

OFFICIAL



GUIDELINES OF THE VETERINARY PRACTITIONERS REGISTRATION BOARD OF VICTORIA

9 APRIL 2024

OFFICIAL

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INTRODUCTION TO THE GUIDELINES

The veterinary profession in Victoria plays a key role in protecting the health and wellbeing of both animals and people. Veterinary practitioners play a crucial role in the diagnosis and control of animal diseases through their treatment of sick and injured animals, as well as providing a valuable resource of advice to the public on how to appropriately care for companion and production animals. The veterinary profession is essential to protecting Victoria's reputation for producing clean and safe agricultural produce and maintaining the state's biosecurity system. The veterinary profession also has an important role in maintaining the integrity of sporting animal industries in Victoria. Through the profession's contribution to research and teaching, the future wellbeing of animals and the public is assured.

The Veterinary Practitioners Registration Board of Victoria (**the Board**) is a regulatory body whose purposes under the *Veterinary Practice Act 1997 (the Act)* are:

1. to protect the public by ensuring veterinary practitioners are registered, appropriately qualified and maintain appropriate standards of veterinary practice
2. to investigate the professional conduct and fitness to practise of registered veterinary practitioners.

The Act states the functions of the Board and provides the Board with all powers necessary to enable it to perform its functions. Section 62(1)(e) of the Act describes one function of the Board is to issue guidelines about appropriate standards of veterinary practice and veterinary facilities.

APPROPRIATE STANDARDS OF VETERINARY PRACTICE AND VETERINARY FACILITIES

This document contains **Guidelines** issued by the Board and subject to regular review. Board Guidelines establish principles or practice of general applicability and do not provide decisions or advice on particular situations.

The purpose of the Guidelines is to:

1. set out the standard expected by the Board from veterinary practitioners in the delivery of veterinary services
2. acknowledge the public's shared responsibility for the wellbeing of animals in their engagement with the veterinary profession, and
3. formally notify the veterinary profession and the public what actions demonstrate professional conduct of an appropriate standard of veterinary practice.

AIM AND APPLICATION OF THESE GUIDELINES

These Guidelines seek to assist and support veterinary practitioners to deliver appropriate, effective services within an ethical framework. Veterinary practitioners have a professional responsibility to be familiar with these Guidelines and to apply the guidance they contain.

These Guidelines may be used to:

- support individual practitioners in the challenging task of providing an appropriate standard of veterinary care and fulfilling their professional roles
- provide a framework to guide professional practice
- assist the Board in their role of protecting the public by setting and maintaining appropriate standards of practice. These Guidelines may be used when evaluating the professional conduct of practitioners. If professional conduct varies significantly from these Guidelines, practitioners should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet these Guidelines may lead to a finding of unprofessional conduct.

- contribute to a veterinary practitioner's response against an allegation of unprofessional conduct as part of a Board investigation, and
- guide the public and consumers of veterinary services about what is an appropriate standard of veterinary practice and the standard of behaviour they should expect from veterinary practitioners.

The Guidelines are not exhaustive and do not cover the complete range of veterinary practice. A veterinary practitioner's work is diverse. Veterinary services, whether in clinical or non-clinical practice, extend beyond engaging with individual owners and animals to include food safety, public health and biosecurity.

It is accepted that there is not necessarily one right choice in every set of circumstances and that the Guidelines cannot define how every situation must be managed.

The Guidelines assist a veterinary practitioner to evaluate situations (whether in relation to a clinical matter or not) and make competent and reasonable decisions about the most appropriate course of action.

Acting in contravention of a Guideline does not necessarily of itself constitute unprofessional conduct. However, a veterinary practitioner should be able to provide compelling reasons for all actions they take and produce evidence of their decision-making.

WHAT UNDERPINS THE GUIDELINES

The Board views professional conduct as more than the possession and appropriate application of technical knowledge and skills. The standard of service provision by veterinary practitioners is perceived by the way in which they engage and interact with:

- the owner of the animal receiving veterinary services
- the animal receiving veterinary services
- their professional peers, and
- the general public.

The [Behavioural Attributes of Veterinary Practitioners](#) set out below describe the approach to conduct and decision-making expected of a registered veterinary practitioner.

The [Principles of Professional Conduct](#) set out below guide the delivery of veterinary services.

The Board also expects owners who are engaging with veterinary practitioners to behave with honesty, integrity and respect.

Further guidance on the expected behaviours and principles of professional conduct is contained in individual Guidelines.

BEHAVIOURAL ATTRIBUTES OF VETERINARY PRACTITIONERS

1. Honesty and integrity

- 1.1. A veterinary practitioner is honest in their professional and commercial dealings.
- 1.2. A veterinary practitioner considers alternative approaches for each specific situation and effectively communicates those options without prejudice.
- 1.3. A veterinary practitioner respects the confidentiality and privacy of their interactions with owners irrespective of whether the owner is a casual or a longer-term recipient of their veterinary services.

2. Professional accountability and self-management

- 2.1. A veterinary practitioner maintains their own health and wellbeing and takes steps to modify their practice if issues arise that may impact their performance and judgement.

- 2.2. A veterinary practitioner recognises the limits in their own knowledge and experience and seeks appropriate advice to inform their decision-making when needed.
- 2.3. While it is appropriate to seek advice from other veterinary practitioners or appropriate experts, a veterinary practitioner remains accountable for their own decisions and actions, irrespective of the expertise of the veterinary practitioner or professional contacted for advice.
- 2.4. A veterinary practitioner's accountability remains constant irrespective of the setting in which they deliver their veterinary services.
- 2.5. A veterinary practitioner complies with the Guidelines irrespective of whether or not they are charging fees for the services provided.

3. Respect

- 3.1. A veterinary practitioner has due regard for the welfare, beliefs, perceptions, customs and cultural heritage of owners, veterinary team members and professional peers..
- 3.2. A veterinary practitioner makes professional judgements in the best interest of an individual animal and is empathetic to the animal's environment and relationship to their owner.
- 3.3. A veterinary practitioner provides sufficient, clear and accurate information to enable an individual who is making decisions about the animal's wellbeing to provide informed consent for a veterinary service.

PRINCIPLES OF PROFESSIONAL CONDUCT

1. Animal wellbeing

- 1.1. The wellbeing of an animal is central in a veterinary practitioner's decision-making in the provision of veterinary services (See [G2: Animal Wellbeing](#)).

2. Safeguarding public health, safety and the environment

- 2.1. A veterinary practitioner delivers veterinary services in a manner that ensures the present and future health and safety of the owner and their animal, their staff, their peers, the general public and the environment.
- 2.2. A veterinary practitioner uses, prescribes and supplies medications in a manner that mitigates long-term adverse impacts such as environmental contamination and the build-up of antibiotic resistance.

3. Currency of knowledge

- 3.1. A veterinary practitioner remains current in their knowledge and uses scientifically based processes where available in their veterinary practice.
- 3.2. A veterinary practitioner demonstrates their commitment to the continuous improvement of their service through timely adoption of improved techniques, equipment and technology and regular participation in continuing professional development.

4. Currency of practice

- 4.1. The environment, equipment and assistance used in providing veterinary services is appropriate for the procedure that is undertaken.
- 4.2. Contemporary scientific knowledge underpins veterinary practice and informs a veterinary practitioner's decision-making in relation to all aspects of their veterinary services, including the assessment and maintenance of animal health and wellbeing.

5. Legal and regulatory compliance

- 5.1. A veterinary practitioner understands and complies with current legal and regulatory obligations impacting their delivery of veterinary services.
- 5.2. A veterinary practitioner maintains accurate and comprehensive records of their veterinary services.

6. Healthy and supportive work environment

- 6.1. Policies and procedures of businesses, agencies and not-for-profit organisations which employ or engage registered veterinary practitioners enable the veterinary practitioner to provide veterinary services that preserve and protect animal wellbeing.
- 6.2. A veterinary practitioner receives appropriate support, guidance and assistance from the business, agency or not-for-profit organisation that employs or engages them.
- 6.3. A veterinary practitioner works collaboratively with other members of the veterinary team to coordinate the care of animals and the delivery of veterinary services.

Disclaimer

This material is current only at the time of publication and may be changed from time to time. The Board reviews and updates the Guidelines on a continuous basis to reflect changes in the science and knowledge base underpinning contemporary veterinary practice. The Board will take reasonable steps to inform the veterinary profession when such updates are released but it remains the responsibility of the individual veterinary practitioner to ensure that their knowledge and application of these Guidelines to their own practice is current.

While the Board has made every effort to ensure that the material in these Guidelines is correct in law, it shall not be liable to any veterinary practitioner or any other person or entity in relation to any claim, action or proceeding whatsoever (whether in contract, negligence or other tort or in proceedings seeking any other form of legal or equitable remedy or relief) for any inadequacy, error or mistake, or for any deficiency in the whole or any part of this document (including any updates incorporated in the document from time to time), and a veterinary practitioner or any other person or entity acting upon the contents of this document acknowledges and accepts that this is the basis upon which the Board has produced these Guidelines and made it available to such person or entity.

DEFINITIONS AND GLOSSARY

ADVERSE EVENT INVOLVING THE USE, SUPPLY OR ADMINISTRATION OF MEDICINES

Under the Adverse Experience Reporting Program for Veterinary Medicines ([APVMA](#)), adverse events associated with the use of registered veterinary chemical products are defined as:

- **an adverse experience** – an unintended or unexpected effect on animals, human beings or the environment, or lack of efficacy associated with the use of a registered veterinary chemical product when used according to label instructions
- **a serious adverse experience** – any adverse experience that results in death, is life-threatening, results in persistent or significant disability or incapacity, prolonged duration of serious signs or is a congenital abnormality or birth defect in animals.

ANIMAL

When an animal is referred to in this document it means the individual animal of any species receiving veterinary services at the instigation of the owner. The animal may be one of a collective group of animals.

ANIMAL WELLBEING

While animal wellbeing is sometimes defined as the absence of pain or distress in an animal, it is also more broadly defined as a state of being in which 'an animal is in a positive mental state and is able to achieve successful biological function, to have positive experiences, to express innate behaviours, and to respond to and cope with potentially adverse conditions'. ('Australian code for the care and use of animals for scientific purposes', National Health and Medical Research Council)

Animal welfare is a related term. The Five Domains Model is used by the veterinary profession and animal welfare organisations as a focusing device to assess animal welfare. The purpose of the model is to help identify welfare-relevant negative and/or positive mental experiences in an animal related to the presence or absence of the following internal physical/functional states and external circumstances:

1. Ready access to clean water and food adequate in quantity and composition to maintain health.
2. Provision of a suitable environment, including shelter and comfortable resting place.
3. Protection from, and rapid diagnosis and treatment of, injury and disease.
4. The opportunity to display normal patterns of behaviour.
5. Minimised exposure to conditions that lead to unacceptable levels of anxiety, fear, distress, boredom or pain.

APVMA

The Australian Pesticides and Veterinary Medicines Authority is an Australian government statutory authority established in 1993 to centralise the registration of all agricultural and veterinary chemical products into the Australian marketplace. The APVMA's principal responsibilities are described in the *Agricultural and Veterinary Chemicals (Administration) Act 1992* and the *Agricultural and Veterinary Chemicals Code Act 1994*.

BIOSECURITY

A set of management and physical measures designed to reduce the risk of introduction, establishment and spread of animal diseases, infections or infestations to, from and within an animal population.

COMMUNICATION

Verbal, non-verbal and written exchanges between veterinary practitioners and the individuals they encounter when providing veterinary services.

DESIGNATED REPRESENTATIVE

A person designated by an animal's owner as their representative to make decisions about the scope of veterinary services provided to the animal and to undertake one or more of their responsibilities in the veterinary-owner-animal (VOA) relationship. Designation of a representative must be explicit and recorded.

INCITEMENT

The action of encouraging someone to do something unlawful or unethical.

