



Veterinary telemedicine guidelines

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Scope

These guidelines apply to veterinarians registered to practice in Queensland or recognised (deemed to be registered under the National Recognition of Veterinary Registration scheme) to practice in Queensland, who are performing acts of veterinary science.

Purpose

These guidelines describe the minimum standard expected from a veterinary surgeon exercising reasonable skill and care in the course of practising veterinary science via telemedicine. They should be read in conjunction with relevant Queensland legislation and other guidelines and definitions.

Background

Telemedicine involves the use of electronic communications and software to provide clinical services to patients where the veterinarian does not directly interact with the animal i.e. no direct (face-to-face) person to animal consultation.

Telemedicine is a fast emerging trend in the provision of human and animal health services. There is an expectation that veterinarians will use their professional judgement to decide whether using telemedicine is appropriate in particular circumstances.

In determining the appropriateness of veterinary telemedicine services in Queensland, the following need to be taken into account:

- The *Veterinary Surgeons Act 1936* prescribes how and where veterinary science can be delivered and this is by way of veterinary services conducted from approved veterinary premises.

- Veterinarians must comply with Queensland Health legislation for obtaining, prescribing and administering drugs and poisons.

Application

1. Veterinary telemedicine services for animals in Queensland must only be conducted by veterinarians registered to practice in Queensland, or recognised to practice in Queensland. Additionally, veterinarians must be practising from a premises that has been approved by the Veterinary Surgeons Board of Queensland.
2. Clients must be able to identify the veterinarian and the veterinary practice they are receiving telemedicine services from.
3. A bona fide veterinarian-client-patient relationship must be established. Refer to the Veterinary Surgeons Board of Queensland policy position on bona fide veterinarian-client-patient relationships.
4. The client should be encouraged to have the animal seen by a veterinarian in person if possible.
5. The client must be fully informed on the limitations of telemedicine and their consent obtained to proceed. This must be documented in the veterinary patient record.
6. The veterinarian must maintain a veterinary patient record for the animal(s) in accordance with the Veterinary Surgeons Regulation 2016 and as per the Veterinary Surgeons Board of Queensland [veterinary patient record guidelines](#), including where applicable supporting documentation like photographs, videos, voice recordings, verbal consent etc.
7. The veterinarian needs to be available or have made appropriate alternative arrangements for the continuity of care for the animal(s) should subsequent direct or in-direct veterinary care be required. This must be documented in the veterinary patient record.
8. The veterinarian assumes the veterinary care for the patient even if the animal is not physically examined.
9. The veterinarian needs to consider the appropriateness of this type of consultation for the presenting problem and use their professional judgement in making a preliminary diagnosis and formulating a treatment plan in line with current practice standards. The veterinarian should be satisfied that a physical examination would not add critical information about the management of the case. When a preliminary diagnosis cannot be made based upon the available information, the veterinarian must make appropriate arrangements for direct examination, referral and/or diagnostics.

10. The veterinarian must obtain informed consent for the treatment plan and record this consent in the veterinary patient record. Ideally verbal consent will be supported by written consent.
11. Where treatment includes restricted (s4) and/or controlled (s8) drugs, only sufficient quantities to treat the preliminary diagnosis of the animal(s) should be prescribed or supplied for the presenting problem.

Definitions

The following definitions apply to this document:

- **Veterinarian** means a veterinary surgeon registered, or deemed to be registered with the Veterinary Surgeons Board of Queensland.
- **Veterinary premises** means a veterinary consulting room, surgery, clinic, hospital, emergency centre, mobile practice (small and/or large animal or equine) approved by the Veterinary Surgeons Board of Queensland.
- **Telemedicine** means patient consultations conducted without direct examination of the animal(s) by use of, but not limited to, technology such as phone, internet, videoconferencing.

Key relevant documents

- [Veterinary Surgeons Act 1936](#)
- [Veterinary Surgeons Regulation 2016](#)
- [Queensland Health \(Drugs and Poisons\) Regulation 1996](#)
- [Guidelines – Veterinary Patient Records](#)

Important notes

- It is recommended that a veterinarian or practice develops an appropriate policy and guidelines for implementation of telemedicine specific to their circumstances and ensure all staff are appropriately trained. Additional supporting documentation should be considered to ensure clients are fully informed of the limitations of telemedicine and providing information on obtaining direct veterinary care should it be required subsequently.
- Telemedicine is not a substitute for a veterinarian directly examining a herd or flock on a regular basis (no less than annually) for the establishment of a bona fide relationship to supply restricted (s4) drugs for clients to use on animal(s) at their discretion, without consultation of a veterinarian, as per agreed treatment protocols written by the prescribing veterinarian.

