



# **GUIDELINES**

VETERINARY PRACTITIONERS  
REGISTRATION BOARD OF VICTORIA

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## PROFESSIONAL CONDUCT GUIDELINES

**Registered veterinary practitioners are required to comply  
with all legal obligations relevant to their practice.**

The Board has produced these guidelines pursuant to the *Veterinary Practice Act 1997*. The purpose of the guidelines is to state the Board's view on what constitutes unprofessional practice in various circumstances.

### **Definition of Unprofessional Conduct**

Under the *Veterinary Practice Act 1997* (the Act), the definition of unprofessional conduct includes:

- (a) professional conduct which is of a lesser standard than that which the public might reasonably expect of a registered veterinary practitioner;
- (b) professional conduct which is of a lesser standard than that which might reasonably be expected of a veterinary practitioner by his or her peers.

Under section 62(1) of the Act, the functions of the Board include:

- (a) to investigate the professional conduct or fitness to practise of registered veterinary practitioners and impose sanctions where necessary;
- (b) to issue guidelines about appropriate standards of veterinary practice and veterinary facilities;

Under section 62(2) of the Act:

*The Board has all the powers necessary to enable it to perform its functions.*

These guidelines are a formal notification to registered veterinary practitioners regarding conduct that the Board considers to be minimum standard. The guidelines do not cover the complete range of veterinary practice; rather, the Board produces a guideline when it sees a need, based upon complaints received.

These guidelines are admissible in proceedings under this Act, against a registered veterinary practitioner, as evidence of what constitutes appropriate professional conduct of practice. Similarly, following a guideline is a defence admissible in proceedings under this Act against an allegation of unprofessional conduct.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## DEFINITIONS

### Conflict of Interest

A **Conflict of Interest** arises if there exists:

- (a) a conflict between one person's interests and that of another person or body;
- (b) a conflict between a person's differing obligations to two or more other people;
- (c) the appearance of such a conflict.

### Supervision

**Direct Supervision** means continuous and explicit personal supervision by a registered veterinary practitioner. The supervising veterinary practitioner must be at the same premises or in the case of a visit, must accompany the person being supervised. The supervising veterinary practitioner accepts responsibility for the standard of care provided by the person under their supervision.

**Indirect Supervision** means that the supervising practitioner is not required to be present at all times but must be available to provide advice or direction whenever the person being supervised is working. It is expected that the supervising practitioner maintains conscientious oversight of the work that the supervised person performs. The supervising veterinary practitioner accepts broad responsibility for the standard of care that the person under their supervision provides.

### Emergency Centre

Where an **Emergency Centre** is advertised, there must be both veterinary and support staff in attendance during the stated business hours.

### Professional Interest Practitioner

A **Professional Interest Practitioner** is a veterinary practitioner who has a demonstrable interest in a particular field but who does not hold endorsement as a veterinary specialist in that field; for example, a *Professional Interest Practitioner in Dermatology*.

### Registered Veterinary Practitioner

A **Registered Veterinary Practitioner** is a person registered or deemed registered under the *Veterinary Practice Act 1997*, whether or not the registration for that person is general or specific. In these guidelines registered veterinary practitioners may be referred to as practitioners, veterinary practitioners or veterinarians.

### Specialists

A **Specialist** is a veterinary practitioner who holds endorsement as a veterinary specialist (section 8, *Veterinary Practice Act 1997*). Specialists may function as primary access veterinary practitioners or accept referrals.

### 24 Hour Service

**24 Hour Service** refers to the availability of a veterinary practitioner from the practice, outside of usual working hours, to attend to after-hour calls or hospitalised animals within the context of the practice (not by redirecting after-hours calls to an alternate practice).

## Unprofessional Conduct

**Unprofessional Conduct**, as defined in section 3 of the *Veterinary Practice Act 1997*, includes (but is not limited to) the following points, which have relevance to the issue of guidelines:

- (a) professional conduct which is of a lesser standard than that which the public might reasonably expect of a registered veterinary practitioner;
- (b) professional conduct which is of a lesser standard than that which might reasonably be expected of a registered veterinary practitioner by his or her peers;
- (c) professional misconduct;
- (d) infamous conduct in a professional respect;
- (e) providing veterinary services of a kind that are excessive, unnecessary or not reasonably required for an animal's well-being;
- (f) influencing or attempting to influence the conduct of a veterinary practice in such a way that an animal's well-being may be compromised.

In the case of an allegation of unprofessional conduct, that one veterinary practitioner may make against another, the Board will consider whether the welfare of an animal or client is at stake when determining how to proceed. Employment-based disputes should primarily be pursued through mediation or relevant industrial relations services unless there is a clear impact on the public or the welfare of animals.

## Veterinary Practice

The *Veterinary Practice Act 1997* (Section 3) defines **Veterinary Practice** as the practise of veterinary surgery and veterinary medicine. Under Section 57, it is an offence to take or use the title of registered veterinary practitioner or any other title calculated to induce a belief that the person is registered under this Act.

1. Veterinary practice includes (but is not limited to) the following, because they might induce a belief that a person is a registered veterinary practitioner:
  - (a) signing any veterinary certificate(s) as a veterinary practitioner;
  - (b) prescribing, dispensing and/or supplying scheduled medication for animal use;
  - (c) making a diagnosis or managing the treatment for the prevention or cure of an injury or disease in an animal and/or giving advice in relation to such diagnosis or treatment;
  - (d) reporting or giving advice in a veterinary capacity using the knowledge, skills and competence initially attained for the veterinary degree; 'practise' goes wider in this context than clinical veterinary science to include regulatory and compliance functions, teaching, consultancy, advice and health and welfare management;
  - (e) undertaking activities or positions that convey the expectation that the holder is a registered veterinary practitioner.
2. When considering whether an individual is required to be registered: *Does the position held by the person carry or convey the expectation that the holder is a registered veterinary practitioner?*

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 1

### STANDARDS OF VETERINARY PREMISES

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 1.1 PREAMBLE

“Veterinary premises” means any building where veterinary consultations and procedures are performed. This includes all fixed premises from large hospitals to consulting rooms and includes rooms embedded in other business premises.

