



WA Veterinary Practice Amendment Regulations draft

Submission of the
Australian Veterinary Association Ltd

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Introduction

All animal health service providers, including veterinarians, paraprofessionals and non-veterinary animal health providers should be appropriately regulated to ensure adequate animal welfare and consumer protection.

-AVA Policy: Regulation of animal health service providers

The Australian Veterinary Association (AVA) welcomes the opportunity to provide feedback on the Western Australian Department of Primary Industries and Regional Development (DPIRD) draft Veterinary Practice Amendment Regulations (VPAR). As the peak professional body representing veterinarians across Australia, the AVA is committed to ensuring that veterinary practice regulation supports high standards of animal welfare, professional accountability, and public confidence in veterinary services.

The AVA acknowledges the intent of the proposed VPAR to provide appropriate oversight of veterinary practice in Western Australia. However, the AVA has significant concerns regarding the regulatory approach taken in the draft regulations. In particular, there appears to be a disproportionate increase in regulatory oversight for registered veterinarians, while non-veterinarians authorised to perform acts of veterinary medicine are not subject to equivalent regulation. This inconsistency raises serious questions about risk management, animal welfare, and the equitable application of professional responsibilities across all individuals performing veterinary procedures.

The AVA's position, as outlined in its policy statements, maintains that acts of veterinary medicine should be performed by registered veterinarians to ensure animal welfare and consumer protection. **Where non-veterinarians are permitted to undertake certain veterinary procedures, they must be appropriately trained, licensed, and subject to strong regulatory oversight, with veterinarians retaining ultimate responsibility for supervision and intervention where required.** The proposed VPAR, however, appear to erode these principles by allowing non-veterinarians to conduct acts of veterinary medicine without adequate regulatory safeguards, particularly in relation to large animal practice. This discrepancy is of concern, as it suggests a lower standard of animal welfare considerations for livestock and production animals compared to companion animals.

Further, the draft regulations represent a shift, in relation to veterinarians, from a professional discretion-based model to a compliance-heavy framework. Veterinary professionals have historically managed risks in their practice through their training, education, and professional judgement. The proposed shift towards a prescriptive regulatory model risks undermining this approach, increasing administrative burdens without demonstrable improvements in animal welfare outcomes. This regulatory trend is at odds with best-practice models in other health professions, such as human medicine, where professional discretion remains a cornerstone of effective service delivery.

In addition to concerns about regulatory inconsistency, the AVA highlights several key issues that require further consideration, including:

- The lack of clarity around the legal and professional liabilities of veterinarians supervising authorised non-veterinarians;
- The potential economic impact of increased regulatory requirements on veterinary service accessibility, particularly in rural and remote areas;
- The need for a regulatory model that facilitates service provision and workforce sustainability rather than imposing unnecessarily restrictive oversight.

The AVA strongly urges DPIRD to reconsider aspects of the VPAR that impose disproportionate regulatory burdens on veterinarians while failing to apply equivalent oversight to non-veterinarians performing acts of veterinary medicine. A balanced approach incorporating professional accountability, co-regulation, and a focus on enabling service provision rather than restricting it, would better serve the interests of animal welfare, veterinary professionals, and the broader community.

The AVA's detailed submission provides further analysis and recommendations to ensure that the VPAR appropriately support the veterinary profession and animal welfare outcomes in Western Australia.

AVA Policies

- [Licensing of veterinarians \(2023\)](#)
- [Regulation of animal health service providers \(2018\)](#)
- [Restricted acts of veterinary science \(2017\)](#)
- [The diagnosis and treatment of animals by non-veterinarians \(2008\)](#)
- [Veterinary nursing \(2020\)](#)
- [Telemedicine practice \(2020\)](#)
- [Cattle spaying \(2022\)](#)
- [Equine dentistry \(2008\)](#)
- [Recommended key principles for veterinary practice acts in Australia](#)

Regulation and deregulation

The AVA acknowledges the intent of the DPIRD Veterinary Practice Act draft Regulations (VPAR) to ensure appropriate oversight of veterinary practice. However, significant concerns have been raised regarding the apparent increase in the regulatory burden on registered veterinarians while non-veterinarians, who are authorised to perform acts of veterinary medicine, do not appear to be subject to the same regulatory requirements, rather they are managed at the discretion of the VPB.

