

Health Professionals (ACT Veterinary Surgeons Board Standards Statements) Approval 2007 (No 2)

Notifiable instrument NI2007–420

made under the

Health Professionals Regulation 2004, Section 134 (Standards Statement)

1. Name of instrument

This instrument is the *Health Professionals (ACT Veterinary Surgeons Board Standards Statements) Approval 2007 (No 2)*.

2. Commencement

This instrument commences on the day after notification.

3. Standards Statements

In accordance with Regulation 134 (3) of the *Health Professionals Regulation 2004* the ACT Veterinary Surgeons Board has approved the following Standards Statements.

Dr Kevin Doyle
President

30 November 2007

ACT VETERINARY SURGEONS BOARD

STANDARDS STATEMENTS

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Standards Statements issued by the Veterinary Surgeons Board are designed to raise awareness of the standard of practice required from a registered veterinary surgeon to be competent to practise, or to help the practitioner improve his or her suitability to practise. The information contained in these statements is to be used as a guideline for veterinary surgeons to follow and reflects the interpretation of the Health Professionals Act 2004 by the Board. Non-adherence or breach of the statements may be grounds for finding of a breach of the Act.

Disclaimer

In the case of any conflict or discrepancy between this document and legislation, the legislation prevails.

ACT VETERINARY SURGEONS BOARD

STANDARDS STATEMENT

1. VETERINARY SURGEONS CODE OF CONDUCT

Legislative requirements

The ACT *Health Professionals Act 2004* states, inter alia, that persons registered as veterinary surgeons must be physically and mentally competent and have the appropriate skills, including communication skills, in order to practise as a veterinary surgeon or specialist in the ACT. Further, that the person must not engage in any improper or unethical conduct and must exercise adequate judgement and care while practising as a veterinary surgeon or specialist.

The Act can be accessed at <http://www.legislation.act.gov.au/a/2004-38/default.asp>

Guideline Documents

1. Australian Veterinary Association (AVA) Code of Professional Conduct

In assessing competence and behaviour in relation to the above, the ACT Veterinary Surgeons Board (VSB) will use the Australian Veterinary Association (AVA) Code of Professional Conduct, current at the time, as a guideline document. Copies of this document can be obtained from the AVA or from the ACT VSB.

2. The ACT *Animal Welfare Act 1992*, as amended. This Act can be found at <http://www.legislation.act.gov.au/a/1992-45/default.asp>.

3. Standards of Practice for ACT Allied Health Professionals, ACT Health, September 2004.

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2. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

One of the Board's primary responsibilities is protection of the public and hence it has an ongoing interest in ensuring that the profession maintains the highest practice standards.

Veterinary Surgeons are expected to maintain their competence by participating in continuing professional development (CPD) activities. Registration under the new Health Professionals Act, requires evidence to be held (not provided) of such participation in CPD for annual renewal purposes.

The following guideline document is to be used as a benchmark for assessing the adequacy of a practitioner's CPD, along with the points system outlined below.

Continuing Professional Development Information for Health Professionals, ACT Health, May 2005.

The Board recommends that veterinary surgeons join the AVA as an effective means of keeping in touch with developments in the profession and accessing CPD opportunities.

It is required that veterinary surgeons keep a record of any continuing education courses, lectures, reading etc that you have done which relate to your work as a veterinary surgeon. A card for recording your CPD activities which will assist in this task is available from the Registrar or from the Veterinary Surgeons Board website at:

<http://www.health.act.gov.au/c/health?a=da&did=10033300>

CPD requirements are to accrue 60 points over a three year period. The points are allocated as follows:

Nationally standardized points

<u>Structured CPD</u>	<u>Hrs</u>	<u>Units</u>
University CPD courses	1	1
Post graduate courses 1	1	
Conference seminars	1	1
Paper presentation	1	4
Paper publication	1	1
Attend presentation	1	1
Correspondence courses	1	1
Written assessment tests	1	1

Unstructured CPD

Reading	2	1
audio/video	2	1

Requirements are for structured units to total 15 points, and unstructured 45 points, per triennium.

If there were to be any question of your competence at any time, for example, if a client were to lodge a complaint with the Board, evidence of continuing education will be needed to assist in establishing your competence.

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3. USE AND MANAGEMENT OF S8, EUTHANASIA SOLUTIONS AND BENZODIAZEPINES

The ACT Veterinary Surgeons Board would like to remind all veterinary surgeons of the importance of handling S4 and S8 drugs in accordance with the ACT Drugs and Poisons Act 1933 and associated regulations or requirements.

It has come to the notice of the Board that some veterinarians may be providing owners of animals with pentobarbitone to administer in the case of an animal with a terminal condition which does not improve with appropriate treatment.

Pentobarbitone is an extremely dangerous drug in untrained hands. The dangers to the owner or other members of the household in having pentobarbitone available are extremely serious.

The Board considers that the supply of pentobarbitone in this manner constitutes unprofessional conduct and is not to be undertaken.

All S4 and S8 drugs must be managed in accordance with legal requirements. In the case of S8 drugs that means that all these drugs which are used must be recorded in an S8 record book. S8 drugs must be kept under lock and key and they should only be administered by or under the supervision of a veterinary surgeon.

It is the Board's view that all euthanasia solutions (eg, Lethobarb and Valobarb) and psychotropic drugs should be kept under lock and key when not under direct veterinary supervision.

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4. DOCUMENTS TO BE AT HAND AT A VETERINARY PRACTICE

The ACT Veterinary Surgeons Board considers that this document and the following information should be on hand or easily accessible (for example via the Internet) at veterinary practices.

Veterinary Surgeons in the ACT must work in accordance with the relevant ACT legislation. This legislation is currently the Health Professionals Act 2004, accessible at <http://www.legislation.act.gov.au/a/2004-38/default.asp>

Other Acts also apply to Veterinary Surgeons in the ACT, including:

- [POISONS ACT 1933](http://www.austlii.edu.au/au/legis/act/consol_act/pa1933121/) - http://www.austlii.edu.au/au/legis/act/consol_act/pa1933121/
- [POISONS AND DRUGS ACT 1978](http://www.austlii.edu.au/au/legis/act/consol_act/pada1978201/) - http://www.austlii.edu.au/au/legis/act/consol_act/pada1978201/
- [ANIMAL DISEASES ACT 1993](http://www.austlii.edu.au/au/legis/act/consol_act/ada1993138/) - http://www.austlii.edu.au/au/legis/act/consol_act/ada1993138/
- [ANIMAL WELFARE ACT 1992](http://www.austlii.edu.au/au/legis/act/consol_act/awa1992128/) - http://www.austlii.edu.au/au/legis/act/consol_act/awa1992128/
- PUBLIC HEALTH ACT 1997 - http://www.austlii.edu.au/au/legis/act/consol_act/pha1997126/
- CLINICAL WASTE ACT 1990 - http://www.austlii.edu.au/au/legis/act/consol_act/cwa1990139/
- [DOMESTIC ANIMALS ACT 2000](http://www.austlii.edu.au/au/legis/act/consol_act/daa2000163/) - http://www.austlii.edu.au/au/legis/act/consol_act/daa2000163/
- COMPANION ANIMALS ACT NSW 1998 - http://www.austlii.edu.au/au/legis/act/consol_act/daa2000163/

Veterinary Surgeons should familiarise themselves with all legislative requirements applying to them and the practice of veterinary surgery in the ACT.