INFORMED CONSENT

Consent is an owner's agreement for a veterinary practitioner to provide veterinary services, including any tests, medicines, treatments or procedures. Consent is *informed consent* if the owner has received clear and sufficient information about their choices in relation to their animal's health and treatment before they give their consent to treatment or a service. Informed consent is successful when the owner indicates they understand the information they have been given and confirm this verbally or in writing.

INFORMED FINANCIAL CONSENT

Financial consent is an owner's agreement to the cost of veterinary services to be provided by a veterinary practitioner/practice. Financial consent is *informed financial consent* if the owner has received clear and sufficient information about the cost of a veterinary service, preferably in writing, before the service is provided. Informed financial consent is successful when the owner indicates they understand the information they have been given and confirm this verbally or in writing.

NECROPSY

A surgical examination of a dead animal to learn why the animal died or the extent of disease.

NOTIFIABLE DISEASES

Specific diseases that, when suspected by owners, vets or laboratories, must be reported to Victoria's Chief Veterinary Officer within a defined time frame. **More information:**

<https://agriculture.vic.gov.au/biosecurity/animal-diseases/notifiable-diseases>

OFFENCE

An act or behaviour that breaks a law; or the omission of an act or behaviour required by law.

OWNER

A person who has property rights over an animal (or group of animals). In this document, owner also includes an owner's designated representative or the carer of the animal where an animal is not owned (such as a wild or non-domesticated animal or an animal in temporary care).

SIDE EFFECT

A problem that occurs in addition to the intended therapeutic effect of a treatment (including but not limited to supply of a veterinary medication).

UNIQUE REGISTRATION NUMBER

A number by which an animal is individually identified, e.g., the identification number issued by a microchipping registry programmed into a microchip which is injected under an animal's skin so they are permanently identifiable and can be reunited with their owner if lost; or a source number issued by the Victorian Pet Exchange Register.

VETERINARY FACILITIES

A place where a veterinary practitioner works as a veterinary practitioner. Veterinary facilities include all premises where veterinary consultations and procedures are performed, such as buildings, clinics, hospitals, consulting rooms (including rooms embedded in other business premises) and vehicles and equipment used to deliver mobile veterinary services.

VETERINARY PRACTITIONER

A person qualified to treat diseased or injured animals who, on the basis of that qualification, has been registered to practise (or is deemed able to practise) as a veterinary practitioner in Victoria under the *Veterinary Practice Act 1997*. Veterinary practitioners are also sometimes referred to as veterinarians or veterinary surgeons.

VETERINARY PRACTITIONER-OWNER-ANIMAL (VOA) RELATIONSHIP

The foundation for delivery of veterinary services and is critical to the health of animals. The interaction between the owner and veterinary practitioner, and their respective responsibilities, are set out in Guideline 1.

The VOA relationship is sometimes referred to by other organisations as the veterinarian-client-patient relationship.

WELFARE

See [animal wellbeing](#).

WELLBEING

See [animal wellbeing](#).

THE GUIDELINES

1. VETERINARY PRACTITIONER–OWNER–ANIMAL (VOA) RELATIONSHIP

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 1.1. The veterinary practitioner-owner-animal (VOA) relationship places the wellbeing of the animal at the centre of the relationship and, over its duration, fosters trust and collaboration between the parties.
- 1.2. A veterinary practitioner demonstrates an appropriate standard of professional conduct during the establishment, maintenance and, when it occurs, the termination of the VOA relationship.
- 1.3. A veterinary practitioner ensures their behaviour and professional judgement are consistent with the responsibilities of a veterinary practitioner within the VOA relationship as described in guidance provided by the Board and as amended from time to time.
- 1.4. Where a veterinary practitioner has recorded the name of the owner or their designated representative as communicated to them in the medical record, a veterinary practitioner is not responsible for any misrepresentation by an individual of ownership or authority for decision-making that is made with malicious or mischievous intent.
- 1.5. A veterinary practitioner may terminate a VOA relationship by informing the owner in writing that the VOA relationship is terminated, and by maintaining a written record that they will no longer provide veterinary services to the owner.
- 1.6. A VOA relationship must be established prior to, and maintained during, the supply and use of a poison or controlled substance.
- 1.7. A veterinary practitioner has no statutory obligation to establish a VOA relationship.

RELATED GUIDELINES

- G3 [Treatment obligations](#)
- G4 [Communication between the veterinary practitioner and owner or professional peers](#)
- G11 [Managing conflicts of interest](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)
- G15 [Responsible supply and use of antibiotics](#)
- G16 [Provision of veterinary services outside normal business hours](#)
- G17 [Emergency veterinary services and specialist veterinary services](#)
- G21 [Reporting obligations](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 – find latest version at [Victorian legislation](#)

CONTEXT – VETERINARY PRACTITIONER-OWNER-ANIMAL (VOA) RELATIONSHIP

The relationship between a veterinary practitioner, an owner or designated representative and their animal (**the VOA relationship**) is the foundation for the delivery of veterinary services.

There are several aims in recognising a VOA relationship:

1. Ensure the best interests of an animal is central in decision-making related to the provision of veterinary services, irrespective of whether the relationship between an owner and an animal is for companionship or commercial reasons.
2. Understand the roles and responsibilities of the parties involved and any limitations to the establishment and maintenance of the VOA relationship.
3. Protect the public by facilitating an appropriate standard of veterinary practice.
4. Enable a veterinary practitioner to meet relevant regulatory requirements, for example the requirement for an animal to be under the care of a veterinary practitioner prior to the supply and use of restricted medications.
5. Align veterinary practitioner conduct when making treatment decisions with community expectations.

The attributes of the VOA relationship provided below are relevant to understanding the responsibilities of the parties involved:

1. **Veterinary practitioner**
 - a. The veterinary practitioner is the individual providing services to the owner in relation to the care and wellbeing of their animal.
 - b. While it is noted that an owner may also view the VOA relationship in terms of a collective of individuals, such as a group of practitioners employed within a clinic setting, the Board views the responsibilities associated with a VOA relationship as vested in an individual veterinary practitioner.
2. **Owner**
 - a. The owner is the individual who has property rights over an animal receiving veterinary services.
 - b. The basis of the relationship between the owner and the animal/animals receiving veterinary services may be primarily for companionship or commercial reasons.
 - c. The owner may designate an individual as their representative to make decisions regarding the scope of veterinary services provided to the animal and to undertake one or more of their responsibilities in the VOA relationship. Such a designation should be explicit and recorded in order to be enacted.
 - d. In the case of a service animal (e.g., a guide dog) which has been allocated to an individual by a third party, the owner is the third party.
 - e. In the case of wildlife where property rights are not applicable, the owner is deemed to be the person presenting the animal to the veterinary practitioner for the provision of veterinary services.
3. **Animal**
 - a. The animal is the individual animal of any species receiving veterinary services at the instigation of the owner.
 - b. While the animal may be one of a collective group of animals in receipt of veterinary services, the Board views the primary focus of the relationship between the veterinary practitioner and an individual animal is each individual animal's wellbeing.

Veterinary practitioner and owner responsibilities

Both the veterinary practitioner and the owner carry responsibilities in the VOA relationship.

The main responsibilities of the veterinary practitioner in the VOA relationship are to:

1. directly observe and examine the animal and/or their production system and facilities when requested to do so by the owner or when necessary
2. keep the wellbeing of the animal as a central focus
3. establish and record the name of the owner or authorised representative, i.e., the individual with decision-making authority to consent to a procedure, treatment or husbandry matter
4. take reasonable efforts to ensure the owner understands their communications
5. provide a reasonable range of options for treatment or management, a prognosis, and the possible complications, consequences and associated costs for each option
6. respect the owner's rights, including the right to refuse service, request a referral or to have established VOA relationships with several veterinary practitioners concurrently
7. maintain the VOA relationship over its duration through:
 - a. regular communication
 - b. demonstrating an intention that the relationship continues
 - c. directly observing the animal or production system at least once per year
 - d. provision of veterinary services as required or until terminated by either the owner or the veterinary practitioner.

The main responsibilities of the owner in the VOA relationship are to:

1. keep the wellbeing of their animal as the primary focus
2. make decisions and give consent for proposed procedures, treatments or husbandry matters in the best interests of their animal
3. designate an alternative decision-maker to act on their behalf including placing the wellbeing of the animal at the centre of their consideration and decisions
4. satisfy themselves that their designated representative is willing and has the capacity to:
 - a. represent the interests of the owner in discussion with the veterinary practitioner
 - b. give consent for proposed procedures, treatments or husbandry matters
 - c. take financial responsibility for the veterinary services provided to the owner's animal as required, including clearly communicating any financial limits to the veterinary practitioner
5. take reasonable efforts to carry out instructions of the veterinary practitioner following the provision of veterinary services
6. maintain the VOA relationship over its duration through:
 - a. regular communication
 - b. demonstrating an intention that the relationship continues
 - c. accessing veterinary services as required or until terminated by either owner or veterinary practitioner
7. inform the veterinary practitioner whenever they have established a VOA relationship with another veterinary practitioner in relation to the animal receiving veterinary services.

The Board notes that while the responsibility to meet costs of treatments, procedures and husbandry matters lies with the owner, the owner may designate a different individual to assume this responsibility on

their behalf without prejudice to their role as the decision-maker in relation to the treatment, procedures for and husbandry management of their animal.

VOA relationship in other Guidelines

Some exceptions and considerations regarding the VOA relationship are referred to in:

- G11 [Managing conflicts of interest](#) (Context section)
- G13 [Telemedicine in the provision of veterinary services](#) (GL 13.2 and 13.6)
- G14 [Supply and use of veterinary medications](#) (GL 14.1 and Context section)
- G15 [Responsible supply and use of antibiotics](#) (GL 15.5 and Context section)
- G16 [Provision of veterinary services outside normal business hours](#) (GL 16.3 and Context section)
- G20 [Reporting obligations](#) (Context section)

Publication history

Guideline	Responsible persons	Version number	Dates
VPRBV Guideline 1: Veterinary practitioner-owner-animal (VOA) relationship	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

2. ANIMAL WELLBEING

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 2.1. A veterinary practitioner can demonstrate that their professional judgement, as well as the veterinary services they provide to an animal, considers the animal's best interests and wellbeing.
- 2.2. A veterinary practitioner takes appropriate and timely steps to reduce or eliminate an animal's unreasonable or unnecessary pain or distress.
- 2.3. A veterinary practitioner who performs a procedure on an animal ensures that the animal undergoing the procedure is provided with effective pain relief to alleviate, prevent or reduce unreasonable or unnecessary pain or distress during and for an appropriate amount of time following the procedure.
- 2.4. A veterinary practitioner only provides surgical or medical intervention in relation to an animal's inheritable condition or disease if failure to treat that condition or disease would cause unreasonable or unnecessary pain or distress to that animal and/or would place another animal at risk of harm or injury.
- 2.5. A veterinary practitioner satisfies themselves, and can provide evidence, that any person acting under their supervision, direction and/or authority who performs a procedure on an animal is appropriately trained and has competency to be able to perform the procedure.
- 2.6. A veterinary practitioner engages in veterinary practice in accordance with current relevant animal wellbeing and welfare legislation, standards and codes.

RELATED GUIDELINES

- G1 [Veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G7 [Veterinary medical records](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Prevention of Cruelty to Animal Act 1986 – find latest version at [Victorian legislation](#)

CONTEXT – ANIMAL WELLBEING

A veterinary practitioner is trained to assess animal health and wellbeing. This training is exercised through the application of their skills and applied knowledge to optimise the care and management of animals.

A veterinary practitioner should take all reasonable steps to safeguard the wellbeing of animals in line with contemporary animal welfare standards. A veterinary practitioner should consider the animal species, their physical environment and their particular circumstances when making decisions relating to the physical health, behavioural and mental health requirements of an animal. The same approach to animal wellbeing does not necessarily apply to all species in all circumstances.

Optimising the wellbeing of the animal receiving veterinary services guides a veterinary practitioner in making their professional judgements. A veterinary practitioner should consider what is in the best interest of the animal's wellbeing when advising the animal's owner on its care, treatment, prognosis and management.

