Review of the *Queensland Veterinary Surgeons Act 1936*

Queensland Department of Primary Industry

Submission of the
Australian Veterinary Association Ltd

September 2026

About the Australian Veterinary Association (AVA)

The AVA is the peak professional body representing veterinary professionals and students across Australia. For more than 100 years we have been the united voice of the veterinary profession.

Veterinarians are among Australia's most trusted and respected professionals, dedicated to safeguarding animal health and welfare and supporting the communities they live in.

Our vison and purpose

Vision *A thriving veterinary profession*

Purpose *Building a vibrant future for veterinary professionals.*

At the AVA we champion the veterinary community, advance professional excellence, foster connectivity, and deliver exceptional member experiences to achieve our vision of a thriving profession.

Essential role of the veterinary profession

Veterinary services are essential to Australia's animal health, food security, and economy. They help secure Australia's animal health and livestock supply chain, protecting hundreds of thousands of jobs and easing cost of living pressures through a safe and reliable food supply.

Beyond agriculture, veterinarians support companion animals and their owners, strengthening the human-animal bond and promoting the associated mental and physical health benefits of pet ownership. Animals are not just a part of the Australian way of life; they are deeply embedded in it - socially, culturally, environmentally, and economically, and veterinarians are an essential part of every vibrant Australian community.

Veterinarians play a pivotal role in maintaining the social licence of animal industries, ensuring animal health and welfare meets community expectations. Like human healthcare and education, veterinary services provide both private benefits to individuals and critical public benefits to society, in areas like biosecurity surveillance, wildlife treatment and health and emergency animal disease management.

Recognised among Australia's most ethical and trusted professionals, veterinarians are highly respected and trusted members of their communities. The Governance Institute of Australia's 2025 Ethics Index ranked veterinarians among the nation's top 5 ethical occupations[1].

[1] Governance Institute 2025

Executive Summary

The Australian Veterinary Association (AVA) welcomes the Queensland Government's review of the *Veterinary Surgeons Act 1936* and supports the development of a contemporary, risk-based and nationally aligned legislative framework that protects animal welfare, public health and consumer interests while supporting a sustainable, effective and accessible veterinary profession. The AVA participated in the Department of Primary Industries' Veterinary Stakeholder Reference Group (VSRG) throughout the preliminary consultation process and recognises the importance of modernising an Act that has become increasingly challenged by contemporary models of veterinary practice, workforce pressures, evolving community expectations and advances in technology and service delivery.

The AVA broadly supports DPI's preferred reform package, including the recommended Option 3 approach across all six areas of reform: veterinary science and acts of veterinary science, registration, premises, paraprofessionals, compliance and governance. Collectively, these reforms provide the strongest foundation for a modern veterinary regulatory framework that improves regulatory clarity, supports innovation and workforce utilisation, strengthens accountability and governance, and ensures the veterinary profession remains well positioned to meet the needs of animals, clients, industry and the broader Queensland community.

The AVA particularly supports reforms that:

- establish clear, risk-based boundaries around acts of veterinary science and delegation;
- introduce more flexible and proportionate registration pathways;
- modernise practice regulation through a contemporary licensing and clinical governance framework;
- recognise and appropriately regulate veterinary paraprofessionals;
- implement a transparent, graduated and evidence-based compliance framework; and
- strengthen the capability, transparency and effectiveness of the Veterinary Surgeons Board of Queensland.

The AVA considers that effective veterinary regulation must not only safeguard animal welfare and the public interest but also support a sustainable veterinary workforce capable of delivering services across diverse practice settings and geographic regions. Throughout this review, workforce shortages, workforce wellbeing, access to after-hours care, retention challenges, utilisation of paraprofessionals and barriers to service delivery have been identified as significant risks to both the profession and the community. The AVA therefore encourages consideration of workforce sustainability as an important objective underpinning the future regulatory framework.

While broadly supportive of the proposed reforms, the AVA has identified several areas where further clarification, consultation and policy development will be required during implementation. These include the treatment of activities currently captured by the "for fee or reward" provisions, practical operation of cross-jurisdictional practice licensing and telehealth services, accountability, liability and professional indemnity arrangements for registered paraprofessionals, and governance arrangements affecting the independence of the Veterinary Surgeons Board of Queensland. The AVA also calls for continued recognition of the Australian Veterinary Boards Council (AVBC) as the national accreditation body for veterinary qualifications and specialist recognition. The future role of veterinary behavioural medicine within the definition of veterinary science has also been raised for consideration.