POLICY AND PROCESS MANUALS

The practice should have policy and process manuals available which provide information for veterinary surgeons regarding policies and processes at the practice, including, but not limited to the following:

- A formal documented induction process for new staff;
- An organisational structure chart or similar with lines of responsibility clearly identified and provided to staff;

- Processes for record keeping of all animals presented to the centre, from initial admission and including treatment and outcome records;
- Procedures for case ‘hand overs’;
- Identified procedures for referring cases to the RSPCA; and
- Identified procedures for storage and disposal of cadavers.

LICENCE TO EUTHANASE WILDLIFE

ACT veterinary surgeons operate under a general license held by the ACT Veterinary Surgeons Board to euthanase native animals. Veterinary Surgeons are required under this licence to:

- Ensure animals are killed humanely;
- Keep records of all native animals euthanased (except for all birds, Eastern Grey Kangaroos, Brown Snakes, Blue Tongue Lizards and Longed-neck Tortoise), including date euthanased, species and number of each species euthanased, location where the animal was found, and treatment.
- Records are to be submitted to the RSPCA or the Board by 31 May each year.

Data will then be passed on to Environment ACT.

ACT VETERINARY SURGEONS BOARD

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5. MANAGEMENT OF CLINICAL RECORDS

The ACT Veterinary Surgeons Board requires that every practice have an efficient record keeping system for client records.

VETERINARY MEDICAL RECORDS

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

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

3. Copies of any certificate issues should be retained as part of the animal's clinical records.

4. a. The veterinary medical records of each patient should provide the following history data:

- i. Client identification;
- ii. Animal patient or herd identification;
- iii. Medical history;
- iv. Physical examination details;
- v. Provisional and final diagnosis;
- vi. Treatment given, dispensed or prescribed;
- vii. Vaccination record;
- viii. Copy of any certificate issued.

b. And where relevant:

- i. Prognosis;
- ii. Consultation progress notes;
- iii. Radiographic records;
- iv. Imaging reports, eg. CAT, MRI, Ultrasound, v. ECG, EEG, Scintigraphy
- v. Laboratory reports;
- vi. Autopsy reports;
- vii. Specialist reports;
- viii. Surgical record/s;
- ix. Surgical mortality record;
- x. Anaesthetic record;

- xi. Dental record;
- xii. Hospitalisation treatment record.

5. All veterinary medical records are the property of the clinic and maintained in the clinic for the benefit of the client, the animal, the staff and the clinic. Veterinary medical records should be confidential and no information in these records should be released to anyone without clear authorization from the owner of the particular animal.

6. Objective comments re an animal's temperament may be included, eg, nervous, aggressive, fear biter, etc., however, subjective personal comments about clients or animals are inappropriate in medical records and should be avoided.

7. In the case of a stray, medical records should be kept identifying as best as possible the animal and the procedure.

RETENTION OF MEDICAL RECORDS

8. Should legal action be brought against a veterinary surgeon, all documentary evidence would be brought to account and medical records are likely to be needed in defence. Records should be kept for at least seven years after the last occasion on which the animal received treatment.

ACCESS TO RECORDS

9. Clients are entitled to copies of relevant records. Whether or not there is a cost involved is a matter for the individual veterinary practice. Where the history is complex, an attempt should be made to discuss the case with the next veterinary surgeon. Pathology reports should include raw data and the pathologists' analysis.

10. Whether the request to forward veterinary medical records is made by the client or the second veterinary surgeon, this request should be treated professionally and actioned as quickly as possible by the first veterinary surgeon. When a medical record is transferred and a copy is not kept, a note should be made of the name and address of where the information was transferred.

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

- i. publishing a notice in the newspaper. The notice should set out the details of the proposed changes in the practice and state whether the records are to be retained by the veterinary surgeon, transferred to another practitioner or made available to the clients;
- ii. placing a notice in the practice. A written notice should be placed in a prominent location in the practice for a period of not less than two months prior to the date of the changes in the practice (where possible).
- iii. clients with animals currently receiving a course of treatment, therapy, or being monitored by the practice, should, where practicable, be sent notification in writing about the changes to the practice.
- iv. As a last resort, where a practice has closed and circumstances require, the Board may determine the fate of any residual records.

12. Veterinary surgeons who elect to retain medical records must comply with the requirements in points 8 – 10.
13. Practitioners should consider in their succession and estate planning, provision for medical records they hold.
14. The Board can demand to see all pertinent records as part of a complaint investigation.
15. The courts have power to require any information that they see fit. Veterinary surgeons have a duty to comply with any lawful requests promptly and efficiently.

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6. RECENCY OF PRACTICE REQUIREMENTS FOR REGISTRATION AND PRACTICE

The Board has a legislative responsibility to be satisfied that registrants are competent to practise veterinary surgery. The following arrangements have been adopted to meet this requirement.

This policy applies to applicants with accepted veterinary qualifications who have not worked in veterinary practice for five years.

These applicants must meet the following requirements before they will be granted either full or unconditional registration.

- Applicants must have at least 50 hours of supervised practice in a multi-person practice approved by the Board, or a period as determined by the Board;
- The 50 hours must be completed within a six-month period, or other period as determined by the Board; and
- Once a practice or practices has/have been located which will undertake the supervisory role, the applicant must contact the Registrar before commencing work and the Board must give approval of the practice/s for that role.

Criteria for approval of a practice in this role will include that it is a multi-vet practice with experienced veterinarians available (not new or relatively new graduates) to supervise at all times.

After the required hours of supervision are completed, a report from the supervising practice will be considered in the decision to be made regarding the applicant's registration.

Veterinary surgeons must take responsibility for determining their own competence to practise veterinary science in the field in which they choose to work.