A veterinary practitioner who performs a procedure prohibited under the *Prevention of Cruelty to Animals Act 1986* for other than therapeutic reasons is demonstrating unprofessional conduct.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRBV Guideline 2: Animal wellbeing	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

3. TREATMENT OBLIGATIONS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other relevant guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 3.1. A veterinary practitioner provides first aid and/or pain relief appropriate to the circumstances when presented with an animal in unreasonable or unnecessary pain or distress.
- 3.2. A veterinary practitioner gives due consideration to human safety before commencing treatment of an animal, whether in an emergency situation or otherwise.
- 3.3. A veterinary practitioner must provide first aid and necessary analgesia to ensure that an animal will not be in unreasonable or unnecessary pain or distress because its owner is unwilling to provide veterinary care.
- 3.4. Where a veterinary practitioner is presented with an animal of a species they do not normally treat and the animal requires emergency attention, the veterinary practitioner provides first aid and pain relief to the animal before referring the animal for appropriate care.

RELATED GUIDELINES

- G1 [Veterinary practitioner-owner-animal relationship](#)
- G2 [Animal wellbeing](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)

RELATED LEGISLATION

Prevention of Cruelty to Animal Act 1986 – find latest version at [Victorian legislation](#)

Catchment and Land Protection Act 1994 – find latest version at [Victorian legislation](#)

CONTEXT – TREATMENT OBLIGATIONS

Under Section 9 of the *Prevention of Cruelty to Animals Act 1986* (POCTA), a person who does or omits an act, with the result that unreasonable pain or suffering is caused, or is likely to be caused, to an animal, commits an act of cruelty.

Consistent with this legal obligation, a veterinary practitioner must provide first aid or pain relief to minimise or alleviate the unreasonable or unnecessary pain or distress of an animal presented to them for emergency attention. The treatment or action taken by the veterinary practitioner should acknowledge the emergency nature of the circumstance and must not be delayed or withheld while payment for treatment is negotiated.

The obligation to treat through the provision of first aid and/or pain relief exists irrespective of whether:

1. the person bringing the animal to the veterinary practitioner is its owner
2. the person bringing the animal to the veterinary practitioner has an established relationship with the veterinary practitioner and/or has previously attended their veterinary facilities
3. the animal is a stray, is lost or the owner is unknown, or
4. the animal is an undomesticated or exotic species but not a declared pest animal.

The provision of first aid and pain relief includes carrying out euthanasia where it is determined to be the most appropriate management option for the animal's condition and ongoing wellbeing.

A declared animal pest presented to a veterinary practitioner for treatment must be euthanised as soon as practical.

A veterinary practitioner has no statutory obligation to accept an animal for treatment other than in the emergency situation described above. Where a veterinary practitioner chooses not to treat an animal, their reason for doing so should be discussed with the owner of the animal including what alternative service options may be available. A record of the discussion should be made in the clinical record.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRBV Guideline 3: Treatment obligations	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

4. COMMUNICATION BETWEEN VETERINARY PRACTITIONER AND OWNER OR PROFESSIONAL PEERS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 4.1. A veterinary practitioner's actions and communication promote the positive standing of the veterinary profession.
- 4.2. A veterinary practitioner's behaviour and interactions with animal owners, veterinary team members, professional peers and members of the general public demonstrate [honesty and integrity, professional accountability, self-management and respect](#).
- 4.3. A veterinary practitioner practises in a way that supports effective communication and trust and aligns with principles and obligations relating to confidentiality and consent.
- 4.4. A veterinary practitioner takes reasonable steps to ensure communication about the provision of veterinary services is clear and understood by the owner and other individuals involved in the care of the animal.
- 4.5. Where several management options exist, a veterinary practitioner provides the owner, or their delegate, guidance on an appropriate range of options, including:
 1. diagnostic investigation, including any limitations in conducting diagnostics
 2. treatment
 3. prognosis
 4. potential complications and consequences, and
 5. the costs of each option.
- 4.6. A veterinary practitioner takes reasonable steps to establish that the individual presenting the animal has the authority to consent to a procedure or treatment or a course of action in relation to the animal receiving the veterinary service.
- 4.7. A veterinary practitioner obtains the informed consent of the owner before implementing a management strategy and providing veterinary services to the animal. Where the informed consent is provided verbally, a veterinary practitioner records the informed consent in the veterinary medical record.
- 4.8. A veterinary practitioner obtains the informed financial consent of the owner or the appropriate individual in the decision-making hierarchy before implementing a management strategy and providing veterinary services to the animal. Where the informed financial consent is provided verbally, a veterinary practitioner records the informed consent in the veterinary medical record.
- 4.9. A veterinary practitioner provides the owner or person designated as financially responsible with regular updates on treatment costs. A record of the updates is entered into the veterinary medical record.
- 4.10. A veterinary practitioner who performs a treatment/procedure ensures that relevant information about ongoing care is provided to the owner or the individual responsible for the care of the animal. The information should include what to do if there are complications after the treatment or procedure or any deterioration in the animal's condition.
- 4.11. A veterinary practitioner respects the rights of the owner to:
 1. decide on a management option (or options) for their animal from the range of options provided by the veterinary practitioner

2. seek further explanations for the recommended treatment plan, seek a second opinion or request a referral
 3. decline or choose an alternate course of action to the one recommended by the veterinary practitioner, provided the animal's wellbeing is not compromised.
- 4.12. When an unexpected adverse event, including unexpected death of the animal, occurs during the provision of veterinary services, a veterinary practitioner has the responsibility to inform:
1. the owner of:
 - a) what happened
 - b) any actions taken to rectify the event at the time it occurred
 - c) what the short- and long-term consequences of the event are likely to be
 - d) the availability of post-mortem examination.
 2. the relevant authority of an adverse event involving the use, supply or administration of medicines
 3. the Board of the facts of the adverse event and resultant actions as part of any complaint investigation.

RELATED GUIDELINES

- G3 [Treatment obligations](#)
- G7 [Veterinary medical records](#)
- G9 [Practising within areas of technical competence](#)
- G12 [Referrals between veterinary practitioners](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside normal business hours](#)
- G17 [Emergency veterinary services and specialist veterinary services](#)
- G18 [End of life veterinary services](#)
- G22 [Incitement to commit unprofessional conduct](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 – find latest version at [Victorian legislation](#)

Drugs, Poisons and Controlled Substances Regulations 2017 – find latest version at [Victorian legislation](#)

Prevention of Cruelty to Animal Act 1986 – find latest version at [Victorian legislation](#)

CONTEXT – COMMUNICATION BETWEEN VETERINARY PRACTITIONER AND OWNER OR PROFESSIONAL PEERS

Communication relating to the provision of veterinary services takes many forms between individuals. Communications can be targeted, such as in a consultation, veterinary medical record or template form seeking informed consent; or broad, such as public-facing advertisements and social media interactions.

All individuals involved in communications about veterinary services share responsibility to contribute to such exchanges with honesty, respect and openness. The principle of effective communication is shared responsibility of the veterinary practitioner, the owner and professional peers.

As also detailed in Guideline 7, in sharing the responsibility for the wellbeing of the animal receiving veterinary services, an owner should provide accurate information about their animal's history and wellbeing to a veterinary practitioner. This will assist diagnosis and delivery of appropriate veterinary services and support the accuracy of the medical veterinary record maintained by the veterinary practitioner.

The owner also has a responsibility to seek additional information if they need clarification or require alternative options to a veterinary practitioner's proposed approach to delivery of veterinary services.

Effective communication skills include active and reflective listening, questioning for clarification, consistent and timely messaging and self-awareness.

Veterinary practitioners are encouraged to develop their skill in navigating difficult conversations and in conflict resolution. A breakdown in communication between a veterinary practitioner and an owner is the trigger for many complaints received by the Board.

While verbal and non-verbal communication may be appropriate and sufficient to ensure understanding in some contexts, the Board encourages the concurrent use of written information where practical. For example, written aftercare information, cost estimates for procedures, instructions for multiple medications or for animal management all assist the owner to understand clearly and help veterinary practitioners to document communications efficiently.

Preferably, informed consent and informed financial consent should be obtained in writing, for example by using a pro forma consent form. This form should include:

1. the name and contact details of the owner (or their delegate), including details of their availability during the treatment period
2. a clear description of the animal
3. the details of the owner's designated representative, including the representative's signature
4. a clear description of the treatment/procedure to be undertaken
5. a statement of the risks involved and the owner's acceptance of these risks
6. an estimate of the costs to deliver the chosen treatment/management plan
7. the owner's signature.

A veterinary medical emergency presenting in an environment that is time-critical and potentially emotionally charged does not lessen the need for communication to be effective and genuine.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 4: Communication between veterinary practitioner and owner or professional peers	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

5. REUNIFICATION OF PETS AND OWNERS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 5.1. A veterinary practitioner has no legal obligation to accept a dog or cat into their care when the animal is presented as a lost pet by a member of the public.
- 5.2. A veterinary practitioner has no legal obligation to scan a dog or cat for a microchip and/or identify the owner through contact with an animal microchip registry when the animal is presented as a lost pet by a member of the public.
- 5.3. A veterinary practitioner has a legal obligation to deliver a lost animal to a Council-authorized officer of the municipal district where it was found, except where the veterinary workplace has entered into an agreement with a Council.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal relationship](#)
- G2 [Animal wellbeing](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Domestic Animals Act 1994 - find latest version at [Victorian legislation](#)

Prevention of Cruelty to Animals Act 1986 - find latest version at [Victorian legislation](#)

CONTEXT – REUNIFICATION OF PETS AND OWNERS

Under Section 84D of the *Domestic Animals Act 1994*, anyone who picks up a stray dog or cat must take it to a Council-authorized officer, or to a person or business that has a specific agreement with that Council to accept lost pets.

A veterinary practice can enter into an agreement (known as a Section 84Y agreement) with a Council that allows the veterinary facility to accept, retain, sell, give, destroy or charge fees for animals managed under such agreements. Without a council agreement in place, a veterinary practice cannot legally rehome or reunite an animal with its owner.

A veterinary practitioner has an obligation under the *Prevention of Cruelty to Animals Act 1986* to provide first aid and relief from unreasonable and unnecessary pain or distress (as required) if presented with a stray dog or cat that is sick or injured.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 5: Reunification of pets and owners	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

6. VETERINARY FACILITIES, EQUIPMENT AND ASSISTANCE IN THE PROVISION OF VETERINARY SERVICES

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 6.1. A veterinary practitioner ensures that the environment, equipment and assistance available are appropriate for the veterinary services that they deliver.
- 6.2. A veterinary practitioner takes reasonable measures to ensure all persons assisting in the provision of veterinary services to an animal in their care have the knowledge, skills and capacity to enable them to perform the relevant activity.
- 6.3. A veterinary practitioner takes all reasonable steps to ensure the veterinary facilities in which they consult or perform procedures:
 1. are clean and hygienic at all times
 2. have on prominent display the name, telephone number, days and hours of attendance of the veterinary practitioner in attendance and options for obtaining emergency services outside of normal business hours or other means to provide this information when working from a mobile veterinary facility
 3. have scales to weigh companion and other small animals (where relevant)
 4. have amenities such as lighting, cooling, heating and ventilation appropriate to the facility usage
 5. have hot and cold running water and adequate drainage or access to such amenities equivalent to a facility fixture
 6. have secure, safe and appropriate storage for drugs compliant with requirements under the *Drugs, Poisons and Controlled Substances Act 1981*
 7. have equipment or processes for the safe and appropriate disposal of sharps and clinical waste
 8. have appropriate separation of any area used for hospitalisation of animals from areas used for surgical procedures, particularly procedures involving the opening of a body cavity or orthopaedic procedures
 9. adopt practices that prevent the spread of infectious disease or parasites between animals
 10. use appropriate protocols and products to minimise the introduction of infection to animals.
- 6.4. A veterinary practitioner must inform the animal's owner of the limitations and/or additional risks associated with the veterinary facility so their consent to treatment or procedures is fully informed.
- 6.5. A veterinary practitioner must take reasonable steps to ensure that the environment in which they provide veterinary services during an off-site consultation or house call:
 1. is clean and hygienic during the delivery of veterinary services
 2. does not provide significant risk to the safety of the veterinary practitioner, members of the veterinary team or other individuals assisting the veterinary practitioner
 3. is suitable for the treatment or procedures being delivered and has appropriate equipment and amenities
 4. has secure, safe and appropriate storage for drugs compliant with requirements under the *Drugs, Poisons and Controlled Substances Act 1981*
 5. has equipment or processes for the safe and appropriate disposal of sharps and clinical waste
 6. does not impede appropriate biosecurity measures to be implemented (as required).

