

Review of the Queensland Veterinary Surgeon's Act 1936



From the Australian Veterinary Association Ltd

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About us

The Australian Veterinary Association (AVA) is the national organisation representing veterinarians in Australia. Our 8000 members come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, farm animals, such as cattle and sheep, and wildlife. Government veterinarians work with our animal health, public health and quarantine systems while other members work in industry for pharmaceutical and other commercial enterprises. We have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association.

General comments

Animals are an integral part of Queenslanders lives and livelihoods and like humans are subject to many procedures required for their wellbeing and health. When these procedures go wrong, the impact on people and animals can be devastating and in the livestock industries, can affect trade. The response by the Australian public in recent times to images of cattle being slaughtered in Indonesia without stunning and to reports of cruelty to individual animals is a strong indicator that the community expects increased animal welfare safeguards and for those caring for animals to be competent, professional, caring and accountable for their actions.

Veterinarians in Queensland have been a regulated profession since 1936.

Regulated professions are fundamental to the delivery of high quality care in situations that require high level skill and judgement for the wellbeing of people and animals. A profession is said to be regulated when access and exercise is subject to the possession of a specific professional qualification.

In the case of veterinary science, this qualification is further underpinned by a rigorous accreditation scheme based on international standards and reviewed every 7 years by the Australasian Veterinary Boards Council (AVBC). The Veterinary Surgeon's Board plays an important role in protecting the public and affording Queenslanders the confidence that registered veterinarians are well qualified to do the difficult jobs they do. In the event of poor performance or unprofessional conduct, the Board has responsibility for investigating, imposing sanctions and helping practitioners to retrain or address any difficulties affecting their ability to practise.

Purpose and objects of the Act

The object of veterinary practice acts should be to regulate the practice of veterinary science so as to ensure that acceptable standards are required to be met by veterinary practitioners in order to:

- protect the health, safety, and welfare of animals
- protect the public health, safety and welfare
- protect consumers so that they have confidence in accessing veterinary services provided by competent persons holding recognised qualifications from approved training institutions
- meet international trade requirements
- provide for other related matters.

Given these objects, the AVA considers the key legislation to address these objects must include:

1. Restricting acts and procedures to those with a recognised approved qualification and defining those acts;
2. Ensuring that the premises where those acts are performed are of sufficient standards to ensure optimal results (premises approval); and
3. Ensuring that the Board is able to function effectively to meet those objects through investigation and appropriate standards

1 Restricted acts and procedures

Medical and surgical intervention in animals has the potential to cause injury, suffering and death to animals even when in the most skilful hands. A veterinarian trained in anatomy, physiology, disease (pathology), pharmacology, medicine and surgery has the most comprehensive training in order to assess and perform the most appropriate treatment for that animal with the least harm.

Paraprofessionals

Many paraprofessionals and husbandry providers (e.g. equine dental service providers) may possess a limited skill in a narrow scope but are unable to relate a local symptom to a systemic cause or to understand what to do if there are complications to the “simple” procedure.

There is no doubt that educational standards are greatly improved in veterinary nursing and other courses as compared to 1936 and these skills can play an important assistance role to a veterinarian. However, the procedures that veterinary paraprofessionals are allowed to perform and the level of veterinary supervision and responsibility for these procedures need to be very carefully assessed, especially as there is no accountability mechanism for veterinary paraprofessionals. Unconscious incompetence is not covered under the *Animal Care and Protection Act 2001* which focusses on cruelty and duty of care as its main provisions to serve its purpose.

Restricted Acts

The current definition of acts of veterinary science is a solid basis on which to build. It protects the health and welfare of animals by ensuring people undertaking procedures have the training they need, and it also provides certainty to the public that they are paying for services by qualified veterinarians.

Animal owners and those not being paid for their services should not be exempt from the prohibition on performing acts of veterinary science. Certain acts that are less likely to cause injury or harm may be considered for exemption (e.g. the giving of a subcutaneous or intramuscular injection by a competent person as follow up to treatment to a sick animal). Procedures that are less invasive and less likely to cause harm should be detailed as exemptions to restricted acts of veterinary science in a regulation.

It is essential that the following acts remain restricted to registered veterinary surgeons.

Diagnosis

The diagnosis of the physiological status of an animal and the diagnosis of disease and injury can only be fully assured under qualifications of an approved degree in veterinary science. This is because all body systems are linked and interact with each other. While an animal with a broken leg may ostensibly be easy for anyone to diagnose, there may be other conditions which caused it to stumble and fall (e.g. Hendra virus infection or tick envenomation).