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7. ANAESTHESIA PROTOCOL

1. The ACT Veterinary Surgeons Board requires that every practice have established protocols for the administration and supervision of anaesthetic agents and that all staff need to be aware of the procedures contained therein:

2. The procedures should:

- be set out in a readily accessible form
- be available at any time of the day
- show the drugs used, their dosage and routes of administration
- be reviewed and updated regularly
- contain a copy of a suitable anaesthetic monitoring chart that is used in hospital

3. A minimum data base needs to be established for every case undergoing anaesthesia. This includes a full clinical examination and recording of owner and patient name, breed, age, sex, heart rate, temperature. The date, procedure, time of procedure, drug doses and time and route of administration, surgeon and anaesthetist should be recorded.

4. The anaesthetic risk for the patient must be assessed, recorded and graded. A suitable system is the ASA (American Society of Anaesthesiologists) system where animals are graded from 1-5. Young animals would be graded 1-2, geriatric or sick animals graded 4-5. Those healthy animals with breed related anaesthetic problems would be grade 3 (eg brachycephalics). Except in an emergency, animals with a high anaesthetic risk (i.e. graded 4-5) should have additional laboratory investigation prior to anaesthesia. The minimum should include: urine specific gravity, packed cell volume and total blood protein. (If an owner refuses to agree to laboratory tests this should be noted).

5. A suitable oxygen delivery system with monitoring by a competent and trained second person should be available for all animals undergoing anaesthesia except for the following:

- Small animals where duration of procedure is 15 minutes or less
- Large animals where duration of procedure is 60 minutes or less
- Emergencies.

6. An anaesthetic machine must be used for procedures taking more than 15 minutes for small animals and 60 minutes for large animals. The vaporiser should be calibrated regularly.

7. Animals should be continuously monitored with the recording of heart and respiratory rate every 10-15 minutes. Departures from normal need to be recorded.

8. Due attention needs to be given to pain relief, intra and post anaesthetic body temperature. An animal graded 4-5 may need fluid therapy. Horses undergoing other than short procedures should have fluid therapy.

9. A record of anaesthetic deaths needs to be kept showing post mortem results and if a post mortem is not performed a reason should be given.

10. Evidence of compliance with these recommendations will constitute a complete anaesthetic record.

11. Practices should comply with occupational health and safety procedures or requirements, such as having an anaesthetic gas scavenging system in place where necessary.

The above procedures may be varied where individual situations indicate an alternative practice/method/treatment is justified.

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8. ADVERTISING

The ACT Veterinary Surgeons Board considers the AVA Code of Ethics with regard to advertising as the minimum standard with which all veterinarians should comply. This accords with the principle that advertising should serve the public interest as well as the interests of the profession.

General requirements for advertisements relating to veterinary services include:

Signs:

- (1) A veterinary surgeon must display at each place at which the veterinary surgeon practises veterinary surgery a sign bearing:
 - (a) the veterinary surgeons name; and
 - (b) the veterinary surgeon's qualifications as recorded in:
 - (i) the Register of Veterinary Surgeons; or
 - (ii) the Register of Veterinary Specialists; as the case may be; and stating that the person is a veterinary surgeon or, as the case may be, a veterinary specialist.
- (2) A veterinary surgeon who:
 - (a) is employed in a temporary capacity; or
 - (b) is engaged to act in locum tenens;

for a period of not more than 30 days is not required to comply with subregulation (1).

- (3) A sign displayed at veterinary premises may be illuminated by a light of constant intensity (in case of emergency) without causing irritation to the general public.
- (4) A veterinary surgeon whose veterinary premises are in a shopping complex or other place where a directory of tenants is provided may display on that directory a sign indicating that the veterinary surgeon has a practice in that place.

Advertisements and promotions

General requirements for advertisements relating to veterinary services:

An advertisement must not:

- (a) be false, misleading or deceptive; or
- (b) be likely to mislead or deceive; or
- (c) adversely affect or be likely to adversely affect the reputation or standing of any veterinary surgeon or of the veterinary profession generally; or
- (d) claim or imply the superiority of any veterinary surgeon over all veterinary surgeons or any other veterinary surgeon; or
- (e) make or imply a comparison with any other veterinary surgeon; or
- (f) contain any testimonial or endorsement concerning any veterinary surgeon.

Specialists

Veterinarians who are not registered as veterinary specialists should not make any claims to be a specialist (see (a) above).

‘Yellow Pages’ or other advertising

Advertising in any telephone book, directory or other place or medium should be accurate and not misleading.

Advertising of After Hours Services

Veterinarians or veterinary practices need to be very careful in relation to the advertising of their hours of service in order to ensure that they are not misleading the public. If advertising implies or promises services which are not provided, this is likely to be a breach of the Code of Conduct.

Some advertisements in the Yellow Pages use wording such as “emergency after hours service” or similar, which may imply that the practice is offering a 24 hour, 7 day service. If this is not the case, practices should use the wording “emergency contact” rather than “emergency service”.

The Board urges all practices to review their advertising in the Yellow Pages and ensure that it does not mislead the public in any way regarding the services provided.

Use of Post Nominals

The ACT Veterinary Surgeons Board has considered the issue of the use of non-academic post nominals, such as MRCVS or other membership initials, in advertising of practices.

The Board is of the view that post nominals may mislead the public into thinking that the person has higher qualifications or skills than other veterinary surgeons who do not use these post nominals.

The Board therefore has determined that, unless approved by the Board, non-academic post nominals should not be used in advertising as they do not represent additional qualifications and may mislead the public.

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9. INSURANCE

Schedule 12 to the ACT Health Professionals Regulation 2004 includes a requirement for veterinary surgeons to maintain a policy of professional indemnity insurance, as follows:

12.7 Required insurance policy—Act, s 37 (1) (d)

- (1) A veterinary surgeon must maintain a policy of professional indemnity insurance at a level approved by the board.
- (2) However, subsection (1) does not apply to a veterinary surgeon if the veterinary surgeon—
 - (a) is covered by professional indemnity insurance (the *other insurance*) other than insurance maintained by the veterinary surgeon; and
 - (b) only practises as a veterinary surgeon while covered by the other insurance.

Section 12.7 (2) allows that a veterinary surgeon may practise or call him/herself a veterinary surgeon if he/she is covered by other insurance, such as through their employer.

The level approved by the Board is a level commensurate with the level of the registrant's practice, as assessed by the registrant. Insurance cover at a level provided by a professional association can be taken as an indication of the level of insurance cover required.

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10. VETERINARY PREMISES

Premises to be used for the provision of veterinary services in the ACT must be approved for use as veterinary premises by the ACT Veterinary Surgeons Board. Veterinary premises that have been approved by the ACT Veterinary Surgeons Board will be deemed to satisfy the Board's standards at the time of the approval. Premises must be maintained at that standard subsequently.

Applications for approval of premises for the provision of veterinary services must be made on the Board's application form and must be supported by enough information to enable the Board to make a decision on the application. An application must be accompanied by the Board's fee and must grant permission for a member or an officer of the Board to carry out inspections of the premises.