Shift from professional discretion to compliance-based regulation

The proposed regulations appear to mark a departure from a long-standing system that has relied on the professional discretion and judgment of veterinarians to manage risk across various domains, including animal health, welfare, OH&S, public health, and biosecurity. The historical approach has largely been successful, with few major failures, indicating that the existing framework has been effective.

Traditionally, veterinary professionals have exercised their judgment in managing diverse situations, a system that has been supported by veterinary education and recognised technician qualifications (e.g., veterinary nurses, veterinary technologists).

The draft regulations appear to prioritise regulatory compliance over outcome-based risk management, which is contrary to the approach seen in other health professions such as human medicine.

Co-regulation and self-regulation as alternatives to over-regulation of veterinary professionals.

There is concern that the VPAR moves away from principles of co-regulation and self-regulation, which have been demonstrated as effective regulatory models in other industries.

Over-reliance on government-imposed regulation increases costs for government, regulated professionals, and the broader community.

A balanced approach would incorporate self-regulation and co-regulation, ensuring professional accountability while reducing unnecessary administrative burden.

Inconsistent regulatory oversight between veterinarians and non-veterinarians

The VPAR authorises non-veterinarians to undertake acts of veterinary medicine but does not appear to regulate them to the same level as veterinarians. This discrepancy raises concerns about animal welfare, risk management, competence, accountability and public trust.

In human healthcare, the delegation of tasks to paraprofessionals is based on clear frameworks for competency assessment, supervision, accreditation and accountability.

A regulatory system should ensure that any individual performing acts of veterinary medicine—whether a registered veterinarian or an authorised non-veterinarian—is subject to appropriate oversight that is equitable to that of a veterinarian, rather than having an uneven regulatory burden placed primarily on veterinarians.

Unclear risk and liability for supervising veterinarians

The legislation does not adequately address the legal and professional risks for veterinarians required to supervise authorised persons. It remains unclear whether veterinarians would be held liable for the actions of an authorised person under their supervision, particularly in cases of adverse outcomes. In human healthcare, delegation frameworks typically specify the extent of liability and responsibility for supervisors, ensuring that accountability is appropriately assigned. The absence of such clarity in the VPAR creates uncertainty around insurance coverage, professional indemnity, and potential disciplinary action for veterinarians.

Without clear definitions of supervisory obligations and liabilities, veterinarians may be placed at an unfair legal and professional risk, which could discourage participation in the system and limit workforce efficiency.

Who bears the cost of increased regulation?

Veterinary registration fees currently support the regulation of veterinarians. It is unclear whether the increased regulatory burden imposed on veterinarians under the VPAR would be funded through further increases to these fees? Nor is it clear how the regulation of non-veterinarians will be resourced.

Lack of evidence supporting the proposed changes

The submission highlights that there appears to be no substantial evidence to justify the shift in regulatory approach. The proposed increased regulatory oversight of veterinarians should be informed by data demonstrating a need for this, and should align with best-practice regulatory models. Similarly, the move to reduce regulatory oversight of lay providers needs to be justified and evidence-based, especially given the inherent risks to animal welfare and the community this poses.

Recommendations

- The AVA strongly urges DPIRD to reconsider aspects of the VPAR that impose disproportionate regulatory oversight on veterinarians without equivalent scrutiny of non-veterinarians performing veterinary acts.
- A model based on professional trust, competency assessment, and co-regulation would be more appropriate to maintain high standards of veterinary care while ensuring efficiency and fairness within the profession.
- A more detailed cost-benefit analysis is conducted to justify the proposed regulatory changes.