Guidelines for mobile clinics are described in [Guideline 3](#). Guidelines for house calls are described in [Guideline 2](#).

#### 1.2 GENERAL REQUIREMENTS

Veterinary practitioners must ensure that all veterinary premises, including consulting rooms, clinics and hospitals:

- (a) are clean and hygienic at all times;
- (b) have on prominent display the name, telephone number, and days and hours of attendance of the veterinary practitioner(s) usually in attendance and arrangements for obtaining after hours services;
- (c) have facilities to weigh small animal patients;
- (d) have hot and cold running water and fixed drainage;
- (e) have safe, secure and appropriate storage for drugs, which complies with DPCS requirements;
- (f) have appropriate facilities for disposal of sharps and clinical waste;
- (g) comply with safety standards, local authority by-laws or other regulations applicable to veterinary premises.

#### 1.3 VETERINARY CONSULTING ROOMS WITHIN OTHER PREMISES

Where consultations are routinely conducted within buildings that are not dedicated veterinary clinics or hospitals (e.g. within pet shops or small branch practices), veterinary practitioners must not use the same room for the purpose of surgical procedures (other than minor surgery) as for the hospitalisation of animals. Minor surgery does not include procedures involving the opening of body cavities or orthopaedic procedures. The general standards, which apply to all veterinary premises, must be met.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 2

### STANDARDS OF HOUSE CALL AND ON-SITE SERVICES

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 2.1 PREAMBLE

House Call or On-Site Services means veterinary services provided at locations other than veterinary premises.

Guidelines for veterinary premises are described in [Guideline 1](#). Guidelines for mobile veterinary clinics are described in [Guideline 3](#).

#### 2.2 GENERAL REQUIREMENTS

When conducting house call or on-site visits, veterinary practitioners must:

- (a) only carry out those procedures for which they have appropriate facilities and equipment;
- (b) have safe, secure, and appropriate storage for drugs, which complies with Drugs, Poisons and Controlled Substances requirements;
- (c) have appropriate facilities for disposal of sharps and clinical waste;
- (d) take appropriate biosecurity measures.

#### 2.3 INCREASED RISKS

Procedures that would normally be performed in veterinary premises (e.g. small animal surgery) may incur additional risks when undertaken as part of a house call visit.

Veterinary practitioners must only undertake such procedures after a detailed explanation of those risks to the client, and with the informed consent of the client.

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 3

### STANDARDS OF MOBILE VETERINARY CLINICS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 3.1 PREAMBLE

A Mobile Veterinary Clinic is where a dedicated vehicle rather than a building is used to conduct veterinary consultations and/or surgery.

Guidelines for veterinary premises are described in [Guideline 1](#). Guidelines for house calls are described in [Guideline 2](#).

#### 3.2 STANDARDS

Veterinary practitioners working from a mobile clinic must comply with the same requirements as veterinary practitioners operating from fixed veterinary premises.

In particular, veterinary practitioners must:

- (a) have appropriate assistance during sterile procedures for the purposes of anaesthetic monitoring and to assist in maintaining sterility;
- (b) supervise all animals that have been anaesthetised until they are ambulatory (except where a spinal condition precludes ambulation, for example).

#### 3.3 INCREASED RISKS

Procedures that would normally be performed in veterinary premises (e.g. small animal surgery) may incur additional risks when undertaken in a mobile clinic.

Veterinary practitioners must only undertake such procedures after a detailed explanation of those risks to the client, and with the informed consent of the client.





# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 4

### AFTER-HOURS HOSPITALISATION

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 4.1 INFORMING THE CLIENT

Veterinary practitioners are not required to provide after-hours hospitalisation. When after-hours hospitalisation is provided, veterinary practitioners must inform clients of the available options for after-hours supervision, including the advantages, disadvantages and cost estimates of these options.

#### 4.2 OPTIONS

Options for after-hours hospitalisation may include:

- (a) referral to another facility, for example, an after-hours emergency centre;
- (b) no supervision – where the animal is left unattended;
- (c) minimal supervision – scheduled visits by veterinary or nursing staff during the hospitalisation period;
- (d) constant supervision – veterinary or nursing staff to be on premises to provide ongoing supervision throughout the hospitalisation period.

#### 4.3 INFORMED CONSENT

Veterinary practitioners must obtain informed consent for the type of supervision that will apply during after-hours hospitalisation. This must be documented in the clinical record.

#### 4.4 PROGRESS REPORTS

When an animal is hospitalised, veterinary practitioners must make arrangements with clients for communication regarding progress reports and ongoing costs.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 5

### CERTIFICATION

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 5.1 GENERAL

Veterinary practitioners should follow their signature with their unique registration number (for example, V9999) when signing certificates in their capacity as a registered veterinary practitioner.

Veterinary practitioners must exercise care when writing and signing certificates. Veterinary practitioners must:

- (a) certify only those matters that are within the practitioner's knowledge and that the practitioner can ascertain;
- (b) not certify any matters where there are potential or actual conflicts of interest;
- (c) ensure that certificates clearly and accurately identify, to the extent that it is possible, the animal(s) to which the certificate applies;
- (d) where appropriate, indicate a time period for which the certificate will remain valid.

#### 5.2 VACCINATION RECORD (CERTIFICATES) FOR DOGS AND CATS

A veterinary practitioner who issues a vaccination record (certificate) must ensure that it includes:

- (a) date of vaccination;
- (b) breed or type;
- (c) sex of the animal;
- (d) known or approximate age or date of birth;
- (e) colour;
- (f) the number of the microchip (if the animal is microchipped);
- (g) the name of the owner at the time of the vaccination (this may be a breeder or pet shop);
- (h) the name and address of the veterinary practitioner and veterinary practice;
- (i) the signature of the veterinary practitioner.