The Board may impose on an approval any reasonable condition the Board determines and the Board may amend, suspend or cancel an approval on reasonable grounds.

Offence and professional misconduct provisions apply to persons conducting a veterinary practice at premises not approved by the Board, those not complying with a condition of an approval and those submitting false information in an application.

Approval is required every 4 years and to:

- Establish new premises;
- Re-locate existing approved premises;
- Upgrade existing approved premises to a higher level of practice; and
- Use existing unapproved premises.

Information provided in the ACT Veterinary Surgeons Board Approval Application Pack, which follows, is part of this Standards Statement.

ACT VETERINARY SURGEONS BOARD

Scala House
11 Torrens St
BRADDON ACT 2612

Ph: 02 – 62051596
Fax: 02 – 62051602
Email: vetboardr@act.gov.au

USE OF PREMISES AS VETERINARY PREMISES

ACT Veterinary Surgeons Board Approval Application Pack

Requested By:

Date:

NB: Where veterinary practices are not appropriately named, there is a two-year period of grace for the change of name of the practice.

VETERINARY PREMISES APPROVAL INFORMATION SHEET

Applying For Approval

Standards Statement No. 10 provides that a person must apply to the ACT Veterinary Surgeons Board (the Board) for approval to use premises as veterinary premises. The application must be in the approved form and be supported by enough information to enable the Board to decide the application, and be accompanied by the prescribed fee.

The Board may by written notice require the applicant to allow a member or an officer of the Board to inspect the premises which are the subject of the application.

The Board may impose on an approval any reasonable condition the Board determines and the Board may amend, suspend or cancel an approval on reasonable grounds.

Offence and professional misconduct provisions apply to persons conducting a veterinary practice at premises not approved by the Board, those not complying with a condition of an approval and those submitting false information in an application.

Approval is required every 4 years and to:

- Establish new premises;
- Re-locate existing approved premises;
- Upgrade existing approved premises to a higher level of practice; and
- Use existing unapproved premises.

The documents to be submitted are:

- ☐ Approval for Veterinary Premises Application Form
- ☐ Veterinary Premises Standards Submission Form
- ☐ Detailed floor plan of premises showing design, identifying work and public areas, and size (m²), location of equipment, furniture and fittings, water supply, restricted drug storage area and controlled drug receptacles, customer parking and access.
Note: Photographs can be submitted as additional supporting information.
- ☐ Evidence of possession licence (or receipt of application) for x-ray equipment if installed.
- ☐ Prescribed application fee.

If a Board inspection of the premises is required in the approval process, the applicant will be advised in writing. (An additional fee is applicable in these circumstances.) Payment of the additional fee will be required before an inspection can be undertaken and will be requested in writing.

NOTE: A Board inspection will be conducted in all applications where the premises are intended to be designated as a veterinary hospital or veterinary centre except where the premises is currently accredited by the Australian Small Animal Veterinary Association, its successor or by a similar national accreditation body.

A Board inspection will be conducted in all applications where the premises are wholly owned by non-veterinarians including animal welfare groups and the premises are intended for the conduct of general anaesthetic procedures.

All government approvals for premises must also be obtained.

All premises accredited under the current ASAVA (or its successor) 'Manual of Hospital Standards', for example, will be deemed to have met this Board's premises requirements.

The Board may refuse to grant the application if satisfied that:

- The premises are not suitable for use having regard to the standards applied;
- The details provided of equipment and fittings are deemed inadequate;
- A veterinary surgeon will not be practising at the premises;
- The applicant (and if a corporation, any of the corporation executive officers), has been convicted of a disqualifying offence.

Forward all completed forms, documents and prescribed fee to:

The Registrar
Veterinary Surgeons Board of the ACT
Unit 1, Scala House
11 Torrens St
BRADDON ACT 2612

Further information on completing the submission form can be obtained by contacting the Registrar on telephone 02-6205 1596.

The submission is designed to be a self assessment document to ensure uniform minimum standards of veterinary premises are applied across the ACT for the purpose of consumer and animal welfare protection. The premises will not be formally approved for use as veterinary premises until such approval is advised in writing by the Board. However, construction/development of proposed premises need not be delayed pending formal approval if the submission self-assessment shows that the premises will meet the required standards.

Enclosed are:

- Application for Approval to Use Premises as Veterinary Premises Form
- Explanation of how premises standards apply to range of premises
- Veterinary Premises Standards Submission Form

- Credit Card Payment Form
- Attachments i) Records

NOTE: A copy of the completed submission form should be retained by the applicant. A change of ownership will necessitate the purchaser providing a statement to the Board as to the premises' current conformity with the standards. If satisfied with the statement the Board will issue a further approval in the name of the purchaser.

Application for Approval to Use Premises as Veterinary Premises

Applicant Details (Please Print)

Family Name: Given Names:

Residential Address: Postcode:

Company Name (if any):

Business Address: Postcode:

Telephone: Facsimile: Email:

Are you a registered veterinary surgeon? ☐ Yes ☐ No

If you are not the sole owner, please provide name and address of other owners, company directors/executives and whether veterinary surgeon (V) or non-veterinary surgeon (NV).

.....
.....
Name of Practice Principal Veterinary Surgeon:

Are you requesting permission for a house call practice only? ☐ Yes ☐ No

(If yes do not fill in premises details but supply a letter from practice agreeing to take referred cases. See next page.)

Premises Details

Full Address:

..... Postcode:

Postal Address: Postcode:

Intended Business Name:

Proposed commencement date of practice at premises: / /

Purpose of application to seek approval to:

- | | |
|---|---|
| <input type="checkbox"/> establish new premises | <input type="checkbox"/> upgrade existing approved premises |
| <input type="checkbox"/> re-locate existing approved premises | <input type="checkbox"/> use existing unapproved premises |

I hereby declare that no owner of the practice to be conducted at these premises has been convicted of a *disqualifying offence. (*Indictable offences, offences under veterinary surgeons, animal care and protection, or drugs and poisons legislation.)

Signature of Applicant:

.....

Date: / /

Witness:

Signature of Practice Principal Veterinary Surgeon:
(If not applicant)

.....

Date: / /

EXPLANATION OF HOW STANDARDS APPLY TO VETERINARY PREMISES

Veterinary premises have been divided into the following categories:

1. **Veterinary consulting rooms (outpatients only) – Parts 1-4**

“Veterinary consulting rooms” means premises wherein examination, diagnostic, prophylactic and medical services are provided and limited to consulting. A veterinary consulting room shall not be used for the following purposes:

- a. Surgical procedures, other than minor surgery (eg suturing of skin under local anaesthetic, puppy dew claws up to 5 days). Procedures requiring general anaesthesia are not permitted.
- b. Holding of animals overnight.