- 6.6. Where a procedure requires an animal to be under sedation or anaesthesia, a veterinary practitioner remains at the veterinary facility or location where the procedure was carried out and supervises the animal until it is able to stand and walk unaided (except where injury precludes ambulation).
- 6.7. A veterinary practitioner must provide the owner with details of how to access veterinary assistance in the event of unanticipated problems or complications following procedures or treatment.

RELATED GUIDELINES

- G2 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G3 [Treatment obligations](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside normal business hours](#)
- G17 [Emergency veterinary services and specialist veterinary services](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 – find latest version at [Victorian legislation](#)

Drugs, Poisons and Controlled Substances Regulations 2017 – find latest version at [Victorian legislation](#)

CONTEXT – VETERINARY FACILITIES, EQUIPMENT AND ASSISTANCE IN THE PROVISION OF VETERINARY SERVICES

Veterinary facilities and/or equipment used in the provision of veterinary services are not approved or licensed by the Board. A veterinary practitioner should satisfy themselves that appropriate approval or licensing requirements for a veterinary facility, including mobile veterinary facilities and equipment used in their provision of veterinary services, is current.

A veterinary practitioner providing emergency veterinary services in an adverse environment must take into account how their ability to control the facilities, equipment and assistance is impacted by the situation and make reasonable adjustments without compromising the standard of their provision of veterinary services.

From time to time, individuals other than veterinary practitioners may be required to provide assistance in carrying out assessments or procedures. Before accepting such assistance, a veterinary practitioner should consider the individual's knowledge, skills and capacity to assist in the specific situation.

Where an individual other than a veterinary practitioner uses equipment to support their assistance, a veterinary practitioner must be satisfied that the person is familiar with and instructed in the use of the equipment (including required safety measures associated with its use).

A veterinary practitioner should adopt practices that mitigate cross contamination of veterinary facilities and non-veterinary facilities such as farms, stables and kennels/catteries/animal shelters through storage, handling, and cleaning and disinfecting equipment and facility work surfaces.

Procedures routinely performed in a veterinary clinic, hospital or consulting rooms may be exposed to additional risks when undertaken in a mobile clinic, off site or as part of a house call. A veterinary practitioner should consider how the additional risks may impact the provision of veterinary services and communicate the consequences of this impact to the owner and other relevant individuals before carrying out the procedure.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 6: Veterinary facilities, equipment and assistance in the provision of veterinary services	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

7. VETERINARY MEDICAL RECORDS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 7.1. A veterinary practitioner ensures that the veterinary medical record contains sufficient information to:
 1. clearly identify the animal
 2. list and justify alternative treatments/procedures or management approaches
 3. record discussion with the owner on the risks associated with each recommended treatment/management option
 4. record the clinical management of the animal, and
 5. enable a professional peer to continue the care and treatment of that animal (if needed).
- 7.2. A veterinary practitioner takes reasonable steps to ensure their entries to a veterinary medical record are completed at the time they provide veterinary services.
- 7.3. A veterinary practitioner enters information in the veterinary medical record in an accessible, complete, accurate and legible format.
- 7.4. A veterinary practitioner ensures that the veterinary medical record contains (as relevant) the following information:
 1. details that identify the owner of the animal and/or their designated representative, including name, address, contact number
 2. the date that the animal is examined and/or receives veterinary treatment
 3. details that may identify the animal including its species, breed, colour, age, name, tag number and/or any microchip (as relevant)
 4. the history that led to the animal being presented to the veterinary practitioner and any other relevant historical information
 5. details of the physical examination of the animal, including any and all observations and findings whether normal or abnormal
 6. other clinical observations made during the examination
 7. details of any diagnosis whether provisional, final or other
 8. details of discussions with the owner (throughout the period veterinary services are delivered) about treatment/management options, including the limitations, risks and costs of those options
 9. the treatment option chosen by the owner, including the reasoning as to why that choice was made
 10. details of any ongoing care and future management plans as discussed with the owner
 11. any financial constraints substantively impacting the owner's treatment/management decisions
 12. signed consent forms including informed consent for treatment and informed financial consent
 13. progress notes for hospitalised patients at each and every point of assessment
 14. details of all discharge instructions provided to the owner after an animal's discharge from a veterinary facility where they were hospitalised
 15. signed veterinary certificates (where relevant)
 16. relevant clinical records such as:
 - images and imaging reports that communicate opinions and/or findings following a professional assessment of that imaging
 - laboratory reports

- necropsy reports
 - specialist reports/referral reports
 - surgical records
 - anaesthetic records
 - dental records
 - hospitalisation records.
- 7.5. A veterinary practitioner ensures veterinary medical records for a food producing animal describes and states the withholding period that must be observed for the animal before it is slaughtered or its products used (e.g., eggs, milks, etc.) for human consumption.
- 7.6. Except as otherwise required at law, a veterinary practitioner maintains the confidentiality of the owner's personal and/or health information collected while providing veterinary practice.
- 7.7. A veterinary practitioner responds in a timely, complete and accurate manner to a request from the Board for information contained in veterinary medical records.
- 7.8. A veterinary practitioner provides copies of an animal's veterinary medical records or a summarised clinical history to the owner or their designated representative on request. Where in particular circumstances a veterinary practitioner determines not to meet such a request, they effectively communicate their reason for not providing the records to the owner or their designated representative.
- 7.9. The owner has a responsibility to support the accuracy of the veterinary medical record by providing accurate information about their animal's history and wellbeing to a veterinary practitioner. This will assist diagnosis and delivery of appropriate veterinary services and support the accuracy of the medical veterinary record maintained by the veterinary practitioner.
- 7.10. The owner also has a responsibility to seek additional information if they need clarification or require alternative options to a veterinary practitioner's proposed approach to delivery of veterinary services.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G4 [Communication between the veterinary practitioner and owner or professional peers](#)
- G12 [Referrals between veterinary practitioners](#)
- G13 [Telemedicine in the provision of veterinary services](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 – find latest version at [Victorian legislation](#)

Drugs, Poisons and Controlled Substances Regulations 2017 – find latest version at [Victorian legislation](#)

CONTEXT – VETERINARY MEDICAL RECORDS

Veterinary medical records provide:

1. documentary evidence of the assessment, care, diagnosis, illness, and treatments or management plans provided to for an animal over time, and the communications relating to the provision of these veterinary services
2. a means of sharing an animal clinical history between professional peers and the veterinary team within a veterinary facility or workplace

3. a source of information for other veterinary practitioners who may care for or treat the animal
4. a record of the scheduled drugs used or supplied for the treatment of an animal and the reason for the use or supply
5. a basis for review and evaluation of the veterinary services delivered to the animal, and
6. a record of events in any legal proceedings and/or investigation into professional conduct or fitness to practise conducted by the Board.

Veterinary medical records must satisfy all relevant legislative requirements for their content, retention and disclosure. For example, the use, supply and administration of scheduled medications must be recorded in accordance with requirements of the *Drugs, Poisons and Controlled Substance Act 1981*.

The guidance presented here applies whether the veterinary service occurs in the clinic, an ambulatory service, or remotely through methods such as telemedicine consultation.

A veterinary practitioner should arrange transfer of veterinary medical records to another veterinary practitioner in the event that the veterinary practice owning the veterinary medical records closes or the owner requests transfer to another veterinary practitioner.

A veterinary medical record is the property of a veterinary practice or veterinary practitioner who has created or contributed to it. A veterinary practitioner is not legally required to provide copies of their veterinary medical records for their animal(s) to their owner if there is a reasonable justification not to do so. The refusal by a veterinary practitioner to provide an owner with an animal’s veterinary medical record is not sufficient grounds on its own for the Board to investigate an allegation of unprofessional conduct.

If formally requested by an owner, a veterinary practitioner should provide a copy of the veterinary medical record to another veterinary practitioner if the owner is seeking a second option or if the owner wishes to nominate another veterinary practitioner to take over the ongoing care of their animal. The receiving veterinary practitioner should obtain consent from the original veterinary practitioner before providing them to an owner.

A veterinary medical record should be prepared for wildlife and stray animals and should identify, as best as possible, the animal, and the procedure, treatment or veterinary service provided to the animal. For wildlife, the record should include the location where the animal was found.

The owner has a responsibility to support the accuracy of the veterinary medical record by providing accurate information about their animal’s history and wellbeing to a veterinary practitioner.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 7: Veterinary medical records	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

8. VETERINARY PRACTITIONER AND VETERINARY TEAM WELLBEING

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 8.1. A veterinary practitioner takes reasonable steps to ensure their physical, mental and emotional wellbeing does not compromise their professional judgement and ability to deliver veterinary services at the standard expected by the public and their peers.
- 8.2. A veterinary practitioner collaborates in maintaining the wellbeing of their veterinary team, by acknowledging the demands of the work environment, demonstrating care and respect for team members, and encouraging colleagues to seek support where appropriate.

RELATED GUIDELINES

- G2 [Animal wellbeing](#)
- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G9 [Practising within areas of technical competence](#)
- G10 [Continuing Professional Development \(CPD\)](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside of normal business hours](#)

CONTEXT – VETERINARY PRACTITIONER AND VETERINARY TEAM WELLBEING

The physical and mental wellbeing of veterinary practitioners and of the surrounding veterinary team impacts each individual's ability to manage the demands of the profession and workplace, their personal circumstances and the way they interact with owners and animals in the delivery of veterinary services.

Physical and mental wellbeing is supported by self-awareness, ongoing monitoring of personal health and undertaking self-guided steps to achieve a sustainable integration of work and non-work life.

A veterinary practitioner may choose to develop a self-care plan that is customised to their particular circumstances and work practices. A number of organisations have resources for individuals to assess the state of their physical and mental well-being which are available to veterinary practitioners.

A veterinary practitioner's personal strategies to maintain wellbeing are supported by appropriate workplace leadership and management practices. Development, promotion and modelling by workplace leadership of strategies, systems and processes, policies and behaviours that support the physical and mental wellbeing of all members are encouraged. A physically and emotionally safe workplace, and opportunities for professional connection, conversation and considered feedback, support personal and professional growth.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 8: Veterinary practitioner and veterinary team wellbeing	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

9. PRACTISING WITHIN AREAS OF TECHNICAL COMPETENCE

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 9.1. A veterinary practitioner works within their areas of technical competence or under appropriate supervision in the delivery of the range of veterinary services they offer.
- 9.2. A veterinary practitioner acts to develop their knowledge and skills, including seeking assistance within the profession from experienced competent veterinary practitioners and undertaking continuous professional development.
- 9.3. A veterinary practitioner communicates clearly to the owner and to professional peers the impact of any limitations to their technical competence that affects their delivery of veterinary services, including when they propose to deliver veterinary services outside areas of self-assessed technical competency.
- 9.4. When the Board has imposed conditions on the registration of a veterinary practitioner, the veterinary practitioner makes reasonable adjustments to their delivery of veterinary services, irrespective of their technical competence, to comply with imposed conditions.

RELATED GUIDELINES

- G1 [The veterinary practitioner–owner–animal \(VOA\) relationship](#)
- G2 [Animal wellbeing](#)
- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioners and owners or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G10 [Continuing Professional Development \(CPD\)](#)
- G12 [Referrals between veterinary practitioners](#)
- G23 [Practising in accordance with statutory obligations](#)

CONTEXT – PRACTISING WITH AREAS OF TECHNICAL COMPETENCE

The attainment of competency in the diverse practice of veterinary science is a continuous process throughout a veterinary practitioner's career, as technologies and skills evolve or opportunities to change the direction of a career arise.