Access to a professional service

Access to professional veterinary services is a critical issue in ensuring animal health and welfare, biosecurity, and public safety. Over the past two decades, research across multiple professions has identified equity of access as the most pressing challenge, surpassing concerns of professional misconduct, malpractice, or lack of competence. Despite this, the DPIRD Veterinary Practice Act Draft Regulations (VPAR) do not appear to adequately consider or address the factors that impact access to veterinary services in the Australian context.

Instead, the regulatory approach seems to prioritise a framework of permission-based oversight by the Veterinary Practice Board (VPB) above facilitating the profession's ability to develop and implement innovative, market-driven solutions to enhance service accessibility.

Economic barriers to veterinary care

The financial constraints faced by animal owners play a significant role in determining whether veterinary care is sought and what level of care an animal receives. In some cases, cost considerations lead to the decision to forego treatment entirely or opt for euthanasia. In the livestock sector, financial limitations are compounded by concerns over productivity losses.

The introduction of additional regulatory compliance requirements for veterinary practice may further elevate costs associated with service delivery, exacerbating existing financial barriers and leading to suboptimal or inaccessible veterinary care.

The VPAR must be assessed in terms of its potential economic impact on veterinary service accessibility and whether it inadvertently creates additional barriers to care and the subsequent negative impact on animal welfare.

Increased specialisation and scope of veterinary practice challenges

Advancements in veterinary science and increased consumer awareness have driven demand for a broader range of services. However, the regulations do not seem to consider the practical implications of this trend. Unlike in the past, where general practice veterinarians were expected to treat all species and conditions, modern veterinary practice increasingly requires specialised knowledge and expertise across diverse sectors, including companion animals, performance animals, production animals, and wildlife.

While regulatory frameworks should support the profession's evolution, inflexible rule-based oversight could limit the ability of veterinarians to develop new models of care that address these changing demands.

A regulatory approach that facilitates rather than restricts the development of appropriate service models is essential to maintaining accessibility.

Geographic limitations and rural veterinary access

Geographic barriers remain a significant challenge in veterinary service delivery in WA, particularly in rural and remote areas. Distance is not just a financial burden on livestock owners but also affects the availability of veterinarians with the necessary expertise and capacity.

Regulatory frameworks should acknowledge that access to veterinary services depends on multiple location-based factors, including:

- The physical location of a veterinary practitioner with relevant expertise.
- The location where the service is required, which may be dictated by animal health needs, owner convenience, or regulatory mandates.
- The feasibility of physical examination requirements, which may be challenging due to logistical constraints.
- The draft regulations must consider how to facilitate, rather than restrict, service delivery in geographically challenging areas, potentially through telemedicine or alternative service models that leverage technology.

The need for a facilitatory, not restrictive, regulatory framework for veterinary practice.

Ensuring equitable access to veterinary services requires a regulatory framework that enables market-driven solutions rather than one that imposes rigid, centralised control. Lessons from other professions suggest that an over-reliance on strict rule-based regulation fails to address service access gaps. Instead, flexible regulatory models that enable veterinarians to develop service delivery innovations—while maintaining appropriate regulatory oversight—are likely to be more effective.

Recommendations

- The AVA recommends that DPIRD reconsider aspects of the VPAR that may inadvertently hinder access to veterinary services by imposing unnecessary regulatory burdens. A regulatory framework that focuses on enabling service provision, rather than restricting it, will better serve animal welfare, the public interest and support the sustainability of the veterinary profession.

Class of People and Authorised Persons

The expansion of authorised persons to perform acts of veterinary medicine raises serious concerns regarding the assessment process, supervision requirements, and liability considerations.

There is no legislative requirement for supervision, which could result in acts being performed without veterinary oversight, with significant risk to animal welfare.

DPIRD/VPB indicates that authorisations are granted based on assessed competency and that supervision conditions can be applied. However, it does not mandate universal supervision, nor does it address the inequity in accountability.

Impact:

This could undermine animal welfare standards and public trust in veterinary services. Inconsistent regulatory requirements create inequities in professional accountability, potentially exposing veterinarians to undue liability.