A physiotherapist may have had some training in animal anatomy but would be unaware of other animal systems and disease issues (the physiology and biochemistry and diseases are different in different species). There would be a high risk of them misdiagnosing serious illness or injury.

Treatment of disease and injury and the prescribing of scheduled poisons

The treatment of disease and injury follows on from diagnosis and often requires surgical intervention and the use of restricted medicines which by themselves can cause harm, affect trade and contribute to antimicrobial resistance if misused.

Veterinary paraprofessionals and in particular veterinary nurses may be of assistance to the veterinarian in carrying out a treatment but this should be limited in nature. For example a veterinary nurse should be able to administer oral and simple parenteral medication under the direction of a veterinary surgeon. Equally, animal owners should be able to take home and administer follow up treatment to their animals under the direction of a veterinary surgeon. In the case of livestock, the veterinarian needs to transfer that direction to the responsible person who will be caring for that animal.

However the increasing pressure by agricultural industries and other service providers to use painkillers and antibiotics for certain husbandry procedures without veterinary direction needs to be considered with caution. Under the Health Act, consideration needs to be given to the critical problem of antimicrobial resistance and the overuse and unnecessary use that is likely to occur if restrictions are relaxed.

Administering anaesthetics and surgery

Both of these procedures are high risk acts.

Anaesthetics have a narrow margin of safety and must be used after assessing the animal's health and condition. The dose must be closely monitored in conjunction with assessments of circulatory and respiratory status during the anaesthetic.

Anecdotal reports that veterinary nurses are anaesthetising animals for veterinarians without direct veterinary supervision are alarming and the AVA is opposed to anyone but a registered veterinary surgeon anaesthetising animals. A different circumstance arises if the veterinarian is in the process of performing surgery and requires a veterinary nurse to change the volume of the flow of gas into the animal. As long as the veterinarian is directing the level of anaesthesia and the veterinary nurse is turning a knob, that situation is considered to be practical, safe and in the best interests of the animal.

Anaesthetic complications and death are not uncommon and no anaesthetised animal should be left without veterinary supervision.

Surgery requires the skills of a detailed knowledge of anatomy, underlying disease processes, physical skills at controlling haemorrhage and ensuring soft tissue and bone are adequately fixed in place (to avoid hernias or leakage of contaminated material into cavities causing more disease for example) and knowledge of what to do in adverse events such as allergic reactions or poor clotting.

Currently only a veterinary science degree approved by the AVBC provides for this skill set and the AVA is opposed to any relaxation of legislation that would allow non-veterinarians to perform surgery. We believe this is also a general expectation of the community.

Owners of animals performing procedures on their own animals and certain specific husbandry procedures are currently exempt and are allowed to perform surgery. The AVA recognises the impact on the livelihood of producers performing basic husbandry such as castrations but believes that there need to be accompanying competency requirements. Any invasive or harmful surgery should be restricted to registered veterinarians.

There is no rationale for the exemption of the owner of an animal to be able to perform acts of veterinary science on their own animal and the AVA believes that this exemption should be omitted from the new Act.

Researchers who are not veterinarians are potentially in breach of the Veterinary Surgeon's Act by performing anaesthesia and surgery. It is often argued that they are more skilled than the veterinarian in performing specific surgical techniques. However, in getting to this level of competence in a very narrow area, the researcher would undoubtedly have made mistakes and caused injury and harm to animals.

The research animal is the most vulnerable animal because it has no owner advocate. An ethics committee gives approval to cause harm to an animal in the interests of science but has little or no capacity to determine competence. Adverse events stay with the ethics committees and there is no legal accountability or consequence.

Some research institutions have already adapted by hiring veterinarians and this is working much better for researchers and animals. The argument that this is not possible because of expense and availability of veterinarians could well be challenged given Australia's increasing numbers of veterinary graduates.

The current Code for Scientific Use refers to competence. Competence in surgery can only be reliably provided by a registered veterinarian. There may be some very minor surgical procedures that can be performed by researchers such as suturing skin (not internal layers of muscles) and these could be written into a regulation, but the procedure should always remain under the direct supervision and accountability of a veterinary surgeon.

Administering vaccines and signing certificates

Vaccines are not a treatment of disease but a preventative action. Vaccines often have side effects and if not handled and stored correctly may be ineffective. Some vaccines are "living" vaccines which means that the virus may actually cause a mild form of the disease.

Side effects and reactions, while less frequent, need to be treated. Side effects such as anaphylactic reactions can endanger the animal's life and a veterinarian will be able to recognise and treat any possible side effects.

