterinarians, and should be read in conjunction with the above Code of Practice.

- The client is a bona fide client
- I have current knowledge of the management, health status and drug status of the animal/s
- I have established a therapeutic need for the use or supply of this drug.
- I have satisfied myself that the animal or flock is currently under my care.
- I have followed the Controlled Substances Act 1984 in respect of storage requirements; e.g. Drugs will be stored in a locked cupboard; Cupboard will be in a cool location.
- I have followed the Controlled Substances Act 1984 in respect of the labeling requirements; e.g. 'For Animal Use only'; Directions for use on container.
- I have followed the Controlled Substances Act 1984 in respect of recording requirements.
- I have a system of follow up in place to determine whether expected outcomes of treatment are achieved.
- I am in a position to provide or arrange after care for this animal if needed, and the client is aware of my position in this respect.
- I am confident the client understands all instructions regarding the use (and, where appropriate, with-holding restrictions) of this drug.
- I am confident the client knows how to use the drug properly and safely.
- The amount I am dispensing is reasonable for treatment of the condition for which I have documented the therapeutic need, and is not excessive so as to create a possible inappropriate stockpiling of drug by the client.
- I have considered the welfare of the animal/flock in dispensing this drug.

Veterinarians may also consider providing the MS DATA Sheet on the appropriate drug to the owner/responsible agent at the time of dispensing the drug. The Sheet should be provided to a medical practitioner in the event of accidental human injection.

FORM 1 Pre-Dispensation Form

(To be completed by veterinarian and signed by owner/responsible agent before supplying drugs)

| Number of Ram/s | Breed of Ram/s | Age of Ram/s | Weight Range | Body Condition | Type of Drug | Total volume supplied |
|-----------------|----------------|--------------|--------------|----------------|--------------|-----------------------|
| | | | | | | |

Name of Owner/Responsible Agent:.....

Signature Date:

Name of Veterinarian:

Signature Date:

FORM 2 Post-Shearing Record

(To be completed by owner/responsible agent and provided to veterinarian within 14 days of administering of drug with any unused drug)

| Name of person giving the drug | Date and time drug given | Place injected | Total Volume used (ml) | Volume remaining (ml) | Drug disposed of or wastage (ml) | Results – e.g. Good / not good / adverse reaction (describe)** |
|--------------------------------|--------------------------|----------------|------------------------|-----------------------|----------------------------------|--|
| | | | | | | |

** In the event of an adverse reaction at the time of giving the drug, contact the veterinarian as soon as possible.

Name of owner/responsible agent:

Signature of owner/responsible agent:.....Date.....

Emergency contacts:

Ambulance: 000

Hospital: (insert local hospital)

Poisons Information centre: 13 1126 Veterinarian: (insert local telephone number)

APPENDIX III:

SAMPLE FORMS

CONSENT FOR ANAESTHESIA AND SURGICAL PROCEDURES

PRACTICE DETAILS

Species and Breed

Name Colour

Age Sex M/F/NM/NF Microchip/Tattoo/Brand

Owner's/Agent's* Name

Address

Telephone: Home Work Mobile

Operation/Procedure:

I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical operation/procedure detailed on this form together with any other procedures which may prove necessary.

The nature of these procedures and of other such procedures as might prove necessary has been explained to me and I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal.

I accept that the likely cost will be as detailed on the attached estimate, and that in the event of further treatment being required or of complications occurring which will give rise to additional costs, I shall be contacted as soon as practicable so that my consent to such additional costs may be obtained.

Signature: Owner/Agent*

Name: **(block capitals)**

Date:

Notes and Instructions:

The estimated cost of the procedure(s) described above:

will be \$..... OR / will be within the range: \$..... to \$.....

This does/does not include the costs of: **Post-op Exam; Post-op Treatment** (the client must be informed prior to the procedure of any likely additional costs).

APPENDIX III:

SAMPLE FORMS

REQUEST FOR EUTHANASIA

PRACTICE DETAILS

Species and Breed

Name Colour

Age Sex M / F / NM / NF Microchip/Tattoo/Brand

Owner's/Agent's* Name

Address

Telephone: Home Work Mobile

*I hereby confirm that * I am the owner of the animal described above*

** I have the authority of the owner of the animal described above*

and I request / authorise euthanasia of the above named animal.