Further clarifications needed:

- Definition of risk and liability for supervising veterinarians.
- Alignment of accountability standards between veterinarians and authorised persons.
- Explanation of how non-enforceable guidelines ensure compliance and quality control.

Recommendations:

- Mandate veterinary supervision for all authorised persons performing veterinary acts.
- Implement enforceable professional conduct standards for authorised persons to the same requirements as required by veterinary practitioners. There needs to be accountability mechanisms in place for authorised persons equivalent to unprofessional conduct/misconduct, and disciplinary mechanisms available including loss of authorisation/licence.
- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer-provided cover).

Supervision

The levels of supervision are defined; however, they do not provide for future virtual supervision modalities, liability allocation and are not comprehensive enough for all procedures able to be performed by Advanced Veterinary Nurses.

Impact:

Ambiguities in supervision could lead to inconsistent enforcement and create legal uncertainties for veterinarians supervising non-veterinarians.

Further clarifications needed:

- Is each individual veterinarian employed in a veterinary practice required to provide written consent to be a supervisor for Veterinary Nurses, VN students and Veterinary students who are performing acts of veterinary medicine whilst the veterinarian is working with them?
- Liability allocation in cases of adverse outcomes.

Recommendations:

- The definition of “Personal supervision” to accommodate future remote supervision modalities.
- Guidance is provided around consent required by veterinarians for supervision of approved classes of persons.
- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer provided cover).

Acts of Veterinary Medicine – Authorisation

The inclusion of non-veterinarians in performing veterinary acts raises concerns about animal welfare, competency assessment, oversight, and accountability.

VPB authorisation is granted on a case-by-case basis, with assurances of rigorous assessment; however, enforceability and compliance remain unclear.

Guidelines are yet to be updated or drafted for use with all acts of veterinary medicine able to be performed by an authorised person. It is difficult to provide an informed comment on this without having the Guidelines available to review.

Furthermore, if Guidelines (and potentially also Codes of Practice) are not enforceable (as stated by DPIRD/VPB), how can their creation and implementation be used as the rationale and support for a robust system to monitor and manage authorised persons?

An added concern is around the fact that the *Veterinary Practice Act 2021* does not allow for authorised persons to be found guilty of unprofessional conduct or professional misconduct. This is an unacceptable situation, whereby an act of veterinary medicine can be performed by an authorised person, and they are not able to be held accountable and suffer the same consequences as a registered veterinary practitioner performing the same act.

Impact:

Without stringent oversight, there is potential for substandard care, risking animal welfare and public trust in veterinary services and increasing pressure on an already failing veterinary business model.

Further clarifications needed:

- Details to be provided on competency assessment criteria and process, the mechanisms for monitoring ongoing compliance and the Guidelines that will be applied for authorised persons
- Explanation of how non-enforceable guidelines ensure compliance and quality control.

Recommendations:

- Requirements and consequences for authorised persons must be aligned with those of registered veterinarians where they carry out equivalent acts of veterinary medicine.
- Professional indemnity insurance must be required for all persons performing acts of veterinary medicine (either through personal or employer provided cover).
- There must be transparent communication to the veterinary profession around the process for approval and monitoring of authorised persons.
- The VPB should provide access to the details of authorised persons and the conditions under which they can practice acts of veterinary medicine, as this would provide assurances to the veterinary profession and the public. (Noting that all registered veterinarians are required to have their details made available to the public)

Acts of veterinary medicine – authorisation Diagnosing disease and providing advice

Diagnosing disease and providing advice must be strictly limited to qualified registered veterinary professionals and retained as restricted acts of veterinary medicine, in line with other Australian jurisdictions. Veterinarians undergo years of intensive training in order to have the necessary competencies to accurately diagnose diseases and conditions of animals. There is significant risk in permitting lay persons to diagnose, not only risks of incorrect diagnoses, but failure to detect serious exotic or zoonotic animal diseases, placing not only animal health and welfare but also public health at risk.

Impact:

Allowing non-veterinarians to diagnose diseases and provide medical or surgical advice will lead to increased risks of misdiagnosis and improper treatment, with potential harm to animal welfare, animal health, public health and biosecurity, as well as public trust in veterinary services.