In the case of Hendra virus vaccination, there is a human health consideration. If the vaccine is incorrectly given and the horse does not have protection, a false sense of security may arise in people handling the horse when it gets ill, creating potential exposure to a fatal disease with a high death rate.

For livestock, long term practice may warrant an exemption for common vaccines but those that require certificates to be signed and those with public health considerations should remain with registered veterinarians.

No person other than a registered veterinary surgeon should sign a certificate or other document prescribed by or under any Act which requires the signature of a veterinary surgeon or veterinary officer in respect of the freedom from disease of any animal or animal product.

A list of acts that may be exempt by regulation from being considered acts of veterinary science are outlined in Appendix 1.

2 Environment where veterinary acts may be performed

Premise approval has the benefits of ensuring minimum standards for hygiene, disease control, biosecurity and human and animal safety. The AVA believes that premise approval adds to the assurance of the public that their animal is in safe hands and being treated under the best of conditions.

3 Effective Veterinary Surgeon's Board

To function effectively, the Board must have the required skill composition, freedom to make independent decisions, follow due legal process, and be resourced to investigate and prosecute for the public good.

Function

The Board's functions should be to:

- register veterinary practitioners and veterinary specialists
- recognize qualifications and accredit courses of training which provide qualifications for registration as veterinary practitioners and specialists
- investigate the professional conduct or fitness to practise of registered veterinary practitioners and impose sanctions where necessary
- investigate allegations of professional misconduct by registered veterinarians
- investigate suspected offences against Veterinary Practice Acts and to prosecute such offences, including persons not registered with the Board who engage in acts of veterinary science
- facilitate mediation if considered beneficial to resolving dispute
- investigate and regulate the performance of 'acts of veterinary science' (or surgery or medicine)
- issue guidelines about appropriate standards of veterinary practice and veterinary facilities
- licence veterinary facilities and arrange, where necessary, for the inspection of veterinary facilities
- promote high standards of professional conduct in the provision of veterinary services
- prepare or endorse guidelines on continuing professional development for veterinary surgeons

- prepare or endorse codes of conduct and professional standards for veterinary surgeons
- provide advice to the Minister with respect to any matters in connection with the administration of the Act and in relation to veterinary services and any other information reasonably required by the Minister.

Composition

Boards should include:

- some non-veterinary consumer members
- a majority of veterinarians
- the right skill set and mix - one way to do this would be for the Minister to appoint an advisory selection committee consisting of representatives of the AVA, universities, Government, Board and consumers and for this committee to make a recommendation to the Minister
- The Board should have the power to form investigative sub committees if deemed necessary (as in the NSW system) but decision making should remain with the Board.

Independence

The Board needs:

- a degree of independence from government and the AVA supports the formation of a statutory body
- to be able to appoint its own staff without the restrictions of government policies limiting their ability to hire and promote on merit
- to be free of travel restriction policies when adopted by the Government
- for any government member on the Board to be free to contribute independently, and not automatically be Chair unless it was determined that they were the best person for the job.

Legal process

- Board members should receive some basic legal training to ensure they understand the processes of the law.
- Legal advice could be obtained by an expert legal person but it is not recommended that the legal practitioner has any role in the decision making process of the Board.

Resources

- The Board performs a public good and some provision should be made to ensure that resources are not restricted in following up investigations for breaches where it may outstrip the capacity of the board to fund.
- There may be a case for increasing registration fees to ensure better resourcing of the Board and its functions; however, these increases should not be excessive as there is a case for veterinarians not to fully carry the public good component of the legislation.
- The Board should be resourced to be able to investigate non veterinarians who perform Acts of veterinary science illegally.

Relationship with the *Animal Care and Protection Act*

The *Animal Care and Protection Act 2001* (ACPA) deals primarily with cruelty and duty of care. While it is possible for the ACPA to include a Code that deals with competency as a regulation, in practice there has been resistance from the agricultural industry to include competency in the standards and guidelines.

This leaves a large gap in the ACPA whereby competency is not dealt with. The *Veterinary Surgeon's Act* is focussed on recognising competency in professional courses and has a rigorous accreditation system in place to ensure degrees graduate students with internationally recognised standards and competencies. The *Veterinary Surgeon's Act* therefore complements the ACPA in being proactive in ensuring that people who deal with animals are competent to do so.

The AVA believes that a stand-alone *Veterinary Surgeon's Act* enhances the welfare of animals in a way that the ACPA does not.

Emergency contact numbers

The mandatory provision of emergency contact numbers needs to be consistent with the purpose and objects of the Act. The current definition of an emergency contact number is that a veterinarian is able to be contacted immediately both during and outside of work time, notwithstanding that many registered veterinarians are not in clinical practice.