The AVA recommends that the new regulatory framework address current enforcement gaps relating to unregistered providers by establishing clear enforcement responsibilities, defined referral pathways

between relevant agencies, appropriate infringement notice provisions and complaint mechanisms specifically designed to capture concerns regarding unregistered practice.

The AVA further encourages explicit recognition of workforce wellbeing, continuing professional development, infection prevention and control, antimicrobial stewardship, and clinical governance as important components of a contemporary veterinary regulatory framework. The AVA calls for recognition and utilisation of existing professional programs and resources, including AVA initiatives such as the "Great Veterinary Workplaces" and "Return to Work Programs", professional development such as the Chartered Veterinary Practitioner program, and accreditation programs such as the AVA ASAV Accredited Veterinary Hospital Scheme, to support implementation of the reforms and achievement of their objectives.

The AVA strongly emphasises that the success of the proposed reforms will depend on ongoing, meaningful consultation and collaboration during the development of subordinate legislation, Veterinary Surgeons Board standards, guidelines, policies and implementation resources. Given that many of the practical details and regulatory settings will ultimately be determined through these instruments, their development should occur through transparent and iterative engagement with the veterinary profession and other affected stakeholders. The AVA recommends the establishment of formal consultation mechanisms that draw upon appropriately qualified subject matter experts across all relevant areas, including clinical practice, specialist practice, veterinary nursing and technology, workforce and wellbeing, education and accreditation, telehealth, medicines and poisons, animal welfare, biosecurity, practice ownership and regulation. This collaborative approach will help ensure the framework is evidence-based, practical, proportionate, nationally aligned and capable of adapting to future developments in veterinary service delivery.

The AVA supports the principle that the Veterinary Surgeons Board of Queensland should be appropriately resourced to undertake its expanded regulatory responsibilities. However, the costs associated with regulating additional cohorts and delivering broader public-interest regulatory functions should be supported through equitable and sustainable funding arrangements, rather than being funded through disproportionate increases in veterinary surgeon registration fees alone.

An Appendix to this submission contains input provided by the Dentistry Subcommittee of Equine Veterinarians Australia (EVA), a Special Interest Group of the Australian Veterinary Association. The Appendix provides additional commentary and recommendations relevant to matters considered in this review.

The AVA agrees that implementation of the proposed reforms will require careful planning, adequate resourcing, stakeholder engagement and transitional arrangements. However, the AVA considers that the anticipated long-term benefits of improved regulatory clarity, workforce utilisation, accountability, flexibility, professional recognition and public protection outweigh the implementation challenges. Subject to the matters outlined within this submission, the AVA considers the proposed reforms represent a significant opportunity to modernise veterinary regulation in Queensland and to establish a framework that supports animal welfare, public confidence, workforce sustainability and the continued delivery of high-quality veterinary services into the future.

Discussion

1. Veterinary Science and Acts of Veterinary Science

The AVA supports DPI's preferred Option 3, which establishes a contemporary, risk-based framework for regulating acts of veterinary science through the categorisation of activities as reserved activities, conditionally authorised activities, and excluded activities. The AVA considers this approach provides greater regulatory clarity, improves consistency in decision-making, and creates more transparent pathways for delegation and supervision, while ensuring that activities involving the highest levels of risk to animal welfare, public health and consumer protection remain restricted to registered veterinarians. The proposed framework also provides the flexibility required to accommodate evolving technologies, emerging service delivery models and the effective utilisation of the broader veterinary team.

The AVA's long-standing position is that acts of veterinary science should be performed by registered veterinarians or, where appropriate, by suitably trained, competent, registered and regulated paraprofessionals working under the direction and supervision of a veterinarian. Accordingly, the AVA supports the establishment of a clear legislative framework that distinguishes between activities that must be performed exclusively by veterinarians and those that may be delegated under prescribed conditions. Such an approach promotes animal welfare, supports workforce sustainability and protects public confidence in veterinary services.