Applicants will be required to identify premises (one or more) which comply with parts 1-6 of the standard to which they refer patients for additional care, and provide the Board with a letter from the principal veterinary surgeon of those premises agreeing to take such referrals.

2. **Veterinary Clinics (inpatient capacity mandatory) Parts 1-6 and 7-11**

“Veterinary clinics” are premises wherein examination, diagnostic, prophylactic, medical and surgical services for animals are provided and include the ability to perform general surgical procedures under general anaesthesia.

Parts 1-6 list the minimum requirements

Parts 7- 11 are **additional** standards which may be incorporated in veterinary premises to complement the minimum standards so as to provide a higher standard veterinary facility.

3. **Veterinary Hospitals and Centres – Parts 1-12**

A “Veterinary Hospital or Centre” provides emergency care and a higher level of care and diagnostic facilities than veterinary clinics as listed in parts 7-12.

4. **Veterinary house call practice (outpatients only)**

A “veterinary house call practice” is a practice that offers house call veterinary services but may only be run in conjunction with other types of practice. Anaesthetics should only be administered in emergencies. All animals requiring general anaesthesia should be referred where at all possible, but with due regard to animal welfare. Applicants will be required to identify premises (one or more) which comply with parts 1-6 of the standard to which they refer patients for additional care, and provide the Board with a letter from the principal veterinary surgeon of those premises agreeing to take such referrals.

5. **Veterinary mobile hospitals and clinics**

“Veterinary mobile hospitals and clinics” are a professional consultancy offering that form of clinical veterinary practice which may be transported or moved from one location to another for delivery of a wide range of medical or surgical services in a movable trailer or vehicle modified to function as a veterinary facility. This type of practice is only permitted in the ACT with the approval of the Board.

All animals requiring general anaesthesia should be referred where necessary, with due regard to animal welfare. Applicants will be required to identify premises (one or more) which comply with parts 1-6 of the standard to which they refer patients for additional care, and provide the Board with a letter from the principal veterinary surgeon of those premises agreeing to take such referrals.

The Board **may** give notice requiring the applicant to allow a member or officer of the Board to inspect the premises before approval is considered.

General Minimum Standards

Parts 1 to 4 of the standards set out the general **minimum** standards required of all veterinary premises.

A condition of approval for Parts 1 – 4 alone would be that no identifying name could be used in conjunction with the premises that would imply that the premises are suitable for any purpose other than consulting. Examples of identifying names **not** permitted are veterinary surgery, veterinary clinic, veterinary hospital, veterinary centre, 24 hour veterinary practice or any name that includes the word 'emergency'.

Standards for Premises Intended for the Conduct of General Anaesthetic Procedures

Parts 1 to 6 of the standards set out the **minimum** standards required for all veterinary premises where procedures requiring general anaesthesia are to be performed whether regularly or irregularly.

Parts 7, 8, 9, 10 and 11 are **additional** standards which may be incorporated in veterinary premises to complement the minimum standards so as to provide a higher standard veterinary facility.

A condition of approval for Parts 1 – 11 alone would be that no identifying name could be used in conjunction with the premises that would imply that the premises are a 24 hour emergency or intensive veterinary care facility to the standard documented in Part 7 to 12 of these standards. Examples of identifying names **not** permitted are veterinary hospital, veterinary centre or any name that includes the word 'emergency'.

Minimum Standards for Premises Identified as but not restricted to Veterinary Hospital, Veterinary Centre or Emergency Hospital or Centre.

Parts 1 – 12 of the standards set out the **minimum** standards required for premises identified by a name that the Board considers should be reserved to indicate to the public that emergency medical and surgical services are available from a veterinarian (see Part 12 for interpretation). The premises must be constructed, equipped and staffed so as to provide for intensive care of medical and surgical patients, and for concurrent treatment of emergency cases.

VETERINARY PREMISES STANDARDS SUBMISSION

Name of Owner(s):

Company Name (if any):

Name of Practice Principal Veterinary Surgeon:

Name(s) of other Practice Partner Veterinary Surgeon(s):

.....

.....

Intended Business Name:

Location Address of Premises:

Are you an owner of the practice?

☐ Yes

☐ No

Are you the practice principal veterinary surgeon?

☐ Yes

☐ No

I declare that the details completed in this submission are true and correct.

In signing this declaration, I accept that:

- The Veterinary Surgeons Board may suspend or cancel any approval given for the veterinary premises if the approval was granted because of materially false or misleading representation or document, made either orally or in writing);
- The provision of false or misleading information to the Board represents professional misconduct.

Signature:

Date: / /

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Complete parts of submission applicable for proposed standard of practice. If the answer to any question is NO, please tick the relevant check box and **supply a detailed explanation as an additional inclusion** with the completed submission form.

Retain a copy of the submission for future reference.

Submission must be forwarded with the documents listed on page 1 of Information Sheet.

Supporting Information to complement Submission and Floor Plan
(An inspection of the premises can be avoided if a reasonable visualisation of the premises can be achieved from the submission and floor plan.)

Size of practice premises (internal area)

Overall size: _____ M²

☐ New construction **or** ☐ Previously used as

☐ On property of Applicant

☐ Stand alone **or** ☐ Attached to residence

OR

☐ Leased/rented premises

Type of complex _____

Number of shops/offices in complex _____

OR

☐ Other (Show details)

Construction material:

Building: _____

Internal Walls: _____

Floors: _____

GENERAL MINIMUM STANDARDS REQUIRED OF ALL VETERINARY PREMISES

PARTS 1 – 4 To be Completed for all Applications

PART 1

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. A permanent area with no other uses. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In good condition with the immediate surrounding areas and the interior maintained in a clean, orderly and sanitary condition, free of insects and vermin, with safeguards taken to avoid sources and transmission of infections. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Internal walls and flooring impervious to allow thorough cleaning and disinfection. | <input type="checkbox"/> | <input type="checkbox"/> |

Detail:

- | | | |
|---|--------------------------|--------------------------|
| 4. Adequate floor space for the separation of practice functions and efficient operation of all activity areas. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

(Show on floor plan - include sizes)

- | | | |
|---|--------------------------|--------------------------|
| 5. Adequate ventilation to ensure client and patient comfort in terms of temperature and air quality. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Detail:

- | | | |
|---|--------------------------|--------------------------|
| 6. Insect screening on all open doors and windows; or | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Air conditioned.	<input type="checkbox"/>	<input type="checkbox"/>
------------------	--------------------------	--------------------------

Detail extent of air conditioning:

- | | | |
|--|--------------------------|--------------------------|
| 7. Safeguards including self-closing devices on doors to prevent the escape of patients brought into the premises and to ensure the effective confinement of animals at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Detail:

8. Sanitary and aesthetic disposal of all wastes and excreta, cadavers and sharps at intervals sufficient to avoid the generation of offensive odours, offensive appearance and health hazards. ☐ ☐

Arrangement for wastes: _____

Arrangement for cadavers: _____

Arrangement for sharps: _____

9. Facilities for sterilisation of instruments and drapes and storage of sterilised material. ☐ ☐

Detail:

10. On prominent display at entry: ☐ ☐

- The days and hours of attendance;

Nominate intended hours: _____

- The telephone number and details for gaining out of hours veterinary attention;

Show wording of sign: _____

- The name and qualifications of the veterinary surgeons employed at the practice.