If the government wishes to use the registration list for its own purposes, and needs to retain the right to contact veterinarians out of hours, it is recommended that the current definition of emergency numbers is changed to reflect the most appropriate way to be contacted. This could be a work number or answering machine and a realistic timeframe of notification used. The interpretation of "immediate" and its subsequent 10 penalty points if not able to be contacted immediately is out of proportion to the potential breach.

This is one area red tape could be introduced with no loss of efficacy of the need for government to contact veterinarians. It could be argued that access to a veterinarian's working contact details is more effective in controlling the spread of exotic disease than an after-hours private number. The AVA recommends that a logical rethink of this matter be undertaken.

Questions posed in the background paper

Question	AVA position
<i>What are the benefits in maintaining restrictions on who can practise veterinary science (or similar measures) under the VS Act compared with the ACP Act?</i>	<p>Competency is the core component of the VS Act underpinned by a rigorous accreditation system of university veterinary science degrees in contrast to the ACP Act where cruelty and duty of care are the main provisions to protect animal welfare.</p> <p>The ACP Regulations have some very limited areas dealing with competencies relating to animal husbandry procedures. The regulations only specify what qualifications someone should have, but not how someone with the qualifications will be dealt with if there is a complaint that they are incompetent.</p> <p>Under the ACP Act complaint investigation is undertaken by animal welfare inspectors – mostly</p>

	RSPCA employees, or the police. While this is appropriate in an Act dealing with the prevention of cruelty and duty of care it is not an appropriate investigative body to deal with complaints relating to veterinary science practice competency.
<i>What are the benefits in extending the scope of the VS act to cover regulation of competency and standards of animal health care provision more broadly, compared with regulating under the ACP Act?</i>	<p>The AVA does not support the inclusion of other animal health providers in the VS Act other than those working under the direction of a veterinarian (e.g. veterinary nurses, animal technicians).</p> <p>The AVA does support a system that regulates competency and standards of other animal health care provision but believes this should be dealt with outside the VS Act. These providers should only be providing services that are not restricted to registered veterinarians, which is what the VS Act addresses.</p>
<i>Do you think the VS Act should provide any consumer assistance beyond identification of suitable competent veterinarians and ensuring that they maintain high standards of practice?</i>	<p>No. Consumer assistance is provided for by:</p> <ul style="list-style-type: none"> • Identification of competent veterinarians • Complaint investigation procedures • The application of standards to premises where acts of veterinary science are practised
<i>Should the practice restriction apply to every act of veterinary science?</i>	Yes. All acts of veterinary science should be restricted with exemptions for low risk procedures specified in a regulation. There are more restricted procedures to describe than exemptions so it is more effective to detail specific exemptions rather than the reverse.
<i>Should non-veterinarians be allowed to practise some aspects of veterinary science under the direction or supervision of a veterinarian (e.g. administration of medical treatments)?</i>	Yes. Veterinary nurses and animal owners should be able to administer oral or low level parenteral administration of medicines that have been prescribed by a veterinarian who has assessed the patient and diagnosed the condition. The veterinarian must be confident that that the person in charge of the animal understands and is able to administer the medicine competently. Veterinary nurses may assist a veterinarian in performing a restricted act, but should not be able to perform a restricted act independent of a veterinarian.
<i>Is maintaining a restriction only on practice for fee or reward consistent with the implied animal welfare objective of the VS Act?</i>	No. Animal welfare is the object of the restriction on practice and as such restriction should not be based on fee or reward. In the case of animal husbandry procedures of low risk nature these should be listed in the regulations as exemptions. In the case of wildlife the restrictions should still apply to ensure animal welfare standards are maintained for an animal that has no advocating owner.
<i>Should the competence of non-veterinarian animal</i>	The AVA is assuming that this refers to animal health providers who are performing low risk