Vaccination records should also include:

- (j) vaccine batch numbers; use of the sticker from the vaccine vial is recommended;
- (k) the unique registration number of the veterinary practitioner (for example, V9999).

Veterinary practitioners must also ensure that all information on the vaccination record is included in the clinical record for the animal.

Vaccination records should not be relied on as certificates of health.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 6

### SUPPLY AND USE OF DRUGS, SCHEDULED DRUGS AND OTHER MEDICATIONS IN VETERINARY PRACTICE

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 6.1 PREAMBLE

The use of medications in Victoria is regulated primarily by the *Drugs Poisons and Controlled Substances Act 1981* and *Drugs Poisons and Controlled Substances Regulations 2006 (DPCS)*, and the *Agricultural and Veterinary Chemicals (Control of Use) Act 1992* and the *Agricultural and Veterinary Chemicals (Control of Use) Regulations 2007 (AVC)*. See [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Under section 13(1)(a) of DPCS, registered veterinary practitioners are authorised to obtain, possess, use, or supply most drugs and poisons for the lawful practice of their profession, i.e. for the veterinary treatment of animals under their care.

Veterinary practitioners must be familiar with the requirements of DPCS and AVC. Acting contrary to the requirements of DPCS, AVC constitutes unprofessional conduct, whether or not a prosecution is made under DPCS / AVC.

Veterinary practitioners have the privilege of being able to use scheduled drugs and poisons under DPCS, but they also have a responsibility to prescribe, supply, and use them in a way that constitutes professional conduct.

These guidelines describe some of the minimum standards for professional conduct of veterinary practitioners using drugs and poisons in lawful veterinary practice.

#### 6.2 SCOPE OF THE GUIDELINES

These guidelines apply to any substance or mixture of substances that a veterinary practitioner recommends, supplies, or uses for administration to an animal for prevention, treatment, diagnosis, or relief of a disease, condition, infestation, or injury, or for modifying the physiology or behaviour of the animal. It includes vitamins, minerals, and additives when used for any of these purposes. The mere fact that a substance is not a scheduled poison does not relieve the veterinary practitioner of responsibilities when that product is used in the context of veterinary consultation or advice.

These guidelines do not apply to non-scheduled products that are legally sold over the counter with no veterinary input or advice.

Veterinary practitioners prescribing and supplying drugs, as well as those with responsibility for practice facilities and protocols, all have responsibility for compliance with these guidelines and DPCS / AVC requirements.

### 6.3 TOTAL PROFESSIONAL SERVICE

Before supplying, prescribing and administering medications, veterinary practitioners must satisfy themselves of the following:

- (a) the client is a bona fide client; or the agent of a bona fide client
- (b) a therapeutic need for the drug or medication has been established;
- (c) the animal/herd is under the care of the veterinary practitioner;
- (d) all requirements regarding storage and handling are followed;
- (e) appropriate medical records and documentation are kept;
- (f) provision is made for after-care if needed;
- (g) the client understands instructions for use (and any withholding periods) and will use the drugs or medications appropriately;
- (h) the quantity supplied is reasonable;
- (i) supply is in the best interests of the animal/herd.

#### 6.3.1 Bona Fide Client

A Bona Fide client is one where:

- (a) the veterinary practitioner has a demonstrated professional relationship with the animal(s) and client within the last 12 months; and
- (b) the client is responsible for the animal husbandry and day to day management of the animal(s).

#### 6.3.2 Therapeutic Need

The veterinary practitioner must take reasonable steps to establish therapeutic need and must document this in the medical record.

Therapeutic need can only be established when a veterinary practitioner personally examines an animal or when a veterinary practitioner refers to the medical record that has been created by another veterinary practitioner who has examined the animal(s) within a reasonably recent timeframe.

While some conditions will require more regular review, veterinary practitioners cannot generally establish therapeutic need if the animal or herd has not been examined by a veterinary practitioner within the previous 12 months.

#### 6.3.3 Under the Care of the Veterinary Practitioner

Before an animal or herd could be considered to be under a practitioner's care, the following conditions must be met:

- (a) the veterinary practitioner has responsibility for the health of the animal or herd; and
- (b) the care of the animal or herd by the veterinary practitioner must be real and not merely nominal (i.e. there must be evidence of personally having contact with the animal/herd for diagnosis and treatment and of assuming responsibility for the diagnosis, treatment and outcome).

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#### **6.3.4 Storage and Handling**

Veterinary practitioners must comply with all DPCS storage and handling requirements.

#### **6.3.5 Documentation, Records, Labelling and Requirements of Supply**

Veterinary practitioners must follow the DPCS requirements for the labelling of drugs. It is expected that as part of good professional conduct, veterinary practitioners will also keep adequate clinical records as described in Guideline 11: Veterinary Medical Records. Medical records are required to justify diagnosis, therapeutic need, that the animals are under the veterinary practitioner's care, and should identify the veterinary practitioner who has authorised the supplied drugs. This includes the outcomes of treatment and any follow up. Additionally, the responsibility for advising and documenting of withholding periods, export slaughter intervals, and exact dose of the drug for the specific condition rests with the practitioner for each case in which the drug is used.

The supply and destruction of schedule 8 drugs must comply with all DPCS recording requirements.

Written prescriptions must satisfy all the requirements of section 26 of the DPCS.

A veterinary practitioner must make true and accurate records of all drugs administered or supplied and retain them for at least 7 years (to satisfy all legislative requirements).

#### **6.3.6 Outcome of Treatment and Follow-up**

There must be an appropriate method for the client to access follow-up care or advice in the event that the expected progress or outcome is not achieved.

#### **6.3.7 After-Care**

It is the responsibility of the practitioner to ensure that provision is made for after-care of the animal or herd being treated and to ensure that any animal welfare concerns or adverse effects of drugs are addressed.

In some cases, an animal or herd may be being treated by more than one practitioner (for example, in a breeding herd where the regular attending practitioner and an un-associated practitioner with a particular interest in reproductive management are both active with the herd). In such cases, after-care could take the form of an agreement between the different practitioners to provide specified after-care and follow up. Agreement between such practitioners is sometimes difficult but all attempts to pursue agreement should be made for the benefit of the client and the animals, and to ensure that each practitioner is in possession of current knowledge about the health and treatment status of the animals.