Further clarifications needed:

- Justification for including these acts when past authorisation for this act of veterinary medicine has been extremely rare.
- Details to be provided on competency assessment criteria and process, the mechanisms for monitoring ongoing compliance and the Guidelines that will be applied for authorised persons
- Explanation of how non-enforceable guidelines ensure compliance and quality control.

Recommendations:

Remove 'diagnosing disease and providing medical or surgical advice' from the list of acts permitted under authorisation.

Acts of veterinary medicine – authorisation: Administer by injection: NSAIDS, Local anesthesia

The expansion of medication administration rights to non-veterinarians without strong oversight may present both human and animal safety and welfare risks.

VPB authorisations are provided selectively, with the intention of ensuring appropriate use. Applicants must satisfy the VPB that they have the appropriate skills, qualifications, experience or training, and competence to carry out an act prescribed in Schedule 6.

The VPB has indicated that the veterinarian-client-patient (VCP) relationship is not required to exist where the supplying veterinarian is providing scheduled drugs to an authorised person. Current WA Medicines and Poisons legislation will need to be changed to enable this to become lawful. (Noting that this has been in effect for some time and is currently conducted in breach of existing legislation).

Accountability and enforcement mechanisms are not sufficiently outlined.

Impact:

Potential misuse or misadministration of medications could cause significant harm to animals and humans handling these substances.

Further clarifications needed:

- The criteria used by the VPB on conditions under which non-veterinarians may administer medications ie what level of expertise is engaged by the VPB to determine the appropriateness of training and qualifications that an applicant may have?
- The mechanism for VPB's monitoring of the acquisition of scheduled drugs by authorised persons ie is the source of drugs by an authorised person subject to oversight and auditing by the VPB to ensure compliance with Medicines and Poisons legislation (once the changes to Medicines and Poisons legislation have been made to accommodate this)?
- Accountability: is the veterinarian supplying the drugs liable for any adverse outcomes that occur during use by the authorised person?
- Explanation of how non-enforceable guidelines ensure compliance and quality control.

Recommendations:

- Communicate to the veterinary profession around the expectations of a VCP relationship for veterinarians providing drugs to authorised persons.
- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer provided cover).

Equine Dentistry

The allowance of non-veterinarians to perform equine dentistry procedures that are acts of veterinary medicine raises serious concerns regarding animal welfare, training quality and regulatory enforcement.

The VPB asserts that only trained individuals will receive authorisation, but the details on evaluation and continued oversight remain vague.

Impact:

Poorly trained individuals can cause harm to animals, impacting on animal welfare, undermining professional standards and public confidence.

Lay dental providers are not medically trained and as such, complex diseases and oral pathology (such as periodontal disease, fractures, and pulpal infections) can go undiagnosed and untreated.

There is a risk of inappropriate procedures such as excessive tooth reductions, extractions without analgesia, or improper occlusal adjustments. These can lead to severe discomfort, infection, fractures, or even irreversible damage, with euthanasia being required.

The AVA does not support non-veterinary dental providers being permitted to carry and administer injectable sedatives and tranquilizers. This practice represents a significant risk to both animal welfare and public safety. Other jurisdictions require a veterinarian to be physically present and administer these drugs.

The advantage of having a veterinarian present to administer and supervise the sedation is that they can directly supervise the oral examination and detect pathology that may be otherwise missed, and can diagnose and treat the disease as required. The veterinarian can also manage any complications that may arise from the medications being used or procedure being performed by the lay person. If a painful treatment is needed, a veterinarian can administer nerve blocks and other appropriate analgesia, to ensure best animal welfare outcomes.

Further clarifications needed:

- On qualification and competency requirements for authorised persons, standards for ongoing assessment and compliance monitoring.

Recommendations:

- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer provided cover).
- Align with other Australian jurisdictions requiring direct veterinary supervision and sedation by veterinarian, and restricting procedures that can be performed by lay equine dental providers to manual float only.

