

# Health Professionals (ACT Veterinary Surgeons Board Standards Statements) Approval 2007 (No 1)\*

## Notifiable instrument NI2007–5

made under the

Health Professionals Regulation 2004, Section 134 (Standards Statement)

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### 1. Name of instrument

This instrument is the *Health Professionals (ACT Veterinary Surgeons Board Standards Statements) Approval 2007 (No 1)*.

### 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

20 December 2006

\*Name amended under Legislation Act, s 60

# 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.**

# ACT VETERINARY SURGEONS BOARD

## STANDARDS STATEMENT

### 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
 <u>Unstructured CPD</u>		
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.

# **ACT VETERINARY SURGEONS BOARD**

## **STANDARDS STATEMENT**

### **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.

# ACT VETERINARY SURGEONS BOARD

## STANDARDS STATEMENT

### 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/](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/](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/](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/](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/](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/](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/](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/](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

## STANDARDS STATEMENT

### 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.

# **ACT VETERINARY SURGEONS BOARD**

## **STANDARDS STATEMENT**

### **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.

# ACT VETERINARY SURGEONS BOARD

## STANDARDS STATEMENT

### 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.

# ACT VETERINARY SURGEONS BOARD

## STANDARDS STATEMENT

### 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 surgeon's 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.