<p><i>health professionals be recognised? How should their competence be determined (e.g. by a veterinarian who will be responsible for their practice, by the Board or against criteria)? To what extent should they be allowed to practise (e.g. independently, under direction, with supervision or with personal supervision)? How should they be accountable for the standard of their practice (e.g. to a registration board or with negative licensing)?</i></p>	<p>procedures that are not restricted to registered veterinarians.</p> <p>At present these animal health providers are unregulated with no recognition of which courses are delivering the level of competency required to perform these procedures. Many are providing services with minimal or no training.</p> <p>The ideal would be to have the industry (including veterinary expertise) determine the competencies required to deliver these services, which would inform what courses are needed to develop these competencies. Once this is achieved the animal health providers should be licensed with their own regulatory boards.</p> <p>If this is impractical negative licensing may be appropriate. This would entail the ability for a member of the public to instigate a complaint against an unregistered animal health provider for incompetence or negligence, and if proven they would no longer be able to provide this service. There would need to be a separate Board to oversee this. This Board should include veterinary expertise and representatives of similar health service providers. Both these alternatives would be resource intensive.</p>
<p><i>Should research that has animal ethics approval and is being conducted in accordance with the scientific use code be subject to the practice restriction? Should there be an exception for researchers whose competence has recently been assessed by a veterinarian</i></p>	<p>Yes, it should be subject to practice restriction. The current ethics system only determines competency from what the researcher tells the committee. In some cases, it is a sign off by a supervisor who is not a veterinarian. An ethics committee is not trained in assessing competency. The research animal has no owner advocate and accountability under the ACP Act is not transparent. Any legal consequence for unconscious incompetence is unlikely to attract any penalty.</p>
<p><i>Who should be allowed to:</i></p> <ul style="list-style-type: none"> <i>manually (i.e. without power tools) rasp sharp enamel points from horse teeth?</i> <i>use power tools to rasp sharp enamel points from horse teeth?</i> <i>remove retained deciduous teeth?</i> <i>remove wolf teeth?</i> <i>remove other teeth and perform dental surgery?</i> 	<p>Only registered veterinary surgeons should be allowed to perform these acts with one exception. Manually rasping teeth could also be performed by equine dental providers with the recently Agrifood Skills approved Certificate IV qualification.</p> <p>It was identified in a recent QCAT case that power tools used incorrectly can cause irreversible damage and pain to horses (that has led to euthanasia) within a short period of time (less than 30 seconds) . Further, the damage done may not be obvious until weeks or months later.</p> <p>There is a general acceptance in the scientific</p>

	<p>community of whole-of-mouth dentistry under sedation. The AVA considers that the service provided by non-veterinarian dental providers does not meet basic standards of animal welfare or consumer protection. To adequately examine, diagnose and treat dental problems in horses, sedation is required and only veterinarians can legally administer these drugs in Queensland.</p> <p>The only procedure that should be performed by non-veterinarians with the appropriate Certificate IV qualification is manual rasping of teeth.</p>
<p><i>Should the practice restriction apply where there is an animal welfare standard adopted under the ACP Act that regulates a procedure?</i></p>	<p>Yes. There are very few instances where procedures are regulated in the ACP Act and this applies to pig husbandry mostly. A regulation is reviewed from time to time and procedures and competency requirements could be changed with no oversighting body to determine if that qualification is still appropriate. It would be easier to put future competencies in the VS Act where there is more consistent oversight.</p>
<p><i>Should competency standards for animal health services more generally under the ACP Act replace the practice restriction under the VS Act</i></p>	<p>No. Standards and guidelines are regulations attracting lesser penalties. Competency is not dealt with adequately in the ACP Act and enforcement even less so.</p>
<p><i>Do you think that a provider of grossly negligent animal health services (regardless of whether they are a veterinarian) should be criminally responsible for any consequential pain, injury, distress or death?</i></p>	<p>No. The definition of what constitutes grossly negligent animal health services would be difficult to distinguish from those acts that would be seen through a tribunal. It adds an unnecessary degree of complication. In addition, jail terms may be appropriate for serious cruelty, but it would be harder to justify a jail term for unconscious incompetence.</p>
<p><i>What should be the nature and scope of the Board's control over veterinary practices?</i></p>	<p>The ideal would be for veterinary premises to be regulated to ensure animals are not adversely impacted by the environment within which they are treated. The AVA does however understand that to support this adequately, practices would need to be audited and inspected which can be very labour intensive.</p>
<p><i>Should veterinarians display their name, category of registration and qualifications?</i></p>	<p>Yes, it gives consumers knowledge of who is the veterinarian and confidence that they are registered and have the appropriate qualifications.</p>
<p><i>What should guide the Board's decisions on whether an applicant is</i></p>	<p>The person must satisfy the Board that she or he has qualifications as approved by the AVBC.</p>