Document management and control

Owner: *Veterinary Surgeons Board of Queensland*

Content manager: *Registrar*

Version: 1.0

Date approved: 23/3/2020

Review date: 1/4/2021



Policy - bona fide veterinarian-client-patient relationship

Policy statement

A bona fide veterinarian-client-patient relationship exists where each of the following occurs:

- The veterinarian has assumed responsibility for making professional judgements regarding the health and welfare of the animal(s) and the need for treatment, with the client's consent; and
- The veterinarian has sufficient knowledge of the animal(s) to make a preliminary diagnosis; and
- The veterinarian can monitor and treat the animal(s) appropriately to support the health and welfare of the animal(s); and
- The animal(s) in a bona fide veterinarian-client-patient relationship must have been directly examined by the veterinarian, or:
 - The animal(s) must have been seen recently enough for the veterinarian to have sufficient knowledge of the animal(s) as evidenced by the veterinary patient records to make a preliminary diagnosis. Recent enough is defined as in the last 6 months for companion animals and 12 months for large animals, or
 - Should the animal(s) not be able to be directly examined due to distance or other extenuating circumstances **and** there is no reasonable alternative for another veterinarian to directly examine the animal(s), the veterinarian may still acquire sufficient knowledge with appropriate due diligence to make a preliminary diagnosis. The veterinarian must document why the animal(s) could not be directly examined.

All other legislative requirements of veterinarians remain the same – as outlined in relevant legislation and Veterinary Surgeons Board of Queensland policies and guidelines. These include for example the requirement to maintain patient medical records and continuity of care arrangements.

Background

The veterinarian-client-patient relationship is important as the basis for most professional interactions. Establishing and maintaining a bona fide veterinarian-client-patient relationship is essential when treating an animal particularly when prescribing and supplying restricted (s4) and/or controlled (s8) drugs and practising telemedicine.

Scope

This policy applies to veterinarians registered to practice in Queensland or recognised (deemed to be registered under the National Recognition of Veterinary Registration scheme) to practice in Queensland, who are performing acts of veterinary science.

Key relevant documents

- [Veterinary Surgeons Act 1936](#)
- [Veterinary Surgeons Regulation 2016](#)
- [Guidelines – Veterinary Patient Records](#)

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Content manager: Registrar

Version: 1.0

Date approved: 23/3/2020

Review date: 1/4/2021



Policy – veterinary continuity of care

Policy statement

A veterinarian must provide continuity of care for animal(s) under their care.

A veterinarian can ensure continuity of care through the following:

- providing detailed discharge advice for home care when an animal is discharged
- ensuring availability for direct or indirect re-examination of the animal(s) during practice hours
- providing information to clients about the after-hours availability for the practice, along with instructions for contacting the practice
- ensuring clients are aware of the arrangements for the observation and veterinary care of hospitalised patients during after-hours. In the event that an after-hours service is not available at the primary care practice, the veterinarian should ensure continuity of care by offering referral to another practice, including providing options and contact details and offering to provide medical records and case summary information to that practice if appropriate
- arranging referral of the patient to another veterinarian if required or requested by the client.

Background

This policy statement has two key elements:

1. under the care of the veterinarian
2. continuity of care.

1. Under the care of the veterinarian

A patient is described as being under the care of a veterinarian when:

- the veterinarian has directly examined the animal(s) as part of the provision of veterinary care; or
- the veterinarian has indirectly examined the animal(s) as per the Veterinary Surgeons Board of Queensland veterinary telemedicine guidelines.

Note that an animal is **not** considered to be under the care of a veterinarian when the veterinarian provides general advice in an emergency or triage situation intending to aid the owner or agent responsible for the animal at that time, to make an informed decision about what to do to in the presence of an emergency.

When a veterinarian makes a decision to take the animal(s) under their care, the veterinarian has a veterinary duty of care to the animal(s). This veterinary duty of care continues to apply until the satisfactory resolution of the presenting problem is achieved or the animal(s) comes under the care of another veterinarian.

2. Continuity of care

Continuity of care describes how a patient's health care is connected or continued over time and continues to apply until the satisfactory resolution of the presenting problem is achieved.

Where a single veterinarian cares for their patients over time, continuity of care is established by the relationship between the veterinarian and client/patient and supported by patient records.

Community expectations and practice models including multi-veterinarian practices, 24/7 service and referrals to specialist services, have changed the implementation of continuity of care. It now includes a broader description of the way that veterinary services are managed and delivered to form a coordinated and uninterrupted succession of events consistent with the veterinary care needs of patients.

Continuity of care is dependent upon good communication, patient record keeping and relevant and timely sharing of patient records.

Scope

This policy applies to veterinarians registered to practice in Queensland or recognised (deemed to be registered under the National Recognition of Veterinary Registration scheme) to practice in Queensland, who are performing acts of veterinary science.

Key relevant documents

- [Veterinary Surgeons Act 1936](#)
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