The AVA considers that the diagnosis and treatment of behavioural disorders, emotional disorders and mental illness in animals constitutes the practice of veterinary science. Diagnosis and treatment planning for these conditions should only be undertaken by, or under the direction and supervision of, a registered veterinary surgeon. This is particularly important as behavioural medicine services are increasingly delivered through telehealth and other emerging service models. Clear legislative recognition would provide certainty for consumers, regulators and service providers while protecting animal welfare and public confidence.

The AVA further supports the development of a nationally consistent approach to the regulation of restricted acts of veterinary science and considers that any new framework should align, where possible, with contemporary regulatory approaches adopted in other Australian jurisdictions. As part of the review, the AVA also supports further consideration of specific activities where regulatory ambiguity or inconsistency currently exists, including equine dentistry, small animal dentistry, pregnancy testing, cattle spaying, supervision requirements, and access to veterinary medicines and substances by non-veterinarians. The AVA considers that clear definitions, appropriate qualification and supervision requirements, and risk-based authorisation pathways will be essential to ensuring these activities are undertaken safely, competently and in the best interests of animal welfare.

2. *Updated registration framework*

The AVA supports DPI's preferred Option 3, which would replace the current binary veterinary surgeon registration and approval framework with a more flexible, risk-based registration model that enables the Veterinary Surgeons Board to impose conditions on registration where appropriate. The AVA considers this approach reflects contemporary regulatory practice and provides a proportionate mechanism for managing practitioner risk while supporting workforce participation, professional development and public confidence. Importantly, the ability to apply conditions relating to supervision, scope of practice, continuing professional development (CPD), medicines authority, health, location or employment circumstances provides the Board with a broader range of regulatory tools than are currently available, allowing tailored responses that support practitioners while maintaining safeguards for animal welfare and public safety.

The AVA supports the proposal to introduce clearly defined supervision categories, including general, direct and in-person supervision, to provide greater consistency, transparency and certainty for practitioners, employers, regulators and members of the public. Clear legislative definitions will support the safe delegation of activities, facilitate workforce development and assist in the effective integration of overseas-qualified veterinarians, returning practitioners and those requiring additional support or oversight.

The AVA has consistently advocated for streamlined and nationally consistent registration pathways and therefore supports reforms that improve interstate mobility, mutual recognition and harmonisation with other Australian jurisdictions. The AVA particularly supports measures that facilitate return-to-practice pathways, recognise differing practitioner circumstances and enable more efficient utilisation of overseas-qualified veterinarians. The current approval framework can unnecessarily limit workforce participation by restricting the scope of practice and medicines authorities available to some overseas-qualified veterinarians, reducing opportunities for them to gain the breadth of clinical experience required to progress towards full registration. A conditional registration model would provide a more flexible and proportionate pathway while maintaining appropriate regulatory oversight.

The AVA also supports the introduction of mandatory CPD requirements within the legislative framework, recognising that ongoing professional development is fundamental to maintaining professional competence and ensuring contemporary standards of veterinary practice. However, CPD requirements should remain flexible, outcomes-focused and aligned with nationally recognised frameworks to ensure consistency across jurisdictions and avoid unnecessary administrative burden.

The collection and sharing of veterinary workforce data to inform evidence-based workforce planning and policy development is strongly supported by the AVA. Current workforce data remains fragmented and provides limited insight into workforce participation, distribution, retention and utilisation. Consistent national workforce data collection through registration and renewal processes would improve understanding of workforce capacity and mobility, support future workforce planning, and assist governments, regulators, universities and the profession to respond more effectively to ongoing veterinary workforce challenges.

3. *Premises*

The AVA supports DPI's preferred Option 3, which shifts the regulatory focus from the approval of individual veterinary premises to the licensing of veterinary practices. The AVA considers this approach better reflects the way contemporary veterinary services are delivered and provides a more flexible and responsive framework that can accommodate a range of service delivery models, including fixed premises, mobile practices, emergency and after-hours services, outreach programs and telehealth. The proposed framework recognises that veterinary care is increasingly delivered through diverse and integrated service models and that regulation should support innovation while maintaining appropriate standards of care, client protection and animal welfare.