#### **6.3.8 Client Understands All Instructions and Will Use the Drugs Appropriately**

Client understanding is intrinsic to the practitioner's knowledge of the individual client's husbandry and treatment management knowledge and skills. It is a vital reason for the requirement that the supply of drugs should only occur to bona fide clients. It implies that the practitioner will take care to fully inform the client regarding the proper use of the drug, including dosage, route and method of administration, possible side effects and withholding periods or export slaughter intervals.

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In the case of drugs that can be dangerous to handle (for example, prostaglandins and cytotoxics), it may include informing the client of any special restrictions on who is to handle the drug and how it is to be handled. Ancillary handling aids, such as latex gloves, can be provided with such drugs and the importance of their use carefully explained. It is imperative in such cases that the practitioner is confident the client will follow the instructions on the dispensing label and has understanding of their importance. It is wise to document any such specific instructions given.

### **6.3.9 Quantity Supplied**

The quantity of drugs supplied must be commensurate with the therapeutic need. It is the practitioner's responsibility to ensure, by way of record keeping, that the drugs supplied were all used or would be used for the specific purpose intended.

It is not acceptable to supply quantities of drugs for a client to have on a 'just in case' basis. If a client requests supplies of drugs for an 'anticipated need', it is the responsibility of the practitioner to apply the principles of Total Professional Service. For example, it may be reasonable to establish therapeutic need and supply sufficient medication for continued treatment in circumstances where continued treatment will be necessary such as in an outbreak of disease.

The requirements of after-care and follow-up are vital in this context and an agreement should be made with the client for follow-up in a reasonable time; to monitor the use of the drugs and the outcome of treatment. Consideration should be given to the retrieval of any unused drugs for proper disposal. This is not to imply a refund, rather it is to ensure that clients are not left in possession of indeterminate amounts of unused drugs, which may deteriorate or become out-of-date or which the client may become tempted to use for other (undiagnosed) conditions; and to ensure that all disposal of drugs is performed correctly in accordance with Environmental Protection Agency guidelines.

### **6.3.10 Interests of the Animal / Herd**

It is the practitioner's responsibility to ensure that animal / herd welfare considerations are taken into account when supplying drugs.

### **6.3.11 Further Information**

Further information regarding the legislative requirements for veterinary practitioners supplying scheduled drugs can be found on the Drugs and Poisons Regulation website.

<https://www2.health.vic.gov.au>

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## DISPENSING CHECKLIST

Prior to supplying a scheduled drug or medication,  
have I satisfied all of the following requirements?

- The client is a *bona fide* client or a client presenting an animal for examination.
- 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 or medication.
- I have satisfied myself that the animal or herd is currently under my care.
- I have followed the Drugs, Poisons and Controlled Substances legislation and the Agricultural and Veterinary Chemicals legislation in respect of labelling requirements.
- I have followed the Drugs, Poisons and Controlled Substances legislation and the Agricultural and Veterinary Chemicals legislation and Board guidelines 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, withholding restrictions) of this drug or medication.
- I am confident the client knows how to use the drug or medication properly and safely.
- The quantity I am supplying 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 or medication by the client.
- I have considered the welfare of the animal / herd in supplying this drug or medication.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 7

### EMPLOYMENT OF REGISTERED VETERINARY PRACTITIONERS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 7.1 PREAMBLE

Recently graduated veterinary practitioners might not have the surgical, medical, or communication skills of experienced practitioners.

Employers must recognize it is important that recently graduated veterinary practitioners are provided with adequate support and guidance.

#### 7.2 EXPECTATIONS

Veterinary practitioners must work within their areas of competence and be mindful of their limitations.

Employers must not direct recent graduates to undertake procedures / tasks for which they do not have the necessary skills, unless they are provided with adequate supervision / support.

Employers must ensure employee veterinary practitioners hold registration that is recognised in Victoria. Registration may be confirmed by online registers or by telephoning the relevant Board's office.

Employers have an obligation to supervise the inexperienced veterinary practitioner until competency is achieved; that is, until they have demonstrated a level of skill equivalent to that expected by the public and their peers of a reasonably skilled and experienced veterinary practitioner. This includes the employer being available to assist in person or by telephone, or by the provision of access to alternate back-up; for example, a neighbouring practice, a veterinary specialist, referral centre, or out-of-hours veterinary clinic.

#### 7.3 EMPLOYEES

Employed veterinary practitioners should recognise that on graduation they are not competent in all aspects of veterinary medicine and surgery, and that an 'on the job' learning curve exists. They are encouraged to seek assistance within the practice, in the first instance, from peers, or experienced colleagues whenever they find themselves out of their depth or at the limit of their experience and knowledge.

#### 7.4 COMMUNICATIONS

All veterinary practitioners must be aware of the importance of effective communication and application of interpersonal skills in veterinary practice. The employer has an obligation to ensure that the systems of communications used between all staff members and with clients are highly effective.



New employees and especially inexperienced veterinary practitioners should be well instructed in communicating effectively.

Employers should support inexperienced veterinary practitioners in their professional communications with clients. Employers should encourage formal and informal discussions on clinical cases and client expectations at practice meetings, practice seminars, regular performance feedback/review meetings, and formal induction of the new graduates to assist in the successful adoption of the practice culture, professional standards, and business ethics.

## **7.5 CONCLUSION**

Employers should recognise that they have an obligation to veterinary practitioners whom they employ to provide support, guidance, and assistance. The long-term result for the practice will be the maintenance of high standards of veterinary service, a healthy interaction with employed veterinary practitioners, better client relations, and an appropriate professional image for the practice as perceived by clients.

Employers should not employ an inexperienced veterinary practitioner unless they are capable and willing to provide the level of support detailed above.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 8

### COMMUNICATION WITH CLIENTS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 8.1 PREAMBLE

Many of the complaints the Board receives arise because of a breakdown in communication.