Nominate exact location of above signs: _____

11. A standard of dress, cleanliness and personal appearance consistent with a clinical atmosphere. ☐ ☐

12. Veterinary and support staff commensurate with volume of clientele and procedures undertaken: ☐ ☐

Anticipated client load per day: _____

Anticipated staff complement and designation: _____

13. Where veterinary premises are located within the confines of multi-use complex:
- veterinary premises totally independent and separate from those of any other tenant without direct public traffic ways between them; and, ☐ ☐
(Attach sketch plan showing location of premises within complex)
 - if operating as a public veterinary practice - public entrance, telephone and electronic contact details separate and distinct from that of any other tenant. ☐ ☐
(Show entrance on floor plan)
14. Standard of equipment and fittings in terms of age and suitability commensurate with range of procedures to be undertaken and physical attributes of premises. ☐ ☐
15. Practice procedures manual incorporating protocols for occupational health and safety. ☐ ☐

PART 2 RECEPTION AND WAITING AREA

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16. Single purpose area positioned independent of practice work areas with adequate furniture and equipment for reception staff and seating for client volume.
(Show on floor plan - include size) | <input type="checkbox"/> | <input type="checkbox"/> |

Detail furniture/fittings

Large animals only

- | | | |
|---|--------------------------|--------------------------|
| 17. Sufficient area to facilitate the safe loading and unloading of large animals and movement of such transport used in the delivery of these animals. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Suitable loading races for this purpose. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Suitable form of stable or secure yard to hold animals on admission. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. A suitable grassed or surfaced area where horses can be safely examined. | <input type="checkbox"/> | <input type="checkbox"/> |

(18, 19, 20, to be shown on plan. Include sizes)

For all clients

- | | | |
|--|--------------------------|--------------------------|
| 21. Case records of veterinary examinations and procedures performed maintained in the format
(Refer to Attachment 1) and the confidentiality of these records ensured. Consent forms for procedures are strongly recommended. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Detail System:

PART 3 EXAMINATION AND CONSULTATION AREA

- | | Yes | No |
|--|--------------------------|--------------------------|
| 22. An individual single purpose area not incorporated with public areas, one for each clinician examining or consulting concurrently.
(Show on floor plan - include size) | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Examination table in each area with impervious surface which can be readily cleaned and disinfected. | <input type="checkbox"/> | <input type="checkbox"/> |

Detail:

- | | | |
|---|--------------------------|--------------------------|
| 24. A basin with hot and cold running water and fixed drainage.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Adequate lighting and instrumentation to carry out a competent clinical examination. | <input type="checkbox"/> | <input type="checkbox"/> |

Detail lighting and instrumentation:

Large Animals Only

- | | | |
|--|--------------------------|--------------------------|
| 26. Securely and safely enclosed area free of extraneous noise and activity, dust free and able to be thoroughly cleaned and disinfected if needed.
(Show location and size on plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Where warranted by the type of examination to be conducted, a set of examination stocks and/or squeeze crush.
(Show location on plan) | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4 PHARMACY AND DRUG STORAGE AREA

- | | Yes | No |
|---|--------------------------|--------------------------|
| 28. Range of pharmaceuticals consistent with a good standard of practice and the range of procedures undertaken. | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Cold storage facility for pharmaceuticals independent of those for food or noxious samples. | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Storage/security, labelling, recording of restricted and controlled drugs must meet ACT Health requirements. | <input type="checkbox"/> | <input type="checkbox"/> |

Detail storage/security arrangements:

S4 (Restricted):
(Show location on floor plan)

S8 (Controlled): Is there a fixed, lockable storage receptacle for controlled drugs:	<input type="checkbox"/>	<input type="checkbox"/>
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NOTE: Continue to Part 5 if premises are intended to be used for the conduct of general anaesthetic procedures.

ADDITIONAL MINIMUM STANDARDS FOR PREMISES INTENDED FOR THE CONDUCT OF GENERAL ANAESTHETIC PROCEDURES

PART 5 PATIENT ACCOMMODATION

	Yes	No
31. Kennels/cages/stables, one for each animal, of sufficient size for the type of animal housed, constructed of solid impervious material readily cleaned and disinfected. Adequately drained and maintained in a sanitary condition so as to ensure comfort.	<input type="checkbox"/>	<input type="checkbox"/>
Detail (number, material, drainage):		
32. Accommodation compartments located in area equipped with adequate lighting, heating and/or cooling, ventilation and soundproofing so as to aid quick recovery/convalescence – individual cage heating is acceptable. (Show on floor plan)	<input type="checkbox"/>	<input type="checkbox"/>
33. Exercise facilities of a size and design adequate for the number and the nature of animals that might reasonably be expected to be accommodated. (Show on floor plan)	<input type="checkbox"/>	<input type="checkbox"/>
34. A defined area for hygienic preparation and storage of food.	<input type="checkbox"/>	<input type="checkbox"/>
35. Appropriate eating and drinking utensils and suitable protocol for hygienic handling and maintenance.	<input type="checkbox"/>	<input type="checkbox"/>
36. Facilities for bathing and grooming of in-patients.	<input type="checkbox"/>	<input type="checkbox"/>
37. Are boarding facilities to be incorporated in veterinary premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, areas incorporating kennels/cages/stables designated for the care and treatment of practice patients separate to those areas used for boarding animals.	<input type="checkbox"/>	<input type="checkbox"/>

Large Animals

38. Stables and yards suitable for safe holding and feeding. One stable that can be easily sterilised and effectively isolated from other medical and surgical cases for the accommodation of infectious disease cases. Suitable enclosed accommodation for at least three (3) large animals. (Show on plan)	<input type="checkbox"/>	<input type="checkbox"/>
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PART 6 SURGERY AREA