Recently graduated veterinary practitioners, although conversant with requisite technical skills and knowledge, establish technical competency after entering a working environment. Experienced competent veterinary practitioners provide graduates with the appropriate support and supervision to enable them to strengthen technical competence.

Similarly, veterinary practitioners who are re-commencing professional practice after periods away from delivery of veterinary services may require support and supervision from experienced competent veterinary practitioners as they re-familiarise themselves with current standards.

A veterinary practitioner may be called upon to deliver veterinary services in situations where they self-assess their technical competence as 'under development' rather than 'attained'. In these circumstances, the veterinary practitioner should communicate any implications for the animal's wellbeing and treatment to ensure the owner's informed consent is secured.

The ability of a veterinary practitioner to demonstrate technical competency may be reduced through transient or ongoing environmental, social, emotional, logistical and physical factors. A veterinary practitioner should make reasonable adjustments to the way they deliver veterinary services to ensure any impact is appropriately managed.

A veterinary practitioner may need to make reasonable adjustments to their practice, irrespective of their technical competence, to meet conditions placed on their registration by the Board.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 9: Practising within areas of technical competence	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

10. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 10.1. A veterinary practitioner participates in Continuing Professional Development (CPD) programs sufficient to demonstrate the maintenance of their competency in their chosen field of veterinary practice.
- 10.2. A veterinary practitioner must complete 60 CPD units over a consecutive three-year cycle to retain Victorian registration, irrespective of their conditions of employment or hours worked. At least 15 units must consist of structured activities, while the remaining 45 units may comprise both structured and unstructured activities.
- 10.3. A veterinary practitioner completes an annual declaration about CPD undertaken during the previous year and retains documented evidence of its successful completion.
- 10.4. A veterinary practitioner retains records of their CPD for a minimum period of three years from the date of its completion and provides these to the Board when requested to do so.

RELATED GUIDELINES

- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G9 [Practising within areas of technical competence](#)

CONTEXT – CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Continuing professional development (CPD) is an essential part of a profession's activities. CPD provides assurance to the general public and professional peers that registered veterinary practitioners are continually updating and improving their skills.

Career-based CPD improves service provision directly and indirectly through positively impacting workplace culture. CPD provides an opportunity for a veterinary practitioner to pursue a balance of technical and personal knowledge, skills and capabilities. Diverse opportunities for CPD exist, for example in ethics and professional governance, acquisition of scientific knowledge or technical skills, leadership and practice management skills, communication or regulatory update.

Continuing development strengthens the collaboration between the veterinary practitioner, the veterinary team and an owner in the delivery of contemporary veterinary services to a standard expected by the public and professional peers.

The Board requires all registered veterinary practitioners to undertake CPD as a condition of their registration.

A veterinary practitioner retains evidence of their CPD in a form that clearly outlines the intended improvement to their skills and knowledge once completed.

A veterinary practitioner can ask the Board to evaluate whether proposed CPD would qualify as structured or unstructured units under CPD requirements.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 10: Continuing professional development	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

11. MANAGING CONFLICTS OF INTEREST

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 11.1. A veterinary practitioner takes reasonable steps to avoid conflicts of interest. Where a conflict of interest cannot be avoided, a veterinary practitioner should declare the conflict to the affected parties and their intended approach to managing the conflict so as to minimise any potentially adverse impact.
- 11.2. A veterinary practitioner does not seek or accept inducements that may influence their treatment or management decisions away from best practice.
- 11.3. A veterinary practitioner considers what is in the best interest of an animal when providing treatment or advice on the management of the animal’s wellbeing or when referring the animal and owner to another veterinary practitioner.

RELATED GUIDELINES

- G2 [Animal wellbeing](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G14 [Supply and use of veterinary medications](#)
- G18 [End of life veterinary services](#)
- G19 [Veterinary certificates](#)

CONTEXT – MANAGING CONFLICTS OF INTEREST

A conflict of interest may arise when a veterinary practitioner has financial, professional or private interests or relationships with third parties that may affect, or have the appearance of affecting, the decisions they make about the care and/or treatment of an animal.

To manage a conflict of interest, a veterinary practitioner identifies what, if any, actual or perceived conflict of interest exists and then, through careful consideration, determines a course of action that ensures the conflict does not have an unreasonable influence on their professional judgement.

Conflicts of interest are relevant to the provision of veterinary services associated with certification, accreditation and the provision of an expert opinion. Disclosing an actual or perceived conflict of interest enables the veterinary practitioner, in consultation with an owner, to choose the course of action that limits its influence, including the potential termination of the VOA relationship.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 11: Managing conflicts of interest	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

12. REFERRALS BETWEEN VETERINARY PRACTITIONERS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 12.1. A veterinary practitioner, practising within their area of technical skills and giving due regard to the clinical history of an animal, considers whether a formal referral of the animal to another veterinary practitioner is in its best interests.
- 12.2. A veterinary practitioner provides an accurate and comprehensive clinical update when making a formal referral of an animal to another veterinary practitioner or when returning the care of a referred animal to the veterinary practitioner who initiated the formal referral.
- 12.3. A veterinary practitioner accepting a referred animal informs themselves of an animal's clinical history and previous treatments or management strategies of the referring veterinary practitioner.
- 12.4. A veterinary practitioner accepting a formal referral is responsible for the clinical management of the matter initiating the referral, the care of a referred animal following treatment and communication with the animal's owner.
- 12.5. A veterinary practitioner considers all factors relevant to the wellbeing of a referred animal in developing their treatment plan, including existing co-morbidities that may not be the cause of a referral, and they communicate these to the owner.
- 12.6. A veterinary practitioner discloses to an owner whether the veterinary practitioner receiving a formal referral has been endorsed by the Board as a veterinary specialist.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G2 [Animal wellbeing](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G7 [Veterinary medical records](#)
- G9 [Practising within areas of technical competence](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G16 [Provision of veterinary services outside of normal business hours](#)
- G17 [Emergency veterinary services and specialist veterinary services](#)

CONTEXT – REFERRAL BETWEEN VETERINARY PRACTITIONERS

A veterinary practitioner exercises professional judgement regarding the wellbeing of an animal by working closely with the animal's owner and giving due regard to what course of action is in best interest of the animal.

An owner may request that a veterinary practitioner provide a formal referral of their animal to another veterinary practitioner. A veterinary practitioner may initiate a formal referral, giving due consideration to an animal's clinical management needs.

Where an animal is referred to one or more other veterinary practitioners, open collaboration and clear communication between all parties will achieve the best outcome for the animal.

A referral by a veterinary practitioner to another veterinary practitioner should provide sufficient information to describe the issue of concern and give a comprehensive history of the clinical management, diagnostics and/or treatment undertaken to date.

The referral should be presented in a format that results in all veterinary practitioners having the same understanding of each other’s responsibilities in the animal’s clinical management.

A veterinary practitioner who makes or receives a formal referral does not have a lesser responsibility simply because of the way in which services are delivered. Veterinary services provided through a formal referral can be delivered equally via mobile veterinary facilities or at fixed premises.

A veterinary practitioner, when making a formal referral, may need to consider the owner’s geographical accessibility to the alternative service and recommend an option that accommodates the owner’s location during the period of treatment and follow up.

A veterinary practitioner may proactively enter into ongoing arrangements with other veterinary practitioners that complement their scope of practice and individual knowledge and skills.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 12: Referrals between veterinary practitioners	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

13. TELEMEDICINE IN THE PROVISION OF VETERINARY SERVICES

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 13.1. Except for emergency triage, a veterinary practitioner takes reasonable steps to satisfy their obligations within the veterinary practitioner-owner-animal (VOA) relationship.
- 13.2. A veterinary practitioner retains sufficient evidence of the VOA relationship to demonstrate compliance with all legal requirements and professional obligations.
- 13.3. A veterinary practitioner provides telemedicine veterinary services to remotely located owners only when it can be demonstrated that an animal is under the practitioner's care, and the practitioner has access to and is familiar with the veterinary medical record of the animal.
- 13.4. A veterinary practitioner providing a telemedicine veterinary consultation is familiar with the animal's current management and health status and with the impact of its geographical location on continuing care.
- 13.5. A veterinary practitioner obtains and documents the owner's informed consent for all treatment arising from the telemedicine veterinary consultation.
- 13.6. A veterinary practitioner providing emergency triage advice and instructions to owners does so without requiring a physical examination of the animal and irrespective of whether a VOA relationship has been established.
- 13.7. A veterinary practitioner providing telemedicine veterinary services to an animal located in Victoria is required to be registered in Victoria (or deemed to be registered in Victoria under section 3A or section 3B of the *Veterinary Practice Act 1997*).
- 13.8. A veterinary practitioner takes reasonable steps to collect all possible information relating to an animal, including photos or videos, from the owner.
- 13.9. A veterinary practitioner records their provision of telemedicine veterinary services in an animal's veterinary medical record.
- 13.10. A veterinary practitioner communicates to an owner any impact on their ability to make fully informed professional judgements due to limitations presented by a telemedicine veterinary consultation.
- 13.11. A veterinary practitioner makes necessary arrangements and provides information to ensure continuity of care for an animal after a telemedicine veterinary consultation.
- 13.12. A veterinary practitioner delivering telemedicine veterinary services complies with any additional requirements issued by the Board as specific guidance, e.g., temporary guidance issued in response to State or national emergencies.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside of normal business hours](#)

G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 - find latest version at [Victorian legislation](#)

CONTEXT – TELEMEDICINE IN THE PROVISION OF VETERINARY SERVICES

Improvements in telecommunications and computer technology have increased the public’s access to veterinary services, particularly for animals located where access would otherwise be limited.

Veterinary telemedicine, delivered remotely and with the assistance of telecommunications, provides an alternative to the direct physical examination of an animal or a face-to-face consultation between a veterinary practitioner and an owner. Veterinary services provided through telemedicine consultation may include diagnostic advice or advice on maintaining the wellbeing of an animal.

Veterinary telemedicine is undertaken only when there is a pre-existing veterinary practitioner–owner–animal (VOA) relationship. The Board acknowledges that veterinary advice given without a physical examination of an animal and/or without pre-existing knowledge of the animal’s circumstances and environment may increase the risk of errors in clinical judgement and may not be in the best interest of the animal.

Veterinary services delivered via a telemedicine consultation should be of the same standard as, and demonstrate professional conduct equal to, those delivered via a consultation involving direct physical examination of an animal. In particular, a veterinary practitioner delivering telemedicine consultations must create and maintain a veterinary medical record for each animal and owner receiving remotely delivered veterinary services.

A veterinary practitioner must be satisfied that the owner understands and is able to follow directions on the use of veterinary medications prescribed and/or supplied to the owner during a telemedicine consultation.