#### 8.2 ESTABLISHING AUTHORITY

Veterinary practitioners must take reasonable steps to establish that the person presenting the animal has the authority to consent to a procedure or treatment. For example:

- (a) established client associated with that animal;
- (b) owner of the animal;
- (c) authorised agent of the owner of the animal;
- (d) a person with the day-to-day responsibility for the care of that animal at the time.

#### 8.3 EXPECTATIONS

Veterinary practitioners must make reasonable efforts to ensure that the client understands their communications.

Interpreter services should be used when necessary to avoid potential misunderstandings.

Where several treatment options exist, the veterinary practitioner must discuss a reasonable range of options for treatment, their associated costs, prognosis, potential complications, and consequences.

##### 8.3.1 Range of options

Veterinary practitioners must:

- (a) act in the best interest of their client and patient when formulating a list of options. This includes consideration of prognosis as well as financial circumstances and ethical considerations;
- (b) give consideration to the appropriateness of referral, conservative treatment, second opinions, and euthanasia when formulating a list of options.

##### 8.3.2 Consent

Veterinary practitioners must ensure they have obtained consent for any procedures undertaken, and have explained the likely costs and outcomes.

Veterinary practitioners should record the range of options provided in discussion; the treatment plan agreed by the client; and the associated costs / risks, particularly when the plan chosen by the client is not the option recommended by the veterinary practitioner.

Whenever possible, consent should be recorded in writing, witnessed, and the client given a copy. When verbal consent is necessary, this should be recorded in the clinical record.

A consent form should contain:

- (a) the owner's name, address, and telephone number including a contact number for the day of the procedure, where possible;
- (b) a description of the patient (name, species, breed, colour, age and sex);
- (c) name, address, and telephone numbers of the agent if the patient is not presented by the owner; and there should be a statement for the agent to sign, indicating they are legally authorised to present the patient;
- (d) a clear description of the procedure/s to be undertaken;
- (e) a statement of the risks involved with the procedure, and the owner or agent's consent to perform the stated procedure/s;
- (f) an estimate of the cost of the procedure;
- (g) the witnessed and dated signature of the owner or agent.

It is recognised that there are circumstances where specific consent is difficult to obtain because it may not be known prior to commencing a procedure, exactly what will be necessary or how long it will take. For example; the number of teeth to be removed when performing dentistry, or the requirements of exploratory surgery.

The veterinary practitioner who performed the treatment / surgery must ensure that appropriate information is provided to the owner regarding aftercare and what to do in the event of complications.

If complications or unexpected results arise during or after treatment, the possible causes, further treatment options, costs, and prognosis must be discussed promptly with the client.

### **8.3.3 Necropsy**

In the event of an unexplained / unexpected death of an animal while under the care of a veterinary practitioner, the practitioner must advise the owner that a necropsy can be performed.

Options for performing the necropsy must be provided to the owner, and the fees for these services discussed.

Where an owner has given permission for a necropsy to be performed on an animal, this must be performed without undue delay. If storage is necessary, every effort must be made to ensure the body is stored in a way that reduces deterioration of tissues before the necropsy is conducted.

To prevent potential conflict of interest, where possible / practical an independent veterinary practitioner should carry out the necropsy.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 9

### OBLIGATION TO PROVIDE TREATMENT

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 9.1 PREAMBLE

Each year, the Board receives a number of complaints regarding the refusal of veterinary practitioners to treat animals that are either sick or injured.

Some of the complaints involve owned animals, while others involve stray or wild animals.

While it is recognised that there is no statutory requirement compelling veterinary practitioners to accept an animal for veterinary treatment, it is important that veterinary practitioners understand their legal and ethical obligations regarding the treatment of sick and injured animals.

Veterinary practitioners are not obliged to provide treatment beyond first aid and pain relief, and may direct clients elsewhere after fulfilling their obligations under the *Prevention of Cruelty to Animals Act 1986 (POCTA)*.

#### 9.2 LEGAL AND ETHICAL CONSIDERATIONS

**9.2.1** The legal obligations and responsibilities of a veterinary practitioner regarding the welfare of sick and injured animals are covered under sub-sections 9(1)(c) and 9(1)(i) of POCTA. These sections apply to all members of the community, including registered veterinary practitioners.

All veterinary practitioners must be familiar with the relevant sections of POCTA.

Sub-section 9(1)(c) of POCTA defines the committing of an act of cruelty as when a person:

*... does or omits to do an act with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal.*

This applies to a veterinary practitioner who fails to provide appropriate attention or treatment to a sick, injured, or stray animal, to reasonably alleviate the animal's pain and suffering.

Sub-section 9(1)(i) further defines the committing of an act of cruelty as when a person:

*... is the owner or the person in charge of a sick or injured animal ... unreasonably fails to provide veterinary or other appropriate attention or treatment for the animal.*

**9.2.2** The power of a veterinary practitioner to destroy an animal is covered under subsection 24D(1)(a) and 24D(1)(b) of POCTA.

**9.2.3** A veterinary practitioner must take appropriate measures to minimise or alleviate the pain, suffering, or distress of any animal presented for emergency treatment as far as is reasonably possible, irrespective of the prospect of receiving payment for the treatment rendered.

Such measures must not be unreasonably delayed or withheld while financial negotiations take place.

This applies whether or not the animal is owned and whether or not the owner is a client of the practice.

**9.2.4** Refusal to provide emergency treatment to sick and injured animals may result in prosecution under POCTA; and may also constitute unprofessional conduct under the Veterinary Practice Act 1997.

**9.2.5** A veterinary practitioner must ensure that an animal does not suffer unreasonable pain or distress because of a client's unwillingness to provide veterinary care.

**9.2.6** If the owner or custodian of an animal requires time to consider their options for treatment or referral, appropriate measures to alleviate pain or suffering of the animal must commence immediately, while they consider their options.