Cattle Spaying

The allowance of Cattle Spay Technicians (CST) to perform surgical procedures raises serious concerns about surgical standards, oversight and animal welfare.

The VPB has indicated that authorisations will be conditional, yet enforcement and quality assurance mechanisms including responsibilities and accountabilities, remain ambiguous. Notably CSTs cannot be found guilty of unprofessional conduct or professional misconduct.

Impact:

There are serious risks to animal welfare in allowing lay providers to perform cattle spaying.

Recommendations:

- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer provided cover).
- AVA policy is that Spaying of cattle should be a restricted act of veterinary science.
- **Where jurisdictions permit spaying of cattle by lay operators, they must be trained and competent, use only the Willis Dropped Ovary Technique, and MUST provide appropriate analgesia.**
- Lay operators **must not perform flank spaying or webbing of cattle under any circumstances.**
- Lay operators should work with a supervising veterinarian so that any complications can be appropriately managed. Before spaying, animals must be assessed by the veterinarian to be sufficiently healthy to undergo a procedure. Animals showing signs of disease, weakness or emaciation must not be spayed by any technique.
- Appropriate analgesia must be used including COX-2 specific inhibitory nonsteroidal anti-inflammatory drugs.

Cattle Pregnancy Testing

The disparity in regulatory oversight between veterinarians and non-veterinarians may create risks for animal welfare and professional accountability.

There are mechanisms to revoke authorisation, but enforcement mechanisms remain unclear.

Impact:

Without equivalent regulation, there is a risk of non-veterinarians providing substandard care with limited repercussions.

Recommendations:

- Require professional indemnity insurance for all persons performing acts of veterinary medicine (either through personal or employer provided cover).
- Only trained and competency-assessed providers should be permitted to undertake pregnancy testing, preferably under veterinary supervision.

Other restricted acts:

Schedule 2 items 2a, 10 and 17- nose ringing of pigs, camels and cattle.

These are surgical procedures that are very painful and require sedation and analgesia. There are risks of complications and infection, and these should be performed by veterinarians.

Advanced Veterinary Nurse (VN)

The criteria for recognising an Advanced VN are unclear, and supervision levels for their expanded scope of practice are not explicitly defined.

It is difficult to provide an informed response around the scope of an Advanced VN role when the protocol for recognising Advanced VNs is under development and has not been made available to review.

Changes in allow practices between veterinary nurses and advanced veterinary nurses need to be implemented in a timeframe that allows existing general veterinary nurses (where sufficiently qualified and experienced) to be approved as advanced veterinary nurses. This is to avoid any significant disruption to overall veterinary services capacities in the transition.

The AVA is also broadly supportive of the issue raised by the submission from the AVBC and VNCA Working Party for the Statutory Regulation of Veterinary Nurses and Technologists.

Impact:

Without clear and explicit supervision guidelines, there is a risk of inconsistent practice standards and inadequate oversight.

Recommendations:

- Specific criteria for Advanced VN recognition to be made available and further consultation conducted around the criteria if required.
- Supervision requirements to be stated in the Regulations for all permitted acts of an Advanced VN.
- Transition arrangements and timeframes need to be developed mindful of current practices and capacities of general veterinary nurses to ensure sufficient time is allowed for appropriately qualified and experienced general veterinary nurses to be approved as advanced veterinary nurses.

Veterinary Nurse (VN)

The scope of practice for veterinary nurses remains unclear in these specific areas

- Assisting a veterinarian to perform surgical procedures
- Taking images using x-rays, ultrasound, ECG or similar imaging techniques, in accordance with the Radiation Safety Act 1975 and any other relevant written law
- Taking samples for the purposes of pathology tests NB Draft Schedule 4 Item 13 allows a VN or student VN to: *“Collecting from, or administering to, an animal of blood or a blood component for the purpose of a transfusion”*.
- Setting up and supervising intravenous drips and transfusions
- Inserting and removing indwelling catheters for the administration of intravenous fluids NB Draft Schedule 4 Item 19 allows an Adv VN to: *“Inserting an intra-arterial or intravenous catheter in an animal using the cut-down method.”* No reference is made to a VN or student VN ability to place an IV catheter (using any method).
- Supplying to customers medication specified by a veterinarian

Impact:

Ambiguous regulations could limit the effectiveness of veterinary nurses, create inconsistencies in practice, and lead to legal uncertainties.