	Yes	No
39. Small animals – Dedicated area not a general thoroughfare ideally with one interior closable access entrance only. (Show on floor plan - include size)	<input type="checkbox"/>	<input type="checkbox"/>
40. Large Animals – Suitable building free from dust and totally enclosed. Should allow for safety to animals and personnel and facilitate easy and proper sterilisation. (Show on floor plan - include size)	<input type="checkbox"/>	<input type="checkbox"/>
41. Adequate equipment and instrumentation for the competent performance of surgery and maintenance of surgical anaesthesia, core body temperature and resuscitation of patients.	<input type="checkbox"/>	<input type="checkbox"/>
42. List equipment in surgery area Detail:		
43. Surgical table of impervious material which can be readily cleaned and disinfected.	<input type="checkbox"/>	<input type="checkbox"/>
44. Inhalation anaesthetic system incorporating a scavenging device which expels or captures excess anaesthetic gases and volatile agents either by exterior venting or use of activated carbon canisters. Detail:	<input type="checkbox"/>	<input type="checkbox"/>
45. Surgical light in addition to normal room lighting. Detail:	<input type="checkbox"/>	<input type="checkbox"/>
46. All furniture and equipment capable of being readily disinfected by chemical means.	<input type="checkbox"/>	<input type="checkbox"/>
47. All surgical procedures carried out under sterile operative conditions – using individual dry, sterile packs and drapes that are monitored for sterility.	<input type="checkbox"/>	<input type="checkbox"/>
48. Surgery area not to be used for general storage or placement of office furniture.	<input type="checkbox"/>	<input type="checkbox"/>
49. The jurisdiction of treatment is where the animal resides and treatment should only be given after consultation with a veterinary surgeon who holds registration in the jurisdiction where the animal is located.	<input type="checkbox"/>	<input type="checkbox"/>

Anaesthetic Recovery Area:

50. Small Animals – separate area adjacent to the main surgery area to allow constant monitoring of recovery animals. Readily accessible to emergency equipment and readily disinfected.	<input type="checkbox"/>	<input type="checkbox"/>
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51. Large Animals area adjacent to the main theatre area to allow constant monitoring of recovery animals, either padded or protected with other suitable material. Lining material to be either disposable material or capable of wet disinfection. ☐ ☐

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NOTE: Continue to Parts 7, 8, 9, 10 or 11 if premises are intended to meet standards above the minimum standards.

ADDITIONAL STANDARDS ABOVE MINIMUM STANDARDS

PART 7 RADIOLOGY (Refer Australian Radiation and Nuclear Safety Agency [ARPANSA] Code of Practice for the Safe Use of Ionizing Radiation in Veterinary Radiology – Parts 1, 2 and 3 : www.arpansa.gov.au)

52. X-ray equipment and facilities capable of producing diagnostic radiographs appropriate to the range and size of animals seen at the practice. Yes No
☐ ☐

Equipment type:

53. A license to possess and use the x-ray equipment incorporating a radiation safety and protection plan that complies with the Radiation Protection Act (2006). ☐ ☐

(Copy of possession licence or evidence of receipt of application for licence must be attached)

54. X-ray film identified at the time of exposure and should include the name of the practitioner (or practice), client, animal and date, and clearly identify left and right sides of the animal. ☐ ☐

Stick-on labels attached after developing are not acceptable.

55. Developing facilities with bench and storage space incorporated in radiology section. ☐ ☐
(show on floor plan)

56. As part of the animal's case history record, radiographic images to be safely stored for at least the minimum statutory term (7 years). ☐ ☐

PART 8 TREATMENT AND PREPARATION AREA

- | | Yes | No |
|---|--------------------------|--------------------------|
| 57. A separate area suitably equipped for the pre-surgical preparation and treatment of hospitalised patients.
(Show on floor plan – include size)
List equipment | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 58. Facilities for the sterilisation of instruments and drapes provided in this area? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

PART 9 LABORATORY

- | Should Contain | Yes | No |
|--|--------------------------|--------------------------|
| 59. Microscope | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Facilities for the simple examination of blood, serum, urine and faecal specimens in addition to demonstrable access and usage of a professional service in haematology, chemistry, bacteriology, parasitology and pathology if these services are not carried out on the premises.
Detail: | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Adequate bench and shelf space.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Refrigeration for laboratory use, which may be used for vaccine storage.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |

PART 10 DISEASE CONTROL AREAS

- | | Yes | No |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Facilities suitably equipped for the quarantine of animals suffering from infectious diseases, providing a physical and air space difference from all other areas of the premises.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |

Detail:

PART 11 AMENITIES

Office and Library

- | | Yes | No |
|---|--------------------------|--------------------------|
| A secure area for the storage of business documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. A library containing up-to-date reference material either as text books, journals, electronic material, computers with access to Internet facilities, covering the range of animals and conditions in the practice.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |

Staff Room

- | | | |
|--|--------------------------|--------------------------|
| 65. A private facilities area for staff (this could incorporate the library)
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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ADDITIONAL STANDARDS FOR PREMISES INTENDED TO BE IDENTIFIED AS A VETERINARY HOSPITAL/CENTRE

Note: Premises that do not meet the Part 12 standards may not use the identifying title of 'Hospital' or 'Centre' or include the word 'Emergency' in the identifying name.

PART 12

- | | Yes | No |
|--|--------------------------|--------------------------|
| 66. Minimum of two (2) veterinary surgeons practicing at premises so as to provide provision for concurrent treatment of emergency cases (they will not necessarily be on the premises at the same time). | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. A minimum of two (2) examination/consultation areas.
(Show on floor plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Provision of emergency medical and surgical treatment from a veterinary surgeon seven days per week, * 24 hours per day no more than thirty (30) minutes after first contact by the client. | <input type="checkbox"/> | <input type="checkbox"/> |
| Detail arrangement: | | |
| (A) Veterinary surgeon to be available at all times; | <input type="checkbox"/> | <input type="checkbox"/> |
| or | | |
| (B) Employment of communication system providing continuous out-of hours telephone contact with a veterinary surgeon rostered for duty (a screening system can be implemented to eliminate non-emergency calls); | <input type="checkbox"/> | <input type="checkbox"/> |
| Detail: | | |
| or | | |
| (C) Diversion of telephone calls to another dedicated emergency care practice of equivalent standard i.e. another veterinary hospital or centre where a veterinary surgeon is rostered for duty. | <input type="checkbox"/> | <input type="checkbox"/> |
| Detail: | | |
| *Exception: Premises of hospital standard utilized solely as | | |
| <ul style="list-style-type: none"> • Specialist referral practice; or • Emergency referral practice | | |
| where nominated practice hours can apply, but must have a veterinary surgeon available at all times during the nominated hours. | | |
| 69. For premises with a service arrangement identified in either (B) or (C), sign on prominent display at entrance of premises giving contact information for access to the emergency veterinary services of the practice and nearest public telephone facility. | <input type="checkbox"/> | <input type="checkbox"/> |

Show wording of sign: _____

ACT VETERINARY SURGEONS BOARD

Record of treatment of animals

- 1) A veterinary surgeon must, for each animal treated by the veterinary surgeon, keep a record including -
 - (a) the owner's and animal's identifying details; and
 - (b) the following information for each consultation about the animal -
 - i) details of any condition or injury of the animal;
 - ii) any provisional or definitive diagnosis;
 - iii) full details, including the date, of any examination, procedure or test performed;
 - iv) full details of any treatment given, including details of any drugs administered or dispensed;
 - v) results of any treatment given;
 - vi) details of any instructions given when the animal is discharged.
- 2) The veterinary surgeon must keep the record for seven (7) years from the day the last information about the animal is included in the record

Veterinary Surgeons Board Standards Statement No 5 applies.