The AVA has consistently advocated for regulatory settings that accommodate evolving models of veterinary service delivery and supports the inclusion of mobile and emergency practice models within a

single licensing framework. The AVA also supports greater legislative clarity regarding telehealth. Telehealth has significant potential to improve access to veterinary advice and services, particularly in rural, regional and remote areas where workforce shortages and limited service availability can affect timely access to care. However, telehealth must operate within an appropriate regulatory framework that provides clear expectations regarding the veterinarian-client-patient relationship, informed consent, prescribing, record keeping, referral pathways, continuity of care and escalation of clinical concerns.

The AVA strongly supports the introduction of practice-level clinical governance standards as a key element of the licensing framework. Contemporary evidence demonstrates that many adverse outcomes arise from organisational and system failures rather than solely individual practitioner actions. A practice licensing system that incorporates clinical governance principles has the potential to strengthen patient safety, quality improvement, workforce wellbeing and accountability by ensuring practices maintain appropriate systems, processes and oversight mechanisms. The AVA supports outcome-focused standards that address areas such as infection prevention and control, antimicrobial stewardship, medicines management, clinical record systems, incident reporting, workforce capability, continuity of care and quality improvement. The AVA considers that a stronger focus on clinical governance will improve both patient outcomes and workforce sustainability.

The AVA welcomes the move towards risk-based and proportionate compliance oversight. Current premises regulation is largely designed around fixed facilities and may not appropriately reflect the risks associated with low-infrastructure service models such as mobile practice or telehealth. The AVA supports a framework that allows the Veterinary Surgeons Board to utilise a range of compliance tools, including self-assessment, desktop reviews, records audits, targeted information requests and risk-based inspections, ensuring regulatory effort is proportionate to the level of risk presented.

The AVA also supports the principle of establishing clear accountability within veterinary practices. The proposed roles of practice licensee, veterinary practice superintendent and principal veterinary surgeon provide greater clarity regarding responsibility for business operations, clinical governance and compliance. The AVA strongly recommends that the framework retain sufficient flexibility to allow one individual to fulfil multiple accountable roles where appropriate, particularly in smaller practices and regional settings, and notes that care should be taken to avoid creating unnecessary administrative complexity or duplication of responsibilities.

The AVA supports increased accountability at both the practitioner and organisational level and agrees that effective regulation should address practice systems and governance, rather than focusing solely on individual practitioners when investigating quality, safety and compliance issues. This approach is consistent with contemporary regulatory practice and recognises the important role that organisational culture, staffing, supervision, training and operational systems play in delivering safe and effective veterinary care.

The AVA supports legislative measures that ensure clinical governance arrangements remain under veterinary oversight regardless of practice ownership structures and that commercial interests do not compromise professional standards, animal welfare or clinical decision-making.

As the AVA holds the position that all veterinary practitioners should maintain adequate professional indemnity insurance, any requirements relating to professional indemnity or professional liability insurance should be clearly articulated in legislation. This includes whether such obligations apply at the practice level, the individual practitioner level, or both, and how insurance requirements will apply under the proposed practice licensing and paraprofessional registration frameworks. Clarity in this area will be important to ensure consistent implementation and avoid unintended regulatory burdens.

4. Paraprofessionals

The AVA supports DPI's preferred Option 3, which introduces a statutory registration framework for veterinary paraprofessionals, including veterinary nurses and veterinary technologists. The AVA has

consistently advocated for the appropriate regulation of non-veterinarians undertaking acts of veterinary science and supports a framework that provides registration, title protection, defined scopes of practice, continuing professional development requirements, a clear delegation framework and direct Board oversight. The AVA considers that a contemporary regulatory framework for paraprofessionals is essential to support workforce sustainability, improve professional accountability, strengthen public confidence and facilitate the safe and effective delivery of veterinary services.

The AVA's long-standing position is that paraprofessionals who perform delegated acts of veterinary science should be appropriately trained, competent, registered and regulated, and should undertake those activities only under the direction and supervision of a veterinarian. The AVA therefore supports the establishment of a clear statutory framework that defines the scope of activities that may be performed by registered veterinary nurses and veterinary technologists, together with appropriate supervision requirements and governance arrangements that clearly delineate responsibility and accountability. The implementation of any registration framework should be done in a manner that maintains nationally consistent education, competency and accreditation standards for veterinary nurses and technologists.