<p><i>suitable for registration (competency is assessed separately) and other approvals to practise?</i></p> <p><i>Should a person be able to seek early consideration of their suitability for registration (for a fee that reflects the cost of</i></p>	<p>That the person has no any physical or mental condition that may impair their ability to practice</p> <p>That the person is of good character</p> <p>No comment re early consideration</p>
<p><i>Should CPD, recency of practice and/or professional indemnity insurance be prerequisites for registration or obligations of registered veterinarians?</i></p>	<p>CPD should be mandated for all registered veterinarians. The minimum requirement should be 60 points over a consecutive three year period of which at least 15 points must be structured points. The remaining 45 points may be unstructured points or more structured points.</p> <p>The points system should be the same as the AVA's VetEd points table</p> <p>The AVA believes that all veterinarians should have appropriate professional indemnity cover base on their position and role but does neither support nor disagree with this being legislated.</p> <p>The AVA does not have an opinion on recency of practice as a registration requirement at present.</p>
<p><i>Should the VS Act adopt the AVBC's 'minimum standards' for recognition as a veterinary specialist?</i></p>	<p>Yes. All specialists should be assessed by the Advisory Committee on Registration of Veterinary Specialists (ACRVS), a committee of the AVBC. The ACVS should make a recommendation to the Board for their consideration as to whether registration should be approved.</p>
<p><i>Should the VS Act provide for limited registration and registration subject to conditions?</i></p>	<p>Yes. Limited registration for those without the required qualifications may be available to allow a person to undertake research or study. Limited registration may also be considered by the Board to allow a highly qualified specialist approved by the AVBC to teach at a university.</p> <p>The AVA opposes limited registration for veterinarians whose degree is not recognised to work in sectoral shortage areas as there is an avenue for those vets to become registered through the National Veterinary Examination.</p> <p>The Board should be able to impose one or more of the following conditions of registration of a person</p> <ul style="list-style-type: none"> • Restriction to the time and place at which the person can do acts of veterinary science • Limits to the kind of acts of veterinary science that may be provided

	<ul style="list-style-type: none"> • Conditions requiring supervision • Access to scheduled drugs
<i>Should there be a time limit for making a complaint against a veterinarian?</i>	Yes, a complaint should only be able to be made against a registered veterinarian if the grounds on which the complaint is made arose within the 2 years immediately before the making of the complaint.
<i>What powers should be available to support complaint investigation?</i>	<p>The Board should have the power to enter a premises (this includes a vehicle), but this power should only be available when there is reasonable cause to believe that a person is doing or has done an act where any provision of the Act or regulations has been contravened or the conduct of veterinarian constitutes unprofessional conduct.</p> <p>The inspection needs to be at a reasonable time. The inspector should not enter residential premises without permission of the occupier. The inspector must be clearly identifiable with a signed photograph identity card.</p> <p>Powers should include a requirement to produce records</p>
<i>Who should exercise investigatory powers relating to professional conduct?</i>	<p>Members of the Board, inspectors employed by the Board with the assistance of legal practitioners when necessary</p> <p>AVA opposes the use of inspectors appointed under the ACP Act.</p>
<i>What types of conduct should attract disciplinary sanction? Should disciplinary powers be available for use in cases of conduct less serious than professional misconduct? Should the standard of acceptable conduct by a veterinarian be measured by reference to the standard expected by members of the profession? Would a code of conduct for veterinarians clarify what is expected?</i>	<p>Negligence and incompetence. A Code of Professional Conduct would allow veterinarians guidance as to what would constitute unprofessional conduct.</p> <p>The Code should include as a minimum:</p> <ul style="list-style-type: none"> • Reference the standards that conform with current expectations of peer veterinarians • Primary concern for the welfare of animals • Not refusing to provide relief for an animal in pain or suffering • The requirement to refer where appropriate • Not misleading, deceiving or behaving in such a way as to have an adverse effect on the standing of any veterinary practitioner or the veterinary profession. • Obtaining the informed consent of the person responsible for the care of an animal before providing veterinary services to the animal. • Maintain the confidentiality of information obtained in the course of professional practice • The requirement to keep adequate clinical records • All certification by a veterinary practitioner must be accurate. • A veterinary practitioner must not perform a surgical operation for the correction of an inheritable defect