ACT Poisons and Drugs Act 1978 and the ACT Poisons Act 1933 are both relevant to Veterinary Surgeons in the ACT and can be found through the website:

<http://www.legislation.act.gov.au/a/default.asp>

ACT VETERINARY SURGEONS BOARD

STANDARDS STATEMENT

11. SCOPE OF PRACTICE - ACTS OF VETERINARY SCIENCE

1. The ACT Veterinary Surgeons Board has consulted with veterinary surgeons in the ACT in the development of this Scope of Practice for veterinary practice in the ACT.

BACKGROUND

2. All persons must comply with the provisions of the Animal Welfare Act 1992 when carrying out a medical or surgical procedure on an animal. Attention is drawn to section 19 of the Act (Medical and surgical procedures – people other than veterinary surgeons) in particular.

3. This Standards Statement provides further information for veterinary practitioners and others in relation to the legal framework for veterinary practice in the ACT.

‘ACTS OF VETERINARY SCIENCE’ IN THE ACT

4. An ‘act of veterinary science’ means services which form part of the practice of veterinary surgery, and includes attendance, rendering advice, diagnosis or treatment of disease or injury, provision of veterinary certificates, and prescribing medicines for veterinary purposes.

5. An act is an ‘act of veterinary science’ if such an act were performed on an animal by a person other than a veterinary surgeon it would be likely:

- (a) to cause unacceptable levels of harm or suffering to the animal;
- (b) to affect human health adversely; or
- (c) to affect domestic or international trade adversely.

6. In addition to the above, the following are proposed to be ‘acts of veterinary science’ in the ACT, to be performed only by veterinary surgeons.

- (a) Stomach tubing or oesophageal intubation of horses
- (b) Artificial insemination of horses
- (c) Sampling for disease residue – production animals
- (d) Pregnancy testing of horses by rectal examination
- (e) Laparoscopic insemination
- (f) General anaesthesia*
- (g) The carrying out of any treatment, procedure or test that involves the insertion of any thing in the nasal passage, nasal sinuses, thoracic cavity, abdominal cavity, pelvic cavity, cranial cavity, spinal cavity, tooth alveolar cavity, eye, orbital cavity, tympanic cavity, joint spaces or any other synovial cavity of any animal (except for an insertion into an animal’s mouth or oesophagus only, or into the rectum of an animal other than a horse)
- (h) The performing of any dental procedure other than tooth cleaning on any animal other than a horse*
- (i) The performing on a horse of any dental procedure that involves;
 - a. Making an incision through the skin or oral mucosa, or
 - b. Extracting a tooth by repulsion; or
 - c. Entry below the gum line; or

- d. Any other activity to maintain or restore correct dental function (except as provided for in 5. below).
- (j) Genetic testing.

7. The above list does not preclude other actions being deemed 'acts of veterinary science' under the description in paras 1 and 2 above.

ACTS DEEMED NOT TO BE 'ACTS OF VETERINARY SCIENCE' IN THE ACT

8. These procedures are deemed to not be 'acts of veterinary science' unless administration of restricted drugs or the making of a diagnosis is required for them:

- i. (a) Microchipping **
- (b) Acupuncture**
- (c) inoculating
- (d) chiropractic/manipulation procedures**
- (e) scaling, cleaning, polishing teeth where this does not require sedation or local anaesthetic*
- (f) use of machine driven tools for equine dentistry *
- (g) cleaning, rasping, grinding or cutting the teeth of a horse,
- (h) removing a loose tooth or deciduous tooth cap from a horse
- (i) using a power tool to carry out a procedure to maintain or restore correct dental function on a horse that has been adequately sedated under the immediate and direct supervision of a veterinary practitioner
- (j) deworming
- (k) farriery
- (l) castration of farmed animals outside of the national animal welfare standards;
- (m) dehorning cattle of less than six months; or goats or sheep of less than 3 months of age;
- (n) horntipping any animal ('horn tip' means remove the insensitive part of the horn of an animal)
- (o) removal or partial removal of antlers or horns from any species, provided that no vascular or other living tissue is removed with the antler or horn;
- (p) tailing sheep of less than three months
- (q) Mulesing sheep of less than 6 months
- (r) where a veterinary surgeon is not available, provide emergency first aid
- (s) A person may administer, under the immediate and direct supervision (as per AVA definition) of a veterinary surgeon, an anaesthetic to an animal*;
- (t) collection of faecal samples;
- (u) collection of milk samples;
- (v) collection of blood samples at the direction of a registered veterinary surgeon;
- (w) administration of veterinary medicines which the *Poisons Act 1933*, the *Poisons and Drugs Act 1978* and the *Drugs of Dependence Act 1989* [all to be replaced, see *Medicines and Poisons Bill 2006*] entitles the person to administer, by subcutaneous or intramuscular injection, oral administration, or application to any external body surface;
- (x) giving of advice on the nutrition and management of livestock;
- (y) foot trimming

Animal Pregnancy-Related Activities

- (ii) (a) Artificial insemination of cattle, deer, goats, pigs or sheep, other than a procedure involving surgery**;
- (b) embryo transfer (non-surgical);
- (c) A person, other than a veterinary surgeon, who undertakes an approved training course may, as part of the training course, diagnose pregnancy in cattle he or she does not own. However, a person who completes such training should only use the pregnancy testing technique on their own cattle.
- (d) A person may determine the sex of chickens

- (e) diagnose pregnancy in sheep by external ultrasonic techniques, subject to compliance with such conditions as may be prescribed.

9. A person may do or perform any other act, matter or thing prescribed for the purposes of paragraph 5 with the approval of the Board.

** May be done by a non-veterinarian under the immediate direct supervision of a veterinary surgeon.*

*** May only be done by a person who has completed the relevant training appropriate to work with animals.*