Where there is any doubt as to whether a telemedicine consultation is appropriate or adequate for a particular case, a veterinary practitioner should consult with another veterinary practitioner and record their peer’s opinion in the medical record.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 13: Telemedicine in the provision of veterinary services	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

14. SUPPLY AND USE OF VETERINARY MEDICATIONS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 14.1. A veterinary practitioner ensures that, prior to the supply, use, prescribing and administering of veterinary medications:
 1. the individual to whom the veterinary practitioner is supplying or prescribing veterinary medication is the owner of the animal or the designated representative of the owner
 2. a veterinary practitioner-owner-animal relationship exists
 3. the animal to which the veterinary medication is to be administered is under the care of the veterinary practitioner supplying the veterinary medication
 4. a therapeutic need exists for the prescribing of and/or administering of the veterinary medication
 5. all legal and regulatory requirements for the storage and handling of the veterinary medication are complied with and are recorded in the animal's veterinary record
 6. appropriate veterinary medical records and documentation of the supply, selling, prescribing and/or administering of veterinary medication are maintained in compliance with the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2017*
 7. the quantity of veterinary medication supplied is appropriate for its purpose
 8. the basis for supply of the veterinary medication is the best interest of the animal's well-being
 9. the owner understands the veterinary practitioner's instructions about the veterinary medication
 10. the owner is able to administer the veterinary medication in accordance with the veterinary practitioner's direction
 11. the owner understands and complies with specified withholding periods when administering the medication to animals in the human food chain
 12. the owner understands the implications relating to veterinary medications in the various racing industries
 13. provision is made for the care of an animal after administration of a veterinary medication (as needed).
- 14.2. On an owner's request, a veterinary practitioner provides the owner with a prescription for a scheduled veterinary medication if treatment of an animal with that medication is indicated. The veterinary practitioner may charge the owner a fee to provide the prescription.
- 14.3. A veterinary practitioner maintains true and accurate records of all veterinary medications administered or supplied and retains those records for at least seven (7) years.
- 14.4. A veterinary practitioner reports all adverse medication reactions to the Australian Pesticides and Veterinary Medicines Authority in accordance with its protocols and procedures.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G2 [Animal wellbeing](#)

- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G7 [Veterinary medical records](#)
- G9 [Practising within areas of technical competence](#)
- G10 [Continuing Professional Development \(CPD\)](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G15 [Responsible supply and use of antibiotics](#)
- G16 [Provision of veterinary services outside of normal business hours](#)
- G20 [Biosecurity](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Drugs, Poisons and Controlled Substances Act 1981 – find latest version at [Victorian legislation](#)

Drugs, Poisons and Controlled Substances Regulations 2017 – find latest version at [Victorian legislation](#)

Agricultural and Veterinary Chemicals (Control of Use) Act 1992 – find latest version at [Victorian legislation](#)

Agricultural and Veterinary Chemicals (Control of Use) Regulations 2017 – find latest version at [Victorian legislation](#)

CONTEXT – SUPPLY AND USE OF VETERINARY MEDICATIONS

Veterinary practitioners are authorised to obtain, possess, use or supply most scheduled drugs and poisons for the lawful practice of their profession, i.e., for the veterinary treatment of animals under their care (pursuant to section 13 of the *Drugs, Poisons and Controlled Substances Act* 1981 and the *Drugs, Poisons and Controlled Substances Regulations* 2017). The Board requires the establishment of a veterinary practitioner-owner-animal (VOA) relationship to demonstrate that an animal is under the care of a veterinary practitioner.

The *Agricultural and Veterinary Chemicals (Control of Use) Act* 1992 and the *Agricultural and Veterinary Chemicals (Control of Use) Regulations* 2017 regulate veterinary chemical products and stock foods.

Veterinary practitioners should be familiar with the requirements of legislation related to the supply and use of veterinary medications. Non-compliance with the requirements of legislation in the supply and use of veterinary medications constitutes unprofessional conduct and may also be prosecuted under that legislation or under the provisions of the *Veterinary Practice Act* 1997.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 14: Supply and use of veterinary medicines	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021
New 14.2 added, old 14.2 and 14.3 renumbered to 14.3 and 14.4		1.1	Approved: August 2022 Review date: June 2023

15. RESPONSIBLE SUPPLY AND USE OF ANTIBIOTICS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 15.1. A veterinary practitioner maintains current knowledge of issues relating to antimicrobial resistance (AMR) by undertaking training or other Continuous Professional Development at least every three years.
- 15.2. A veterinary practitioner supplies and uses antibiotics in a manner consistent with current Australian veterinary professional codes of practice and policies.
- 15.3. A veterinary practitioner has developed and/or has available, and complies with, a written protocol describing prudent and responsible use of antibiotics which directs their supply and use of antibiotics.
- 15.4. A veterinary practitioner responds in a timely and substantive manner to a formal request from the Board for information which demonstrates that their supply and use of antibiotics minimises AMR.
- 15.5. A veterinary practitioner does not supply, use or administer antibiotics without the prior establishment of a veterinary practitioner-owner-animal (VOA) relationship.

RELATED GUIDELINES

- G1 [The veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)

CONTEXT – RESPONSIBLE SUPPLY AND USE OF ANTIBIOTICS

A veterinary practitioner may use and supply antibiotics, also known as antimicrobial agents, to prevent, control or treat animal disease caused by microorganisms.

Global authorities recognise that poor antibiotic stewardship is adversely impacting the effectiveness of antibiotics in the treatment of human and animal disease. There is growing concern that the increase in resistance of microorganisms to antibiotics (Antimicrobial Resistance or AMR) will lessen their effectiveness.

Fighting antimicrobial resistance is one of the Australian Veterinary Association's strategic priorities. The Australian Government has adopted a national strategy to combat AMR.

Veterinary teaching institutions and veterinary businesses promote responsible antibiotic stewardship through offering guidance, continuing professional development and advice on the implementation of clinical protocols reflecting the responsible supply and use of antibiotics.

Poor stewardship of antibiotics in veterinary medicine may have impacts beyond the health and welfare of an individual animal, for example impacting public health and trade in food products. Antibiotics may also contaminate the environment where improper disposal of excess or expired antibiotics occurs.

Before deciding to supply or use an antibiotic, a veterinary practitioner should satisfy themselves that their supply and use of the antibiotic align with national veterinary guidance and protocols to minimise AMR within their working environment and are in accordance with the policies or practice directions of their veterinary facility or workplace.

Owners have an important role and share responsibility with the veterinary practitioner to minimise AMR. An owner must administer and dispose of antibiotics only as directed by the veterinary practitioner or as

appears on the label or in separate written instructions provided by the medication manufacturer.

An owner must not use, administer or request the supply of antibiotics if a VOA relationship has not been established.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 15: Responsible supply and use of antibiotics	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

16. PROVISION OF VETERINARY SERVICES OUTSIDE NORMAL BUSINESS HOURS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 16.1. A veterinary practice effectively communicates the normal business hours during which it offers veterinary services.
- 16.2. A veterinary practitioner provides information on where and how to obtain veterinary services outside normal business hours.
- 16.3. A veterinary practitioner effectively communicates the hours they provide veterinary services to an owner, whether or not there is an established VOA relationship.
- 16.4. Where possible, a veterinary practitioner ensures that an arrangement for continuing care of an animal has been agreed with the animal's owner in advance of accepting the animal for treatment and/or hospitalisation.
- 16.5. Arrangements for continuing care must be agreed and recorded in the veterinary medical record whenever they are necessary to ensure the wellbeing of the animal requiring ongoing care.
- 16.6. Where an animal requires continuing care or hospitalisation outside normal business hours, a veterinary practitioner provides the owner with information on:
 1. the nature and level of supervision of the animal provided outside normal business hours, and
 2. the potential impact of restricted attendance on the animal's expected course of recovery.

RELATED GUIDELINES

- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G8 [Veterinary practitioner and veterinary team wellbeing](#)
- G9 [Practising within areas of technical competence](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)

CONTEXT – PROVISION OF VETERINARY SERVICES OUTSIDE NORMAL BUSINESS HOURS

The public has a general expectation that they can obtain veterinary services outside of normal business hours in emergency situations.

Neither the Board nor statutory obligations require a veterinary practitioner to provide veterinary services outside of normal business hours.

Factors which may influence a veterinary practitioner's choice to provide services outside of normal business hours include:

- whether or not a veterinary practitioner-owner-animal (VOA) relationship has been established before emergency services are requested
- the geographical location of alternative veterinary service providers
- an owner’s ability to transport an animal easily, and
- the services offered by alternative veterinary practitioners.

A veterinary practitioner may recommend remotely delivered support services, such as telemedicine, to manage an owner’s after-hours enquiries.

During establishment of a VOA relationship, the Board expects veterinary practitioners to clearly communicate the availability and extent of veterinary services they provide outside of business hours.

The public generally expects that veterinary practices which provide clinical care have provision for continuing patient care. Veterinary practitioners may choose to provide this:

1. directly to all owners
2. directly to owners with whom they have an established VOA relationship
3. on a case-by-case basis, or
4. by facilitating redirection to an alternative veterinary service.

For animals which require continuing care which may be beyond the capability of the owner, the veterinary practitioner must clearly communicate the available options for continuing care, which may include:

1. hospitalisation with no supervision outside of normal business hours
2. hospitalisation with minimal or intermittent supervision outside of normal business hours
3. hospitalisation with constant supervision outside of normal business hours
4. a referral to another veterinary facility that provides the level of supervision outside of normal business hours required or desired by the owner of the animal, or
5. support for the owner to take the animal home to provide the level of supervision required.

A veterinary practitioner should inform the owner of the advantages, disadvantages and costs associated with the available options.

If the veterinary facility with whom the owner has an established VOA relationship is not available when the owner decides that their animal requires attention, the owner may choose to attend a different veterinary practice. In such circumstances, the owner and/or the alternative veterinary practice may not have access to the animal’s veterinary medical record. The Board acknowledges that this situation is unavoidable.

An owner of an animal has a responsibility to:

1. know the normal business hours of the veterinary practice/s they routinely attend
2. know the conditions under which veterinary services would be available outside of normal business hours, and
3. make provision for veterinary care outside of normal business hours.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 16: Provision of veterinary services outside normal business hours	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

17. EMERGENCY VETERINARY SERVICES AND SPECIALIST VETERINARY SERVICES

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 17.1. A veterinary practice which uses the terms **Emergency Veterinary Services**, **Specialist Veterinary Services** or **Specialist Emergency Services** (or variations of these terms) in its name or in publicly available information about the practice should ensure that its use of such terms conforms with the following definitions:
- **Emergency Veterinary Services** — veterinary services involving the consultation and treatment of urgent animal health issues which have a significant impact on an animal's wellbeing
 - **Specialist Veterinary Services** — veterinary services delivered by a registered specialist veterinary practitioner, i.e., endorsed by the Board as a specialist in a particular branch of veterinary medicine or surgery.
 - **Specialist Emergency Services** — a combination of 'emergency veterinary services' and 'specialist veterinary services', where a registered specialist veterinary practitioner is employed by the practice. A veterinary practitioner providing veterinary emergency services ensures that the owner of the animal clearly understands the care required after the emergency treatment and what veterinary services are available should the animal need additional assessment or treatment.

Emergency veterinary services

- 17.2. A veterinary practitioner advertises the provision of emergency veterinary services only where appropriate facilities, equipment and/or assistance are available, and a registered veterinary practitioner is accessible to deliver required treatments and procedures.
- 17.3. A veterinary practitioner providing veterinary emergency services ensures that the owner of the animal clearly understands the care required after the emergency treatment and what veterinary services are available should the animal need additional assessment or treatment.
- 17.4. A veterinary practitioner ensures that any limitations or conditions to their offering of emergency veterinary services are communicated in a manner that clearly informs the owner as to the scope or availability of the offered services.
- 17.5. A veterinary practitioner providing veterinary emergency services is able to demonstrate that the services they provide differ from non-emergency services.

Specialist veterinary services

- 17.6. A veterinary practitioner who has not been endorsed by the Board as a veterinary specialist does not represent themselves as a specialist in consultations with animal owners and in publicly available information.
- 17.7. A veterinary practitioner who provides services in a specific branch of veterinary medicine or surgery but who has not been endorsed by the Board as a specialist in that branch clearly informs animal owners that they are not a specialist, clearly explains the veterinary services they provide, and records discussions in veterinary medical records.
- 17.8. A veterinary practitioner who works in a practice promoting the availability of specialist veterinary services but who has not been endorsed by the Board as a veterinary specialist clearly informs animal owners that they are not a specialist, clearly explains the veterinary services they provide and records discussions in veterinary medical records.

- 17.9. A veterinary practitioner who has been endorsed as a specialist by the Board accurately represents the particular branch of veterinary medicine or surgery in which they are endorsed in consultations with animal owners and in publicly available information. A specialist does not represent that they are a specialist in a branch of veterinary medicine or surgery if they have not been endorsed by the Board as a specialist in that branch.
- 17.10. The trading name of a practice must not contain the word “specialist” or any derivation of it unless at least one of the veterinary practitioners employed in the practice is a registered veterinary specialist who can be consulted by other veterinary practitioners.
- 17.11. A veterinary practitioner who refers an animal’s owner to another veterinary practitioner does not represent the other practitioner as a veterinary specialist if the other practitioner has not been endorsed as a veterinary specialist by the Board.

