

Summary overview for WA Veterinary Practice Amendment Regs

This document contains a high-level summary of items that are included in the consultation for the development of the AVA's submission to the DPIRD consultation.

These are not exhaustive and should be read in conjunction with the information provided by [DPIRD](#).

1. Class of People and Authorised Persons

- Authorised individuals require Board approval based on skills and experience.
- Clarification is needed about the division of liability between the supervising veterinarian and the authorised person or class.

2. Advanced Veterinary Nurse (VN)

- Advanced VN can perform acts such as cat castration, administering anaesthetics, euthanasia of wildlife, and ultrasound-guided cystocentesis.
- The scope of acts and supervision requirements for certain acts, including those not explicitly specified in the draft regulations, need clarification.

3. Veterinary Nurse

- Scope of acts and supervision requirements need further clarification.
- Concerns over potential removal of certain abilities like taking pathology samples or placing IV catheters without explicit reference.

4. Veterinary Students

- Students are authorised to carry out acts required by their course under personal supervision.
- Follow up regarding AVA recommendation to enable students to undertake paid work under supervision outside of their prac placements.

5. Supervision

- Clarification required around definitions provided for personal, direct, and general supervision.
- Clarification is needed on liabilities tied to supervision.
- Review and alignment with VPB guidelines is recommended.

6. Veterinary Premises

- Individual veterinarians treating their own animals at home do not need to register as a veterinary premises.
- Clarification sought on the requirement of a Poison's Permit for such cases.

7. Telemedicine

- Mobile and telemedicine services require veterinary premises registration unless exempted.
- Questions around management of remote "triage" services by non-WA registered veterinary practices.

8. Supply of Medication

- Further discussion around allowing non-authorized persons (e.g., receptionists) to hand over prescribed medications.
- Continued advocacy needed for legislative reform around the Medicines and Poisons Act.

9. Acts of Veterinary Medicine – Authorisation

- Listed acts include disease diagnosis, advice on treatments, equine dentistry, and administering certain injections.
- Concerns persist about "deregulation" risks, robust assessment processes for authorisation and inequity of regulation of veterinarian and other classes of approved persons eg VNs

10. Acts of Veterinary Medicine – Equine Dentistry

- Authorisation requires assessed skills, training, and competence through recognised courses.
- Questions raised on the oversight of approved training courses and the supervision requirements for authorised persons.

11. Acts of Veterinary Medicine – Administer by Injection

- Authorised persons may administer specified injectable drugs to ensure animal welfare – expanded to NSAIDs and Local Anaesthesia.
- Advocacy concerns over expanding regulated medications for non-veterinarians.

12. Acts of Veterinary Medicine – Stomach Tubing or Naso-Oesophageal Intubation

- The act is implicitly covered in the listed acts, allowing VN and student VNs to perform it.
- Clarification requested on its interpretation across contexts.

13. Acts of Veterinary Medicine – Cattle Spaying

- Non-veterinarians may perform spaying under supervision and training approved by the Board.
- Input sought from specific veterinary groups on preferred implementation options.

14. Acts of Veterinary Medicine – Cattle Pregnancy Testing

- Rectal examinations for pregnancy are divided into regulated acts and exemptions, depending on payment or training.
- Inclusion of "performed for payment"

15. Livestock Husbandry Procedures

- Species-specific and age amendments align practices with welfare standards and jurisdictional norms.
- Input required on these changes by relevant veterinary groups.

16. Record keeping

- Concerns have been raised regarding the excessive detail required in clinical records, the practical feasibility of these requirements, and misalignment with standards in other Australian jurisdictions and medical health professions.
- It is suggested that record-keeping requirements be outlined in guidelines rather than binding regulations to ensure consistency and practicality.