**9.2.7** If the owner or custodian of an animal refuses to allow the animal under their care to be given appropriate treatment, it is acceptable for a veterinary practitioner to report the case to an Inspector appointed under Section 18 of POCTA.

### **9.3 EMERGENCY TREATMENT**

**9.3.1** An emergency case is where an animal is suffering unreasonable pain or distress, or requires urgent treatment.

**9.3.2** Where assistance from Victoria police, local / state government officers, RSPCA, or another registered veterinary practitioner is required, it should be sought promptly.

**9.3.3** POCTA does not explicitly oblige veterinary practitioners to attend a reported accident or emergency case.

It may be appropriate to refer the emergency to Victoria police, RSPCA, state / local government, wildlife carers, or other emergency services.

**9.3.4** Occupational health and safety must be considered when making decisions to attend outside a veterinary practitioner's usual work hours or environment. A veterinary practitioner is not obliged to attend a house-call, after-hours call, or accident/emergency when the veterinary practitioner has reason to feel that their personal safety (or that of their staff) may be at risk.

Veterinary practitioners may require an animal to be transported to the veterinary premises for treatment.

When a veterinary practitioner is unable to travel to an emergency case, alternatives for treatment should be suggested.

### **9.4 EUTHANASIA**

This section should be read in conjunction with Guideline 10: Euthanasia of Animals.

**9.4.1** Euthanasia may be a legitimate option where it is impossible or impractical to provide for satisfactory alternative treatment.

**9.4.2** Sub-sections 24D(1)(a) and 24D(1)(b) of the POCTA Act provide a veterinary practitioner with power to destroy an animal, as follows.

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24D(1) A veterinary practitioner may, with any assistance that is necessary, destroy any animal –

- (a) *that is behaving in such a manner and there are such circumstances that the veterinary practitioner reasonably believes that the animal is likely to cause death or serious injury to any person or another animal; or*
- (b) *that is abandoned, distressed or disabled if the veterinary practitioner reasonably believes that the animal's condition is such that it would continue to suffer if it remained alive.*

## **9.5 SICK AND INJURED STRAY ANIMALS**

**9.5.1** Veterinary practitioners must provide reasonable emergency treatment to relieve pain and suffering to sick or injured stray domestic or wild animals. This may include euthanasia.

**9.5.2** Where an animal is identifiable and it is reasonable to do so, veterinary practitioners must endeavour to contact the owner of an animal before undertaking euthanasia.

### **9.5.3 Declared Pest Animals**

Veterinary practitioners must not treat declared pest animals – these must be immediately euthanased.

### **9.5.4 Protected and Native Species**

- (a) Where there is a reasonable expectation that the animal can be successfully treated and released back to the wild, the animal must be released or referred to an appropriate licensed wildlife carer for further necessary care prior to being released.
- (b) Where there is not a reasonable expectation that the animal can be treated successfully and released back to the wild, then the animal must be euthanased immediately.

## **9.6 RIGHT TO REFUSE VETERINARY TREATMENT**

**9.6.1** A veterinary practitioner may be unwilling to provide treatment for animals on behalf of clients because:

- (a) a history of poor payment or non-payment (bad debt);
- (b) they are unable to afford veterinary treatment ;
- (c) they have been notified previously in writing by the veterinary practitioner concerned that further veterinary services will not be rendered (dismissed by the practice);
- (d) the veterinary practitioner has an objection to euthanasia of healthy animals;
- (e) the client usually uses another veterinary practitioner or service.

**9.6.2** Under such circumstances, the veterinary practitioner requested must always ensure that emergency treatment and pain relief are provided regardless of financial or other considerations.

**9.6.3** Where the veterinary practitioner is unwilling to accept the animal for treatment the client may be directed elsewhere after appropriate emergency treatment.

**9.6.4** The dismissal of a client does not relieve the veterinary practitioner of their obligations and responsibilities to provide emergency treatment.

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## **9.7 TREATMENT OF UNFAMILIAR ANIMALS**

Where the veterinary practitioner does not normally treat the species of animal presented for emergency treatment, reasonable measures for the relief of any unnecessary pain, suffering, or distress must be provided before referring the animal to an appropriate veterinary practitioner for ongoing care.

## **9.8 PROVISION OF EMERGENCY AND AFTER HOURS TREATMENT**

All veterinary practitioners, who provide a direct veterinary service to the public, must make suitable provision for their clients to obtain veterinary services when they are unavailable. Refer to [Guideline 4](#).



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 10

### EUTHANASIA OF ANIMALS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 10.1 GENERAL REQUIREMENTS

**10.1.1** Veterinary practitioners have a legal obligation under the *Prevention of Cruelty to Animals Act 1986 (POCTA)* to euthanase animals which in their professional opinion are distressed, diseased or disabled to such an extent that their condition cannot be satisfactorily relieved by veterinary care.

**10.1.2** Veterinary practitioners may euthanase animals upon a client's request, having satisfied themselves that the client has the authority to make such a request.

**10.1.3** Where a range of treatment options exist, veterinary practitioners must offer euthanasia as an option where appropriate. (See [Guideline 8](#))

**10.1.4** Veterinary practitioners may refuse to euthanase animals where it is not necessary on humane grounds if they have a moral objection but must give the option of the client seeking the service elsewhere.

**10.1.5** Where an animal is presented for euthanasia, veterinary practitioners must take reasonable steps to establish the authority of the person presenting the animal.

Where any doubt exists that a person presenting an animal for euthanasia has the authority to do so, a veterinary practitioner must ensure that a consent form is completed and signed.

Veterinary practitioners must make reasonable attempts to identify the owner or person in charge of the animal before undertaking euthanasia. This should not unreasonably cause delay where euthanasia is necessary on humane grounds.

**10.1.6** Veterinary practitioners must provide appropriate advice to ensure that animal's euthanased with drugs do not enter the human or animal food chain.