	<ul style="list-style-type: none"> • Rules for use of prescription and scheduled medication
<p><i>Should the Board/QCAT be empowered to impose conditions on a veterinarian's registration? What other lower end disciplinary powers should the Board have?</i></p>	<p>Yes, The Board should be able to impose one or more of the following conditions of registration of a person</p> <ul style="list-style-type: none"> • Restriction to the time and place at which the person can do acts of veterinary science • Limits to the kind of acts of veterinary science that may be provided • Conditions requiring supervision • Access to scheduled drugs <p>When unprofessional conduct is determined against a registered veterinary practitioner the penalties applied should be appropriate to the seriousness of the breach and include any or all of the following:</p> <ul style="list-style-type: none"> • That the veterinary practitioner undergo counselling • That the veterinary practitioner undergo further education • That the veterinary practitioner is cautioned • That the veterinary practitioner is reprimanded • Imposing a fine • Imposing conditions, limitations or restrictions on the registration • Suspend registration • Cancel registration
<p><i>Should the Board have powers to order a veterinarian to pay costs?</i></p>	<p>Yes. The Board should be able to order costs regarding investigations and legal process.</p> <p>They should not be able to instruct the veterinarian to pay costs to the complainant, as this should be disciplinary proceedings only and cost recovery by the complainant should be separated from these proceedings.</p>
<p><i>Should the Board hear all lower end disciplinary matters in the first instance? Should the Board have the power to suspend and cancel registration? Should registration be able to be suspended immediately pending a full hearing? When and by whom would immediate suspension be appropriate? Should all disciplinary decisions by the Board be reviewable by QCAT? Should veterinarians be allowed legal representation at Board hearings?</i></p>	<p>Yes</p> <p>The Board should only be able to suspend the registration of a veterinary practitioner until any investigation is completed if it is necessary because there is a serious risk that the health and safety of the public or the health and welfare of animals will be endangered</p> <p>This would need strict guidelines and approval by QCAT</p> <p>Yes, the Board's decisions should be reviewable, but QCAT should be able to award costs in the case that they uphold the Board's decision. Previously the Ombudsman has reviewed complaints</p> <p>From a natural justice perspective, a veterinarian should have the right to have legal representation if they so choose. While there is a monetary</p>

	<p>consequence for both the Board and the veterinarian that may not be desirable for lower level offences, legal representation should be possible.</p>
<p><i>Should the Board have the power to investigate and take disciplinary action against former veterinarians for conduct that occurred while they were registered? Should the Board have the power to notify registration boards in other jurisdictions of unresolved complaints, investigations or disciplinary proceedings against a former veterinarian?</i></p>	<p>Taking action against former veterinarians would have a difficulty in imposing penalties if the veterinarian were not currently registered. This would not be in the public interest in most cases.</p> <p>Notification of other boards is done informally and the AVA supports this.</p>
<p><i>What powers should be available if a veterinarian is medically unfit to practise?</i></p>	<p>A veterinarian should be considered to suffer from impairment if the person suffers from any physical or mental impairment, disability, condition or disorder which detrimentally affects or is likely to detrimentally affect the person's capacity to practise veterinary science. Habitual drunkenness or addictions to a deleterious drug are also considered to be a physical or mental disorder.</p> <p>The power to require medical examination when there is a complaint or evidence that a veterinarian may be impaired should be in place. The Board should be able to place conditions or suspend a veterinarian in the case where an animal's health, safety or welfare is endangered.</p> <p>The Board should only remove the right to practice where it is clearly evident that patient care or safety is endangered. Where the impairment is due to substance abuse, alongside or instead of any restrictions the Board should establish an impaired veterinarian program similar to that available to the medical profession. This impaired veterinarian program should be consistently applied by rule and include a program of care, counselling, or treatment for impaired registered veterinarians.</p> <p>The program of care, counselling, or treatment shall include a written schedule of organised treatment, care, counselling, activities, or education satisfactory to the Board, designed for the purposes of restoring an impaired person to a condition whereby the impaired person can practice with reasonable skill and safety of a sufficient degree to deliver competent patient care.</p> <p>The Act must include a Clause to ensure privacy of</p>

	medical reports relating to impaired veterinarians.
<i>Should the Board be required to publish details of disciplinary action?</i>	Publication should be optional but details should be available to the public if requested.
<i>Should a person who is not registered as a veterinary specialist be able to indicate they are in general practice in a particular area of veterinary science</i>	Yes, but terminology needs to be very clear that they are not a specialist e.g. Joe Blogg, general veterinary practitioner (birds)
<i>Should fees increase to cover the full cost of the Board's activities?</i>	No. The VS Act has a strong public good component and prosecution costs can be expensive. The Board should generally be supporting its own activities but should not be judging which cases to follow up based on its ability to pay.
<i>Should there be any fee exemptions (e.g. veterinarians employed in the public service) or discounts (e.g. non-practising registrants)?</i>	No
<i>Should there be a special fee for registration as a specialist?</i>	No comment
<i>What functions should the Board have?</i>	<p>The Board's functions should be to:</p> <ul style="list-style-type: none"> • register veterinary practitioners and veterinary specialists • recognise qualifications and accredit courses of training which provide qualifications for registration as veterinary practitioners and specialists • investigate the professional conduct or fitness to practise of registered veterinary practitioners and impose sanctions where necessary • investigate allegations of professional misconduct by registered veterinarians • investigate suspected offences against Veterinary Practice Acts and to prosecute such offences, including persons not registered with the Board who engage in acts of veterinary science • facilitate mediation if considered beneficial to resolving dispute • investigate and regulate the performance of 'acts of veterinary science' (or surgery or medicine) • issue guidelines about appropriate standards

