



# COMPLIANCE SELF ASSESSMENT FORM

Complete and retain: Please **do not** return to the Board

Name \_\_\_\_\_  
Registration Number \_\_\_\_\_  
Practice or Business Name \_\_\_\_\_

## 1 REGISTRATION AND TYPE OF PRACTICE *All registered veterinary practitioners to complete*

- |   |   |
|---|---|
| <input type="checkbox"/> General registration   |   |
| <input type="checkbox"/> General registration subject to conditions limitations or restrictions |   |
| <input type="checkbox"/> Registered veterinary specialist                                       |   |
| <input type="checkbox"/> Non-practising   |   |
| <br>  |   |
| <input type="checkbox"/> Private small animal practice  | <input type="checkbox"/> Government Officer Commonwealth  |
| <input type="checkbox"/> Private large animal practice  | <input type="checkbox"/> Government Officer State         |
| <input type="checkbox"/> Private mixed practice   | <input type="checkbox"/> Government Officer Local         |
| <input type="checkbox"/> Private equine practice  | <input type="checkbox"/> Government Research Commonwealth |
| <input type="checkbox"/> Private production animal practice                                     | <input type="checkbox"/> Government Research State        |
| <input type="checkbox"/> Other Vet Exotics and/or Wildlife                                      | <input type="checkbox"/> Retired                          |
| <input type="checkbox"/> Pathology services   | <input type="checkbox"/> Treatment of own animals only    |
| <input type="checkbox"/> Pharmaceutical Industry  | <input type="checkbox"/> University Teacher               |
| <input type="checkbox"/> Non Veterinary Pursuit   | <input type="checkbox"/> Other _____                      |

## 2 ACCESS TO INFORMATION *Complete if you use/supply/prescribe restricted drugs*

I have a copy of or access to the following Acts, Regulations and Resources.

- Current *Veterinary Practice Act 1997*.
- Current *Drugs, Poisons and Controlled Substances Act 1981*.
- Current *Drugs, Poisons and Controlled Substances Regulations 2006*.
- Current *Agricultural and Veterinary Chemicals (Control of Use) Act 1992*.
- Current *Agricultural and Veterinary Chemicals (Control of Use) Regulations 2007*.
- Current *VPRBV Board Issued Guidelines*.
- VPRBV Board Issued Dispensing Checklist*.
- Standard texts, post-graduate proceedings, journals etc. for up to date information about veterinary therapeutics and pharmacology.
- An up-to-date IVS or similar pharmacopoeia or online access to this information.
- A filing and retrieval system for product information related to hazardous substances.

**3 TOTAL PROFESSIONAL SERVICE** *Complete if you use/supply/prescribe restricted drugs*

- I use the standards of Total Professional Service and the Dispensing Checklist when dispensing or prescribing Schedule 4, 8 or 11 substances.
- I dispense or prescribe only to *bona fide* clients.
- I establish and record therapeutic need when I supply restricted substances.
- I only supply restricted substances to the owner or responsible agent of animal patients(s) that are actively under my care.
- I label and record dispensing according to the legislation and guidelines.
- My workplace handles and stores drugs in the approved manner.
- I expect and am able to provide after-care for the animal/s in my care.
- I have a system of follow-up to ensure that my expected outcome is achieved.
- I ensure that my client/s understands all use and safety instructions.
- I only dispense the amount of drug that is reasonably required for treating the condition for which I have determined therapeutic need.
- I keep the best interest of the animal uppermost in my mind.

**4 LABELLING OF RESTRICTED DRUGS** *Complete if you use/supply/prescribe restricted drugs*

I ensure that all restricted drugs that I dispense bear a label showing the following:

- Name of owner or person in custody of animal.
- Date of dispensing and recording.
- Name, address and phone number of practice.
- Name of drug.
- Strength, form and quantity of drug.
- Directions for use.
- The words: For animal treatment only.
- The words: KEEP OUT OF REACH OF CHILDREN.

**5 RECORDING OF RESTRICTED DRUGS** *Complete if you use/supply/prescribe restricted drugs*

I record the following details in the patient's clinical record when I dispense a restricted drug.

- Date of transaction.
- Name, form, strength, quantity of drug.
- Name and address of owner or person in custody of animal.
- Therapeutic need.
- Use of Dispensing Checklist if no immediate physical consultation.

I possess, use or dispense Schedule 8 drugs and I ensure that a dangerous drugs register is maintained in the prescribed manner as follows.

- Date of transaction (use, dispensing, purchase or authorised destruction).
- Name and address of supplier.
- Details of any authorised destruction of drugs.
- Name of person carrying out the transaction.
- The true and accurate balance of each drug remaining in stock.
- I maintain all the above records in retrievable form for a minimum of 3 years.

**6 STORAGE AND HANDLING OF RESTRICTED DRUGS** *Complete if you are the practice principal or responsible registered veterinary practitioner in a business*

- I store Schedule 4 or 11 drugs in a locked receptacle, fridge cupboard or room.
- I store Schedule 8 or 11 drugs in an immovable, locked steel safe.
- I ensure that only registered veterinary practitioners have keys to the repositories above.
- I ensure that my employees keep appropriately detailed clinical records to justify supply.
- I ensure that my employees understand the legal requirements of drug storage and handling.
- I make the Dispensing Checklist available to all employees in the practice.
- I utilise the Board's Total Professional Service wall poster to assist all employees to relate to the legislation and guidelines requirements to the public.
- I conduct regular audits of my stock and dispose of out-of-date drugs.
- I ensure that disposal of all drugs is performed in accordance with legislation and EPA requirements.
- I ensure that dispensing containers are sturdy, adequately sealed and resealable.
- I ensure that lay-employees do not undertake dispensing activities.
- I ensure that other registered veterinary practitioners under my supervision adhere to the requirements of the legislation and guidelines.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Veterinary Practitioners Registration Board of Victoria**

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