# GUIDELINE 11

## VETERINARY MEDICAL RECORDS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

### 11.1 VETERINARY MEDICAL RECORDS

**11.1.1** Veterinary medical records satisfy legislative requirements, and also ensure that veterinary practitioners can demonstrate appropriate standards of practice. (See guideline 6)

Veterinary medical records are documentary evidence of the animal's illness, care, and treatment. They serve as a basis for review and evaluation of medical care rendered.

**11.1.2** Veterinary practitioners must ensure that veterinary records contain sufficient information to clearly identify the animal(s) and justify the clinical management and treatment.

**11.1.3** Medical records should include:

- (a) client identification;
- (b) date treated;
- (c) animal(s) identification;
- (d) history;
- (e) physical examination details;
- (f) provisional and final diagnosis;
- (g) treatment options provided;
- (h) treatment(s) given, prescribed, or supplied;
- (i) progress notes (for hospitalised patients);
- (j) communication with the client;
- (k) consent forms;
- (l) other records / reports such as:
  - i. imaging reports;
  - ii. laboratory reports;
  - iii. necropsy reports;
  - iv. specialist / referral reports;
  - v. surgical record;
  - vi. anaesthetic record;
  - vii. dental record;
  - viii. hospitalisation treatment record.

## **11.2 RETENTION OF MEDICAL RECORDS**

Veterinary practitioners must retain records for at least six (6) years after the last occasion on which the animal received treatment.

## **11.3 CLIENT ENTITLEMENT TO THE CLINICAL HISTORY OF THEIR ANIMALS**

**11.3.1** Veterinary Practitioners may not legally be required to provide copies of the clinical record to the client. The Board's expectation is that copies of the clinical history are provided to the client where requested, unless the practitioner has a reasonable justification not to do so.

### **11.3.2 Transfer of Records to another Veterinary Practitioner**

The purpose for the transfer of records is to ensure appropriate ongoing care. When a request to forward veterinary medical records to another treating veterinary practitioner is made this request must be actioned promptly after client consent has been provided. In emergency or time-dependent circumstances (such as where the second practitioner is about to commence treatment), the transfer of history may initially be verbal, in order to ensure the treating practitioner has adequate information on which to base their ongoing care.

When a medical record is transferred and a copy is not retained (e.g. radiographs), a note should be made of the name and address of where the information was transferred.

### **11.3.3 Provision of Records to Pet Insurance Company**

Where a client requires a copy of the clinical record be provided to a pet insurance company for them to assess a claim, this request must be actioned promptly.

## **11.4 CLOSURE OF A PRACTICE**

Veterinary practitioners should make arrangements for the transfer of medical records to another practitioner in the event of a business closing.

## **11.5 RELEASE OF RECORDS FOR INVESTIGATION OF COMPLAINT AND / OR LEGAL ACTION**

Practitioners are expected to comply with a request of the Board to see all pertinent records as part of a complaint investigation.

Veterinary practitioners must respond in a timely and substantive manner to all formal requests for information from the Board.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 12

### CAESAREAN SECTION IN DOGS AND CATS

Guideline 12 has been rescinded.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 13

### CONTINUING PROFESSIONAL DEVELOPMENT

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 13.1 GENERAL REQUIREMENTS

**13.1.1** Veterinary practitioners must participate in CPD programmes sufficient to maintain competency in their chosen field of work.

Veterinary practitioners should retain documented evidence of CPD for a minimum of three (3) years.

**13.1.2** At least fifteen (15) units of structured activities should be undertaken over each three years (a triennium).

At least forty-five (45) units of unstructured activities should be undertaken over each three years (a triennium).

**13.1.3** When applying for renewal of registration, all veterinary practitioners are required to complete the question on the total number of units undertaken for the preceding twelve (12) months.

**13.1.4** Veterinary practitioners must provide the Board with documented evidence of compliance with the CPD requirements when requested.

**Table 13.2 CPD unit summary**

CPD UNIT SUMMARY

60 units over each 3 years

**ACTIVITY**

**UNIT**

**Structured**

(15 units over each 3 years)

University CE courses	1 hour	1 unit
Postgraduate courses etc.	1 hour	1 unit
Conferences, Seminars etc.	1 hour	1 unit
Presentation of papers	1 hr lecture	4 units
Preparation of published paper		4 unit
Other professional presentations	1 hour	1 unit
Distance learning	1 hour	1 unit
Written assessment tests	1 test	1 unit
Assessed Internet-based or digital	2 hours	1 unit

APAV Course (completed) each chapter 1 unit

AVBC MCQ Trial Test (completed) each test 1 unit

**Unstructured**

(45 units over each 3 years)

In-practice training & instruction	2 hours	1 unit
(restricted to 20 units over each 3 years)	2 hours	1 unit
	2 hours	1 unit
	2 hours	1 unit
	2 hours	1 unit
	2 hours	1 unit
Reading	2 hours	1 unit
Online CPD	2 hours	1 unit

**Table 13.3 Sample chart for documenting CPD**

<p><b>VETERINARY PRACTITIONERS REGISTRATION BOARD of VICTORIA</b></p> <p><b>CONTINUING PROFESSIONAL DEVELOPMENT LOG</b></p> <p>Period from ..... to .....</p>
---

**Name** \_\_\_\_\_ **Registration No V** \_\_\_\_\_

DATE	CPD ACTIVITY	DESCRIPTION*	STRUCTURED UNITS	UNSTRUCTURED UNITS
		<b>TOTALS</b>		
<i>*Attach documents/receipts as appropriate</i>				

**KEEP YOUR RECORDS UP TO DATE**



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 14

### REGISTERED SPECIALISTS AND SPECIALIST PRACTICE STANDARDS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 14.1 PREAMBLE

Veterinary specialists (specialists) are veterinary practitioners who hold endorsement as a veterinary specialist (section 8 of the *Veterinary Practice Act 1997*). Specialists may function as primary access veterinary practitioners or accept referrals.

A referral veterinary practitioner is any veterinary practitioner who accepts referrals from other practitioners or who provides particular services in different locations to clients who are primarily clients of another practitioner.