*delete as appropriate

Signed:

Name (block capitals):

Date:

PRACTICE NAME

***ACKNOWLEDGEMENT OF RISK
and
ACCEPTANCE OF RESPONSIBILITY***

I
print name

acknowledge that I have been supplied with a prescription drug for administration to my animal(s) when a veterinarian is not present.

I have been provided by the veterinarian with the details regarding storage, administration, potential side effects and adverse reactions.

I understand that with all drugs there is a potential for an adverse reaction and I accept responsibility for the administration of this drug and the effects thereof.

I indemnify the veterinarian who has supplied this prescription drug against all or any claims which may be made arising out of the supply, handling, storage, transport and use of this drug.

SIGNED:

DATED:

APPENDIX IV:

QUALIFICATIONS ACCEPTABLE FOR AUTOMATIC REGISTRATION IN SOUTH AUSTRALIA

Australia

Bachelor of Veterinary Science awarded by the University of Melbourne.
Bachelor of Veterinary Medicine and Surgery awarded by the Murdoch University.
Bachelor of Veterinary Science awarded by the University of Sydney.
Bachelor of Veterinary Science awarded by the University of Queensland.

New Zealand

Bachelor of Veterinary Science awarded by the Massey University of Manawatu.

South Africa

Bachelor of Veterinary Science awarded by the University of Pretoria (Onderstepoort).

United Kingdom

Bachelor of Veterinary Science awarded by the University of Bristol.
Bachelor of Veterinary Medicine awarded by the University of Cambridge.
Bachelor of Veterinary Science awarded by the University of Liverpool.
Bachelor of Veterinary Medicine awarded by the University of London.
Bachelor of Veterinary Medicine and Surgery awarded by the University of Edinburgh.
Bachelor of Veterinary Medicine and Surgery awarded by the University of Glasgow.

Certificate of membership of the Royal College of Veterinary Surgeons awarded by examination.

A degree in veterinary science, medicine or surgery (not listed above) supported by a certificate issued by the Australian Veterinary Boards Council certifying that the applicant has satisfactorily completed the National Veterinary Examination conducted by the Australian Panel in Veterinary Science.

A degree in veterinary science, medicine or surgery (not listed above) accredited by the American Veterinary Medical Association together with satisfactory completion of the North American Veterinary Licensing Examination.



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APPENDIX V:

SCALE OF FEES

| Application for Registration | |
|---|-------------|
| (a) Veterinary Surgeons – entry onto register (an annual practising fee is also payable – see below) | \$ 140.00 |
| (b) Veterinary Specialists | |
| o Assessment fee payable to AVBC Inc | \$1200.00 * |
| o Plus registration fee payable to Veterinary Surgeons Board SA | \$ 140.00 |
| Note: if specialist registration has been granted in another state/territory of Australia registration will be recognized on application without further fee | |

| Annual Practising Fees | |
|--|---|
| (a) Existing Registrants | \$375.00 |
| (b) New Registrants & Reinstatements (payable in addition to the initial application fee of \$140.00) | \$375.00 |
| For registration in: | |
| January, February, March | Primary / Secondary \$375 / \$230 |
| April, May, June | \$320 / \$190 |
| July, August, September | \$280 / \$170 |
| October, November, December | \$230 / \$145 |

(Secondary Registration is available to veterinary surgeons that have current Primary Registration in another State or Territory of Australia).

| Other Fees & Charges | |
|---|------------|
| Restoration to the Register (All persons removed for any reason) | \$140.00 |
| Letter of Good Standing | \$ 60.00 * |
| Entry of addition qualifications in the Register (Subsequent to initial application) | \$ 20.00 |
| Inspection of the Register | \$ 20.00 |
| Printed Copy of the Register | \$ 50.00 * |
| Copy of the Register on disk | \$320.00 * |
| Set of addressed adhesive labels of register entries | \$250.00 * |
| Change of Status of surgery viz. Upgrade to Hospital Status (includes first inspection) | \$750.00 * |
| Hospital Inspection (follow-ups) | \$600.00 * |
| Veterinary Services Providers (each year thereafter the annual practise fee is applicable) | \$450.00 |

**Guidelines and Application forms in respect of any of the above
are available from the Website: www.vsbsa.org.au**

(No GST applies to statutory fees. Note those marked * include GST)

VETERINARY SURGEONS BOARD SA HANDBOOK

APPENDIX VI:

CONTACTS

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