Further clarifications needed:

- Clarification on VN scope regarding the above listed procedures.

Recommendations:

- Explicitly define VN capabilities within the regulations.

Veterinary Students

Veterinary students are not permitted to perform paid work involving acts of veterinary medicine outside their formal practical placements.

DPIRD/VPB have advised that they do not support allowing veterinary students to undertake paid work involving acts of veterinary medicine outside their unpaid placements due to supervision, insurance, and regulatory concerns.

Contemporary veterinary education requires that knowledge and skills that contribute to increasing levels of competency are continually built on during the course, with the ultimate aim of achieving day once competencies at the time of graduation. There are numerous barrier assessments in place to ensure that key knowledge and skills are in place before the student progresses to the next stage of the course. Veterinary students can demonstrate many of the competencies related to acts of veterinary medicine that registered veterinary nurses are able to undertake well before final year.

It is a source of frustration both to veterinary students and the profession that they are unable to utilise these skills in some capacity as employees within veterinary practices, as the financial stress of students is high and many wish to work in the profession they are training within.

We believe there is scope within the way that Veterinary Nurse students are managed that could make this workable for veterinary students.

Impact:

This restriction limits students' ability to minimise financial stress through employment in the veterinary profession and reduces workforce support for veterinary practices.

Recommendations:

- The VPB explores workable options to permit final-year veterinary students to perform directly-supervised paid work, limited to the level of the activities that would be permitted by registered veterinary nurse students.

Supply of Medication

Non-authorised persons, such as receptionists, are unable to hand over medications to clients that have been provided on veterinary direction.

As the regulation of medication supply falls under the Medicines and Poisons Act, legislative changes would need to be pursued through the Department of Health. The AVA has been in discussions with the VPB regarding this, and related Medicines and Poisons matters. An AVA discussion paper has been shared to the VPB.

Impact:

This restriction increases administrative burdens on veterinarians and veterinary nurses, causing practice inefficiencies.

Recommendations:

- The VPB facilitates the AVA's advocacy for amendments to the Medicines and Poisons Act to allow non-registered staff to hand over medications that have been provided under veterinary direction.

Record keeping

Record-keeping is essential for accountability and good animal welfare, but concerns about its enforceability and necessity for some details remain.

The AVA refutes the VPB assertion that the proposed requirements “*align with national standards*”

- In Victoria, the ACT, the NT, NSW and South Australia there is no reference in the vet Act or regs to the requirement of making clinical records.
- In Qld reg 24 of the VS Regulations 2016 sets out detailed required for records of each animal treated by the veterinarian. These details are similar to those in the draft WA reg. The records must be kept for 3 years (r 24(2)). It is an offence to fail to keep the records with a max penalty of 10 penalty units.
- In Tasmania s 34(1) of the Veterinary Surgeons Act 1987 requires a veterinarian to keep a record of each veterinary service provided. The required detailed are very minimal and the record must be kept for 5 years.

Stricter record-keeping regulations may impose undue administrative burdens on veterinarians without clear benefits.

Impact:

Excessive regulatory demands may detract from clinical work, impacting efficiency and service delivery.

Further clarifications needed:

- What is the justification for increased record-keeping demands, specifically as the draft Regulation requirements do not align with other Australian jurisdictions?
- What is the justification for the need to exceed human medicos requirements for record keeping?
 - Under the National Law there is no statutory requirement for a medical practitioner to make a clinical record.
 - However under 10.5 of the Medical Board of Australia, Good Medical Practice: a code of conduct for doctors in Australia a doctor must maintain clinical records although the content could not be described as onerous.
 - A breach of the code could be considered unprofessional conduct

Recommendations:

- Request that alignment is made to the requirements set out in the [QLD Veterinary Surgeon’s Regulations](#) or the [National Code of Conduct for doctors](#)
- That whatever requirements are made, these be set as Guidelines, not Regulations

Professional Indemnity Insurance

The *Veterinary Practice Act (VPA) 2021* and the draft VAPR do not explicitly address the issue of risk and liability associated with acts performed by veterinary practitioners and authorised persons.