	<ul style="list-style-type: none"> • of veterinary practice and veterinary facilities • licence veterinary facilities and arrange, where necessary, for the inspection of veterinary facilities • promote high standards of professional conduct in the provision of veterinary services • prepare or endorse guidelines on continuing professional development for veterinary surgeons • prepare or endorse codes of conduct and professional standards for veterinary surgeons • provide advice to the Minister with respect to any matters in connection with the administration of the Act and in relation to veterinary services and any other information reasonably required by the Minister.
<i>Should the Board's functions expressly provide for participation in a body such as AVBC?</i>	Yes, this is especially important with the move to national recognition of veterinary registration.
<i>How and when should the minister or department be able to direct the Board?</i>	The Board should act as a statutory body and be an instrument of the Act. Direction should only occur if there is concern that this is not happening according to the law.
<i>How and when should the Board report to the minister or department?</i>	The Board should report annually.
<i>Should there be both a government member and an academic member on the Board?</i>	Yes, but only to represent a perspective and not to be influenced by the policies of their respective employer.
<i>Should some veterinarian members of the Board be elected? What role should be played by the AVA in the nomination and/or election of Board members?</i>	The AVA supports the Minister to appoint an advisory selection committee consisting of representatives of the AVA, universities, Government, Board and consumers and for this committee to make a recommendation to the Minister as the Board composition, to allow the right skill set and mix.
<i>What proportion of members of the Board should be non-veterinarians? Should there be express expertise requirements for some non-veterinarians? Should a member of the Board be a legal</i>	<p>The Board should include:</p> <ul style="list-style-type: none"> • 1-2 non-veterinary consumer members • a majority of veterinarians • the right skill set and mix - one way to do this would be for the Minister to appoint an advisory selection committee consisting of representatives of the AVA, universities, Government, Board and consumers and for this

<p><i>practitioner?</i></p>	<p>committee to make a recommendation to the Minister</p> <ul style="list-style-type: none"> • The Board should have the power to form investigative sub committees if deemed necessary (as in the NSW system) but decision making should remain with the Board. <p>The AVA does not support the need for a legal practitioner on the Board. Legal expertise can be sought as needed. All Board members should be given some basic training in fulfilling their role on the Board.</p>
<p><i>Does the VS Act adequately provide for investigation of offences and enforcement? Are there appropriate safeguards for the powers provided?</i></p>	<p>The current situation could be improved by:</p> <ul style="list-style-type: none"> • expanding the level of offences to distinguish lesser offences from more serious ones • basic legal training for Board members • more resources for the investigation of offences by non-veterinarians who perform restricted acts.
<p><i>Should the VS Act be renamed?</i></p>	<p>The AVA does not have a strong opinion on this.</p>

Appendix 1 – Restricted acts of veterinary science

An 'act of veterinary science' means services which form part of the practice of veterinary surgery, and includes attendance, examination, the diagnosis of the physiological status of an animal, the diagnosis of disease or injury, the treatment of disease or injury, giving advice on the diagnosis or treatment of disease or injury, performing surgical operations on animals, administering anaesthetics to animals; the prescribing of scheduled poisons for use in animals, administering vaccines, and the provision of veterinary certificates.

No person other than a person who is a registered veterinary surgeon should sign any certificate or other document prescribed by or under any Act which requires the signature of a veterinary surgeon or veterinary officer in respect of the freedom from disease of any animal or animal product.

Certain low-risk husbandry procedures can be exempted by regulation, providing they are performed by people accredited as competent through the relevant industry accreditation program.

Examples of appropriate exemptions include:

- farriery
- branding
- ear tagging
- deworming (except by oesophageal intubation)
- tail docking of lambs less than 3 months old
- mulesing of lambs less than 6 months old
- castration of cattle, goats and pigs less than 3 months old
- manual rasping of horses' teeth
- external ultrasound pregnancy testing
- sexing and debeaking of chickens
- collection of foetal, milk and blood samples
- administration of veterinary medicines
- livestock nutrition and management advice
- foot trimming
- artificial insemination (except by laparoscopy).

Microchipping, acupuncture and chiropractic should be restricted acts. The AVA strongly believes that equine dentistry and internal ultrasound scanning for pregnancy diagnosis can only be adequately performed by a veterinarian and should not be on the exemptions list under any circumstances.