RELATED GUIDELINES

- G1 [The veterinary practitioner–owner–animal \(VOA\) relationship](#)
- G2 [Animal wellbeing](#)
- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G7 [Veterinary medical records](#)
- G9 [Practising within areas of technical competence](#)
- G10 [Continuing Professional Development \(CPD\)](#)
- G12 [Referrals between veterinary practitioners](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside of normal business hours](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

[Veterinary Practice Act 1997](#)

CONTEXT – EMERGENCY SERVICES AND SPECIALIST VETERINARY SERVICES

To inform their choice of veterinary service provider, animal owners may rely on a veterinary practice to differentiate the veterinary services offered. The public understanding of emergency and specialist veterinary service provision appears below:

1. **Emergency Veterinary Services** — veterinary services involving the consultation and treatment of urgent animal health issues which have a significant impact on an animal’s wellbeing
2. **Specialist Veterinary Services** — veterinary services delivered by a registered specialist veterinary practitioner, i.e., endorsed by the Board as a specialist in that branch of veterinary medicine or surgery
3. **Specialist Emergency Services** — a combination of “emergency veterinary services” and “specialist veterinary services”, where a registered specialist veterinary practitioner is directly involved in the delivery of emergency veterinary services.

A veterinary practice should ensure that it uses the above terms (or variations of those terms) in its trading name or in publicly available information so it conforms with the public understanding of those terms. Where emergency or specialist services are provided outside of usual business hours, a veterinary practice is expected to clearly specify the hours when these services are delivered in advertising and any other publicly available information.

Veterinary practitioners may recommend and refer animal owners to veterinary specialists, and some veterinary specialists also accept enquiries directly from the public. More information: [Guideline 12 - Referrals between veterinary practitioners](#).

A veterinary specialist is a registered veterinary practitioner who has been endorsed by the Board as having an exceptionally high level of skill in a particular branch of veterinary medicine or surgery that is well above that of a general practitioner in the same discipline. A veterinary specialist must have undergone extensive advanced supervised training, culminating in the passing of a rigorous set of examinations. Generally, veterinary specialists are endorsed by the Board based on recommendations made by the Australasian Veterinary Boards Council (AVBC).

Veterinary practitioners who have been endorsed as veterinary specialists by the Board can be located by surname or specialisation on the Board's website at [Search for a Vet](#).

Under section 57 of the Veterinary Practice Act 1997 (the Act), it is an offence for a veterinary practitioner to claim to be qualified to practise as a veterinary specialist or use titles that may give the impression they are a specialist if they have not been endorsed by the Board as a veterinary specialist in a particular branch of veterinary medicine or surgery. The Board recognises that some general veterinary practitioners may have many years' experience practising in particular areas of veterinary medicine or surgery. However, they should be careful not to mislead animal owners and members of the public that they are a veterinary specialist or have specialist-level skills in a particular branch of veterinary medicine or surgery if they are not endorsed as a specialist. The Act also makes it an offence to advertise in a false or misleading manner (s59).

A key question is, 'Could anything in any publicly available information or communicated to animal owners or professional peers give the impression that a veterinary practitioner is a veterinary specialist?'. For example, it could be misleading if information about a veterinary practitioner:

- contains words ending in "ist", e.g., dermatologist, oncologist, radiologist
- is associated with a scope of work such as a particular animal species or breed, or a particular condition, e.g., "alpaca vet", "dachshund vet", "skin vet", "glaucoma vet" or "cancer vet"
- highlights a list of qualifications, publications and CPD or uses post-nominals (abbreviations of memberships or qualifications). Inappropriate use of post-nominals would include referring to a membership if a veterinary practitioner is no longer a financial member of an association (e.g., ANZCVS if no longer a member of the Australian and New Zealand College of Veterinary Surgeons) or using the letters MRCVS in Australia if membership of the Royal College of Veterinary Surgeons was obtained solely through registration (not examination).

The Board recommends that general veterinary practitioners who wish to highlight their experience practising in particular areas of medicine or surgery should prominently state that they are not a veterinary specialist on relevant website pages and in other communications.

A veterinary practitioner who refers an animal's owner to another veterinary practitioner may only call the other practitioner a specialist, or imply in other ways that they are a specialist, if that person is currently endorsed by the Board as a registered veterinary specialist in a particular branch of veterinary medicine or surgery. More information: [Guideline 12 - Referrals between veterinary practitioners](#).

The Board encourages veterinary specialists who have been endorsed by the Board as a veterinary specialist in a particular branch of veterinary medicine to call themselves **Registered Specialist in [branch of veterinary medicine in which they are endorsed]**. This will indicate to the public that the veterinary practitioner holds required specialist qualifications and is accepted by the profession as a specialist. It is

important that a veterinary specialist accurately identifies the branch of veterinary medicine or surgery in which they are endorsed, e.g., small animal medicine not cardiology; small animal surgery not orthopaedic surgery.

Where a practice claims to be a specialist centre, the public may reasonably believe that the practice will be staffed by registered specialists. Veterinary practitioners who work at a specialist centre who have not been endorsed as veterinary specialists by the Board (e.g., residents or interns in a specialist training program) must be careful not to mislead animal owners that they are veterinary specialists.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 17: Emergency veterinary services and specialist veterinary services	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023
Guideline 17 amended: considerable revisions to context section, existing guidelines revised and additional guidelines added	Approval: Board Maintained by: Chief Executive Officer	1.2	Approved: December 2023 Review date: June 2025
Minor amendments to Guideline 17 context	Approval: Board Maintained by: Chief Executive Officer	1.3	Approved: April 2024 Review date: June 2025

18. END OF LIFE VETERINARY SERVICES

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 18.1. A veterinary practitioner may euthanise an animal when it is distressed, diseased or disabled to such an extent that the animal's condition cannot be satisfactorily relieved by veterinary care.
- 18.2. A veterinary practitioner offers euthanasia to an owner as an option to manage an animal's distress, disease or disability when appropriate.
- 18.3. A veterinary practitioner supports an owner with relevant information to assist with their decision-making in relation to end of life veterinary services, including information on the reasons for euthanasia, the method of euthanasia, processes to determine the cause of an unexpected death (where relevant) and disposal of the animal's remains.
- 18.4. Where a veterinary practitioner has an ethical objection to euthanising an animal, the veterinary practitioner must disclose their objection to the owner and offer the owner a referral to another veterinary practitioner.
- 18.5. In the event of an unexplained or unexpected death of an animal under their care, a veterinary practitioner provides an owner with information on arranging a necropsy, including any anticipated limitations to necropsy results.
- 18.6. A veterinary practitioner refers an owner to another veterinary practitioner to carry out a necropsy unless it is not possible or practical to do so and the owner provides informed consent.

RELATED GUIDELINES

- G2 [Animal wellbeing](#)
- G3 [Treatment obligations](#)
- G4 [Communication between veterinary practitioner and owner or professional peers](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)
- G11 [Managing conflicts of interest](#)
- G13 [Telemedicine in the provision of veterinary services](#)
- G14 [Supply and use of veterinary medications](#)
- G16 [Provision of veterinary services outside of normal business hours](#)
- G19 [Veterinary certificates](#)
- G20 [Biosecurity](#)
- G21 [Reporting obligations](#)

RELATED LEGISLATION

Prevention of Cruelty to Animals Act 1986 - find latest version at [Victorian legislation](#)

Prevention of Cruelty to Animals Regulations 2019 - find latest version at [Victorian legislation](#)

CONTEXT – END OF LIFE VETERINARY SERVICES



The Board expects end of life veterinary services to be provided in accordance with expected [behaviours](#) and [principles of professional conduct](#). A range of veterinary services is used to support an animal and its owner at the end of the animal's life.

End of life veterinary services impact individuals, industry and the wider community. A veterinary practitioner's training places them in a privileged position to advise and provide treatments to relieve an animal's distress and pain when there is little likelihood it will recover its previous quality of life.

Most often in this situation, a veterinary practitioner, directed by the owner, will administer controlled medications or another method to euthanise the animal and induce a less painful death.

Compassionate communication about end of life is seen as an ethical responsibility and a core clinical skill and is integral to the veterinary practitioner-owner-animal (VOA) relationship. End of life care frequently requires a veterinary practitioner and an owner to make decisions of monumental consequence. The owner's informed decision-making on end of life clinical management and treatment options relies on open sharing of relevant information.

A person who 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 commits an act of cruelty upon that animal (Section 9 of the *Prevention of Cruelty to Animals (POCTA) Act 1986*).

Under section 24D of the POCTA Act, a veterinary practitioner may euthanise an animal that,

- a) 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) is abandoned, distressed or disabled and the veterinary practitioner reasonably believes that the animal's condition is such that it would continue to suffer if it remained alive.

This privilege applies whether the animal is owned, the owner is not known, or the animal is a non-domesticated animal presented by a member of the public in an emergency situation. This privilege does not require owner consent. However, when a veterinary practitioner determines that such euthanasia is necessary, the Board recommends the veterinary practitioner discusses their plan with a professional peer.

A veterinary practitioner may have an ethical objection to euthanasia; for example, if they believe that other practical options exist that will satisfactorily alleviate an animal's distress, disease or disability. This ethical objection should be disclosed to the owner and other options presented, which may include referral to another veterinary practitioner or the animal's documented surrender or rehoming.

A veterinary practitioner considers a range of factors in proposing options for managing an animal's end of life and in planning their communication with the owner of the animal. At times, a veterinary practitioner may need to reconcile the owner's preference as to whether to accept end of life veterinary services with a potential impact on the public wellbeing and safety. Such factors may include:

1. whether the animal is suffering from a notifiable disease and the possible exposure of other animals to such a disease
2. whether the animal is a declared pest species or poses a biosecurity or other community threat
3. rules for management of the animal under a racing or other code, and
4. requirements or processes which may need to be fulfilled after the animal's death, such as necropsy or responding to insurance claims.

Communication between an owner and a veterinary practitioner after the unexplained or unexpected death of an animal requires collaboration to resolve any issues rather than a focus on perceived shortcomings in the animal’s treatment or care.

A veterinary practitioner takes reasonable steps to satisfy themselves that an individual requesting euthanasia for an animal has the authority to do so. If the individual is not the owner, they should provide evidence to a veterinary practitioner that the owner has given them authority for end of life decision-making. Authority to make a decision about end of life veterinary services is not dependent on who is responsible for meeting the costs of end of life veterinary services.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 18: End of life veterinary services	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

19. VETERINARY CERTIFICATES

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 19.1. A veterinary practitioner only certifies matters
 1. within their areas of professional expertise and knowledge
 2. where there is no actual or perceived conflict of interest in them doing so, and
 3. which they have personally ascertained.
- 19.2. A certificate issued by the veterinary practitioner must contain sufficient, complete and accurate detail to ensure its purpose is clear. A veterinary certificate contains no less than the following information:
 1. identifying information about the veterinary practitioner, including their unique registration number
 2. identifying information about the animal species and/or breed, sex, age, and a unique identifier such as a microchip tag
 3. the purpose of the certificate and the assessment of the veterinary practitioner related to this purpose
 4. any limitations of the assessment due to external factors
 5. the date of the assessment and the period it remains current (where relevant)
 6. the name of the owner at the time of the certification
 7. any information related to the use of specific diagnostics aids or veterinary services related to the purpose of the certificate, e.g., batch number of a vaccine.
- 19.3. A veterinary practitioner includes additional information on the certificate (where relevant) consistent with its purpose.
- 19.4. A veterinary practitioner must ensure that the certificate is completed in a format that is legible.