Veterinary practitioners who accept referrals but do not hold endorsement as a veterinary specialist may refer to themselves as a Professional Interest Practitioner in [name of interest]; for example, Professional Interest Practitioner in Dermatology.

The Act stipulates that irrespective of the qualification, training, or experience of a veterinary practitioner, unless the practitioner holds a current specialist endorsement of registration, the practitioner must not:

- (a) claim to be qualified as a veterinary specialist;
- (b) claim to be registered as a veterinary specialist;
- (c) take or use the title of veterinary specialist;
- (d) act in any way to induce a belief by others that he/she is a veterinary specialist.

#### 14.2 SPECIALIST AND REFERRAL PRACTICES

The Board has determined the following guidelines about the operation of specialist and referral practices:

- (a) The trading name of a practice must not contain the word 'specialist' or any derivation of it unless all veterinary practitioners are either registered specialists or are undergoing a specialist training programme. A practice where non-specialists take referrals without the direct supervision of a registered specialist may however, be designated as a referral centre.
- (b) Specialist and referral practices should provide an information board within the public area, which lists all veterinary practitioners working at or from the premises and clearly states their registered status and specialty domain.
- (c) All veterinary practitioners who are not registered specialists, who accept referral work within any practice, must make it clear to clients or potential clients and referring practitioners that they are not registered specialists.

- (d) Specialists and referral practitioners have a responsibility to communicate their procedures, findings, and details of any treatments given to the referring practitioner.

At the end of their involvement in the case the animal and client must be formally referred back to the usual veterinary practitioner and full details of treatment and necessary aftercare should be provided to that practitioner.

### **14.3 REFERRAL TO SPECIALIST OR REFERRAL PRACTICES**

Veterinary practitioners referring work to other practitioners must ensure that the owner of the animal clearly understands whether the practitioner to whom the animal is referred is or is not a registered specialist.

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# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 15

### INTER-PRACTITIONER COMMUNICATIONS

Guideline 15 has been rescinded.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 16

### CONFLICT OF INTEREST FOR REGISTERED VETERINARY PRACTITIONERS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 16.1 PREAMBLE

Conflict of interest issues are particularly relevant to veterinary activities associated with certification, accreditation, and the provision of an expert opinion, including acting as an expert witness in legal proceedings.

#### 16.2 CONFLICT OF INTEREST

A conflict of interest issue arises if there exists:

- (a) a conflict between one person's own interests and that of another person or body;
- (b) a conflict between a person's differing obligations to two or more other people;
- (c) the appearance of such a conflict.

#### 16.3 EXAMPLES OF CONFLICT OF INTEREST

A conflict of interest issue may arise in the course of providing veterinary services or advice, if, for example, a veterinary practitioner:

- (a) has any financial or pecuniary interest in stock or land involved;
- (b) has a relationship with a client, vendor or purchaser involved;
- (c) has a business or social interest with any party;
- (d) has been under pressure or offered an inducement in relation to the service;
- (e) holds an elected or executive office within an organisation, which has powers under legislation to make decisions about animals, instigate prosecutions, or has some other interest in the animals or services in question;
- (f) performs a necropsy on an animal that has died unexpectedly while under their care.

#### 16.4 MANAGING A CONFLICT OF INTEREST

**16.4.1** When faced with a potential conflict of interest situation, veterinary practitioners must:

- (a) take all reasonable steps to avoid that conflict; and
- (b) promptly declare any apparent, actual or potential conflict of interest to the party or parties involved.

**16.4.2** Disclosure enables the person/s concerned to choose whether to continue with the service or to engage another veterinary practitioner.

## **16.5 PERFORMING NECROPSIES**

**16.5.1** It is recommended that in the event of an unexplained / unexpected death of an animal while under the care of a veterinary practitioner, that veterinary practitioner should advise the owner that a necropsy can be performed.

**16.5.2** To prevent potential conflict of interest, an independent veterinary practitioner should carry out the necropsy.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 17

### PROVISION OF SERVICES ACROSS BORDERS AND TO REMOTE CLIENTS

Guideline 17 has been rescinded.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 18

### STANDARDS OF BIOSECURITY FOR PROPERTY VISITS

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 18.1 GENERAL REQUIREMENTS

**18.1.1** Veterinary practitioners must assess the biosecurity risks posed by their visits to properties and must take appropriate measures to minimise those risks.

**18.1.2** Veterinary practitioners must be aware of and comply with requirements and procedures for dealing with suspected or confirmed notifiable diseases and emergency animal diseases.

**18.1.3** Where risk assessment indicates the possibility of a zoonotic disease, veterinary practitioners must take appropriate measures to protect against infection of themselves and other people.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 19

### DIRECTION OR INCITEMENT OF A REGISTERED VETERINARY PRACTITIONER TO COMMIT UNPROFESSIONAL CONDUCT

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 19.1 GENERAL REQUIREMENTS

**19.1.1** Veterinary practitioners are responsible for their own actions and judgments. Allowing professional judgement, integrity, discretion, conduct, or ethical standards to be compromised by any other person in any matter requiring the application of professional knowledge or skill is not a defence against allegations of unprofessional conduct.

**19.1.2** Section 58A of the *Veterinary Practice Act 1997* states that it is an offence to direct or incite unprofessional conduct.

A person who employs a veterinary practitioner must not direct or incite that practitioner, contrary to the provisions of the *Veterinary Practice Act 1997* or any other Act regulating veterinary practice.

Directing or inciting in this context includes placing pressure on an employee veterinary practitioner to engage in unprofessional conduct during the course of veterinary practice.



# VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

## GUIDELINE 20

### OBLIGATION TO REPORT

This guideline is the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines and definitions.

#### 20.1 GENERAL REQUIREMENTS

**20.1.1** If a registered veterinary practitioner is of the reasonable belief that there exists, or potentially exists, a serious risk to the health and safety of the public and/or the health and welfare of an animal, the practitioner should report the matter to the relevant authority. This responsibility takes precedence over the obligation to maintain client confidentiality.