The lack of mandated professional indemnity insurance (PII) for these people, especially supervised and authorised persons, raises concerns regarding legal liability and protection for all parties involved.

While the VPB has recognised this gap, PII has not been mandated. Instead, the VPB has only advised authorised persons and their supervising veterinarians to consider insurance options. This advisory stance does not provide the necessary regulatory clarity or protection.

Mandating PII will provide necessary protection for veterinarians, supervised persons, and the public, ensuring a fair and legally robust veterinary practice framework.

Impact:

The absence of clear regulatory requirements regarding PII presents significant risks, including:

- **Legal exposure:** Supervised persons (nurses and authorised persons) are not acting independently but under the instructions and oversight of a supervising veterinarian. This creates vicarious liability for supervising veterinarians, potentially subjecting them to legal action alongside the supervised person in civil cases.
- **Regulatory ambiguity:** While the regulations use terms such as "instructions," "directions," and "oversees," they do not explicitly address how liability is allocated, leading to potential inconsistencies in legal interpretations.
- **Public protection:** Without mandated PII, there is inadequate protection for the public, as claims arising from professional negligence may not be covered.
- **Authorised Persons supervision gap:** The regulations do not clearly require supervision for Authorised Persons as a standard condition but only as a possible sanction after a breach. This leaves ambiguity in liability allocation and regulatory oversight.

Further clarifications needed:

- Why is PII not a mandatory requirement for all persons engaged in acts of veterinary medicine, particularly given the clear risk of vicarious liability for supervising veterinarians?
- How does the VPB intend to ensure adequate legal protection for veterinarians, supervised persons, and the public in the absence of mandated PII?
- Will the VPB provide clearer guidance on how liability is allocated under the regulations?
- Can the VPB clarify whether employer-provided insurance is sufficient to cover all supervised acts undertaken by an employed veterinarian, or whether individuals must obtain separate coverage?

Recommendations:

That PII be made a legislated requirement for any person carrying out acts of veterinary medicine, whether individually obtained or covered by an employer's policy.

- That the regulations explicitly state the requirement for PII for all supervised persons, including veterinary nurses, students, and Authorised Persons, to ensure clarity in liability allocation.
- That additional regulatory guidance be provided on the implications of vicarious liability for veterinarians supervising authorised persons.

Conclusion

The AVA's policy focus is on mitigating animal welfare risks by maintaining the unwavering position that acts of veterinary medicine should only be performed by veterinarians. Where exceptions must be considered, and non-veterinarians are provided authority to perform acts of veterinary medicine, strong regulation is essential to go some way toward mitigating animal welfare risks and upholding public trust in veterinary services.

The proposed Veterinary Practice Amendment Regulations introduce regulatory inconsistencies, disproportionately increasing oversight on registered veterinarians while allowing non-veterinarians to perform veterinary procedures without equivalent safeguards.

This approach undermines veterinary professional accountability and creates unacceptable risks for animal welfare. The lack of enforceable guidelines and clear supervisory requirements further compounds these concerns, particularly in high-risk areas such as equine dentistry, disease diagnosis and administering of controlled medications.

The AVA urges DPIRD to reconsider the regulatory framework to ensure that any individual performing acts of veterinary medicine is held to the same high standards of accountability, training, and professional oversight as veterinarians. A balanced, outcome-based regulatory model that prioritises animal welfare, professional discretion, and equitable oversight is essential.

The AVA remains committed to working collaboratively with DPIRD to refine these regulations to support veterinary professionals, safeguard animal welfare, and maintain public confidence in the veterinary profession

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