RELATED GUIDELINES

- G7 [Veterinary medical records](#)
- G9 [Practising within areas of technical competence](#)
- G11 [Managing conflicts of interest](#)
- G22 [Incitement to commit unprofessional conduct](#)

CONTEXT – VETERINARY CERTIFICATES

An owner may request a veterinary practitioner to issue a certificate as documentation of their professional opinion related to an animal's health and wellbeing.

The obligations for a veterinary practitioner completing a certificate depends on the certificate's intended purpose. All veterinary certificates should contain sufficient information to identify the veterinary practitioner and identify the animal that is the subject of the certificate; and should present that detail in a format that enables the reader to understand the certificate's purpose, any limitations on the issuing of the certificate, and the assessment of the veterinary practitioner.

A veterinary practitioner must not accept inducements or themselves incite another veterinary practitioner to complete a certificate that is misleading or inaccurate as to the assessment they make on the health or status or wellbeing of the relevant animal.

A copy of the veterinary certificate should be attached to the medical record of the animal.

A veterinary practitioner should ensure arrangements are in place to protect statutory and operational requirements for confidentiality of sensitive information collected or disclosed as part of certification.

A veterinary practitioner may be requested to sign documentation related to non-medical matters as a community recognised profession and authority. Although outside of the scope of these Guidelines, such a certification should adhere to legislative requirements and the standards in these Guidelines.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 19: Veterinary certificates	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

20. BIOSECURITY

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 20.1. A veterinary practitioner adopts practices that minimise the risk of infectious diseases being introduced or transferred within a single site and/or between sites.
- 20.2. A veterinary practitioner becomes familiar with the veterinary facility or workplace’s protocols and practices for managing biosecurity risks and complies with these while providing veterinary services.
- 20.3. A veterinary practitioner satisfies all reporting obligations related to biosecurity matters observed while providing veterinary services.

RELATED GUIDELINES

- G21 [Reporting obligations](#)
- G23 [Practising in accordance with statutory obligations](#)

CONTEXT - BIOSECURITY

Active management of biosecurity protects the economy, environment and the public’s health from the risk of pests and disease. It is a shared community responsibility to prevent new pests and diseases from establishing in Australia and to help control outbreaks when they do occur.

Although biosecurity is generally thought of as an agricultural issue, managing biosecurity risks is important in all environments where the introduction or transfer of pests and disease could occur.

The National Biosecurity Statement, released in 2018 by the Australian Department of Agriculture, Water and the Environment, informs Victorian Government policy in managing state biosecurity risks. It provides an integrated overarching framework describing roles and responsibilities of all parties impacting biosecurity.

A veterinary practitioner plays an important role in protecting Australian agriculture through delivering veterinary services in a manner that limits or eliminates biosecurity risks. This includes adopting practices that minimise the risk of transfer of animal disease through maintaining high standards of hygiene and infection control, whether in a clinic setting or on any alternative site where veterinary services are provided.

A veterinary practitioner should assess biosecurity risks in their delivery of veterinary services and take appropriate measures to minimise those risks. Similarly, a veterinary practitioner should raise concerns with and remedies for biosecurity risks they observe while delivering veterinary services to the owner of the animal, and may also notify the appropriate government authority, based on the level of risk posed.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 20: Biosecurity	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

21. REPORTING OBLIGATIONS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 21.1. A veterinary practitioner, including those working in laboratories, reports “notifiable diseases” to the relevant authority. This requirement takes precedence over maintaining owner confidentiality.
- 21.2. Where a veterinary practitioner reasonably believes that there exists, or potentially exists, a serious risk to the health and/or safety of the public and/or the health and wellbeing of an animal, the veterinary practitioner reports the matter to the relevant authority.
- 21.3. Where a veterinary practitioner reasonably believes that the professional conduct of a veterinary practitioner registered in or deemed to be registered in Victoria is inconsistent with the expectations of their peers or the general public or in these Guidelines, the veterinary practitioner should report their concern to the Board.

RELATED GUIDELINES

- G1 [Veterinary practitioner-owner-animal \(VOA\) relationship](#)
- G4 [Communication between veterinary practitioners and owners or professional peers](#)
- G7 [Veterinary medical records](#)
- G14 [Supply and use of medications](#)
- G22 [Incitement to commit unprofessional conduct](#)
- G23 [Practising in accordance with statutory obligations](#)

RELATED LEGISLATION

Livestock Disease Control Act 1994 - find latest version at [Victorian legislation](#)

Prevention of Cruelty to Animals Act 1986 - find latest version at [Victorian legislation](#)

CONTEXT – REPORTING OBLIGATIONS

Reporting of diseases, unusual deaths, adverse events and animal welfare issues

The *Livestock Disease Control Act 1994* clearly sets out the responsibilities of veterinarians to notify diseases in livestock (including bees and aquatic animals) and their products. There are different notification periods relating to the potential risk posed by the disease. For example, exotic diseases require immediate notification to an inspector of stock. Notification responsibilities relate to all modes of practice but are particularly relevant to veterinary practitioners working with agricultural animals.

The obligation also refers to situations where there are unusual deaths (or disease) of unknown cause in livestock. Given that a failure to notify can impact upon national agricultural industries, there are strong penalties related to this offence. Notification obligations take precedence over public interest and the VOA relationship.

A veterinary practitioner must report an adverse experience following the administration of veterinary medications to the Australian Pesticides and Veterinary Medicines Authority.

It is an offence under the *Prevention of Cruelty to Animals (POCTA) Act 1986* to do or omit to do an act with the result that unreasonable pain or suffering is caused, or likely to be caused, to an animal. The Board regards the reporting of causes of actual or likely unreasonable pain or suffering by animals, as an act

under this legislation. Omitting to do this act (i.e., reporting) would constitute cruelty. Therefore, the Board expects registered veterinary practitioners to report all cases of cruelty to animals to the relevant authority.

The emergency powers of veterinary practitioners under the POCTA Act in relation to animal welfare take precedence over the VOA relationship.

More information and resources on reporting of diseases, etc.: As the control agency for biosecurity emergencies, Agriculture Victoria manages emergency animal disease outbreaks within Victoria and works with national partners through the Emergency Animal Disease Response Agreement (EADRA).

Responses to animal diseases are guided by the nationally agreed AUSVETPLAN.

Notifiable diseases are defined under the *Livestock Disease Control Act* 1994, and the obligations of livestock owners, veterinary practitioners, laboratories and others are outlined in the Act and its associated regulations and orders.

Any unusual, strange or exotic vertebrate animal found or sighted in Victoria should be reported to Agriculture Victoria. The Agriculture Victoria Customer Service Centre telephone contact is 136 186.

Concerns about peers

A veterinary practitioner has a professional responsibility to respond to serious risks impacting public health, the health and wellbeing of animals and the good standing of the profession, by the unprofessional conduct of peers.

If a veterinary practitioner is concerned about the professional conduct or fitness to practise of a professional peer, the veterinary practitioner is encouraged to talk directly with the individual whom they believe has acted inconsistently with these Guidelines.

If a veterinary practitioner’s direct action does not result in a change to their peer’s behaviour and the unprofessional conduct is repeated or may pose a serious risk to the public or the health and welfare of animals, and impacts the good standing of the profession, a veterinary practitioner should report their concern to the Board.

Reporting obligations take precedence over the preservation of confidentiality in the VOA relationship or the relationship between professional peers.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 21: Reporting obligations	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

22. INCITEMENT TO COMMIT UNPROFESSIONAL CONDUCT

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 22.1. A veterinary practitioner ensures that their professional integrity, discretion, conduct or delivery of veterinary services is not compromised by the actions or directions of any other individual in any matter requiring the application of their professional knowledge and skills.
- 22.2. A veterinary practitioner does not incite their professional peers, veterinary team members or members of the public to do or omit to do an act which is inconsistent with legislation, codes and standards (including the standards in these Guidelines).

RELATED GUIDELINES

- G2 [Animal wellbeing](#)
- G3 [Treatment obligations](#)
- G9 [Practising within areas of technical competence](#)
- G21 [Reporting obligations](#)
- G23 [Practising in accordance with statutory obligations](#)
- G11 [Managing conflicts of interest](#)
- G14 [Supply and use of veterinary medications](#)
- G19 [Veterinary certificates](#)

RELATED LEGISLATION

Section 58A, [Veterinary Practice Act 1997](#)

CONTEXT – INCITEMENT TO COMMIT UNPROFESSIONAL CONDUCT

A veterinary practitioner is solely responsible for their own actions and judgements.

A person who employs a veterinary practitioner, whether they themselves are a registered veterinary practitioner, must not direct or incite the veterinary practitioner to act contrary to the provisions of the *Veterinary Practice Act 1997* or any Act regulating veterinary practice.

Following the direction of an employer or animal owner is not a defence against an allegation of unprofessional conduct where a veterinary practitioner knowingly allows their professional judgement, integrity, discretion, conduct or behaviour to be compromised.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 22: Incitement to commit unprofessional acts	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

23. PRACTISING IN ACCORDANCE WITH STATUTORY OBLIGATIONS

This guideline outlines the appropriate standard expected of a registered veterinary practitioner in the course of veterinary practice. This guideline should be read in conjunction with other related guidelines.

Professional conduct under this Guideline is demonstrated by the following:

- 23.1. A veterinary practitioner is familiar with and practises in accordance with legislation, codes and standards relevant to their practice of veterinary science and delivery of veterinary services.
- 23.2. A veterinary practitioner ensures that they hold current relevant permits and licences necessary for them to deliver veterinary services.
- 23.3. A veterinary practitioner practises in a manner that adheres to the statutory obligations imposed on them by the *Veterinary Practice Act 1997*, the *Veterinary Practice Regulations 2018* and Guidelines issued by the Board.
- 23.4. A veterinary practitioner practises in a manner so they do not commit offences described in the *Veterinary Practice Act 1997*.
- 23.5. A veterinary practitioner practises in a manner consistent with their category of registration and complies with any conditions imposed on their registration by the Board.

RELATED GUIDELINES

- G2 [Animal wellbeing](#)
- G20 [Biosecurity](#)
- G19 [Veterinary certificates](#)
- G22 [Incitement to commit unprofessional conduct](#)
- G3 [Treatment obligations](#)
- G21 [Reporting obligations](#)
- G14 [Supply and use of veterinary medications](#)
- G6 [Veterinary facilities, equipment and assistance in the provision of veterinary services](#)

RELATED LEGISLATION

For a list of key legislation, see the [legislation page on the Board's website](#).

CONTEXT – PRACTISING IN ACCORDANCE WITH STATUTORY OBLIGATIONS

A veterinary practitioner should be familiar with and maintain their knowledge of all laws, regulations, guidelines, codes and standards that affect their practice of veterinary science. The scope of relevant laws, codes, guidelines and standards is broad and administered by a range of authorities within the three levels of government.

The *Veterinary Practice Act 1997* empowers the Board to register veterinary practitioners, to investigate the professional conduct or fitness to practice of registered veterinary practitioners and to issue guidelines on appropriate standards of veterinary practice and veterinary facilities.

There are a number of laws and regulations that impact the delivery of veterinary services including:

- (a) the supply, dispensing and storage of poisons, medications and therapeutic substances

- (b) control of the use, keeping and disposal of radioactive substances and ionising radioactive apparatus for therapeutic and diagnostic purposes
- (c) animal welfare
- (d) occupational health and safety
- (e) biosecurity, and
- (f) environmental protection, including waste disposal.

Additional standards and guidelines relevant to veterinary practice include:

- (a) Victorian Codes of Practice for animal welfare
- (b) Australian Animal Welfare Standards and guidelines
- (c) Rules of Racing in Victoria.

The above lists are not exhaustive but serve to demonstrate the diversity of statutory instruments that regulate and impact the practice of veterinary science and the delivery of veterinary services. Laws and regulations relating to areas outside veterinary practice include obligations requiring veterinary practitioners and their employers to operate businesses to a standard expected by the public and relevant authorities.

Publication history

Guideline	Responsible persons	Version number	Dates
VPRRV Guideline 23: Practising in accordance with statutory obligations	Approval: Board Maintained by: General Manager & Registrar	1.0	Approved: April 2021 Review date: June 2023

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