The AVA supports the introduction of minimum registration standards for veterinary nurses and veterinary technologists that are broadly aligned with those applying to veterinary surgeons, including recognised qualifications, fit and proper person requirements and English language competency standards where relevant. The AVA also supports the proposed conditional registration framework, which would enable the Board to impose conditions relating to supervision, scope of practice, employment circumstances, registration periods and other matters where appropriate. This approach provides flexibility to accommodate a range of circumstances, including early-career practitioners, return-to-practice pathways, overseas-qualified paraprofessionals and transitions between scopes of practice, whilst maintaining appropriate safeguards for animal welfare and public protection.

The AVA strongly supports title protection for registered veterinary nurses and veterinary technologists as an important mechanism for recognising professional qualifications and enhancing public confidence in the veterinary team.

The AVA also supports the proposed grandfathering arrangements, which would provide experienced practitioners without formal recognised qualifications with an opportunity to demonstrate competence and transition into the new framework during the implementation period. The AVA emphasises that grandfathering should support integration into the regulated veterinary workforce and must not facilitate the ongoing independent provision of veterinary services outside registered veterinary practices or without appropriate veterinary supervision and clinical governance.

The AVA recognises the value of an authorised person pathway for individuals who may not meet the requirements for veterinary nurse or technologist registration but have qualifications, training or experience that justify authorisation to perform specified activities. Such pathways may be particularly relevant in agricultural, livestock and industry settings and should be supported by robust assessment, supervision and accountability requirements.

Importantly, the AVA considers that a strengthened regulatory framework should provide greater clarity regarding the respective responsibilities of veterinarians and paraprofessionals when delegated tasks are performed. The current framework can result in accountability resting primarily with the supervising veterinarian, even where concerns relate directly to the conduct, competence or judgement of the person performing the activity. The AVA supports a framework that more clearly allocates responsibility and accountability while recognising that veterinarians retain overarching responsibility for delegation decisions, supervision arrangements and the broader clinical governance framework within which delegated activities occur.

The AVA also supports the introduction of CPD requirements for registered paraprofessionals, recognising the important contribution veterinary nurses and technologists make to animal care and the value of

maintaining contemporary skills and knowledge. Appropriate regulation, recognition and utilisation of paraprofessionals represents a significant opportunity to improve workforce capacity and allow veterinary paraprofessionals to work to the full extent of their education, training and competence.

5. Compliance

The AVA supports DPI's preferred Option 3, which introduces a modern, graduated complaints, compliance and disciplinary framework that moves veterinary regulation from a largely reactive model to a more proactive, risk-based approach. The AVA has consistently advocated for contemporary complaint management processes that provide stronger protections for animal welfare and the public while ensuring fair, transparent and proportionate regulatory responses. The AVA considers that the proposed framework represents a significant improvement on the current system by providing greater flexibility to address concerns according to their seriousness, while maintaining appropriate procedural safeguards and review rights. Regulatory processes should be timely, transparent and proportionate and provide appropriate support mechanisms for veterinarians involved in complaints and disciplinary investigations.

The AVA supports the introduction of graduated categories of concern, including performance concerns, unprofessional conduct and professional misconduct, together with evidence-based assessment processes and a range of proportionate regulatory responses. The AVA agrees that not all departures from professional standards warrant the same regulatory response and supports a framework that allows education, training, supervision, remediation and registration conditions to be utilised where appropriate, rather than relying solely on punitive disciplinary processes. Such an approach encourages early intervention, supports professional improvement and promotes a culture of continuous quality improvement while maintaining public confidence in the profession.

The AVA supports the proposed framework's emphasis on risk-based regulation and early intervention. The ability for the Board to identify emerging patterns of concern, address lower-level issues before they escalate, and impose interim conditions or restrictions where an immediate risk to animal welfare, clients or the public is identified, provides important protections while ensuring decisions remain evidence-based and subject to procedural fairness. The AVA also supports the continuation of investigations and disciplinary proceedings where conduct occurred while a person was registered, authorised or approved, regardless of subsequent changes in registration status.

The AVA strongly supports the recognition that not all concerns relating to practitioners should be treated as disciplinary matters. The establishment of a separate impairment pathway for health, wellbeing and substance misuse concerns is a positive reform that reflects contemporary regulatory practice. The AVA considers that practitioners experiencing health or impairment issues should be appropriately supported through confidential and rehabilitative processes while ensuring appropriate measures remain available to protect animal welfare and public safety where required.

The AVA further supports the inclusion of whistleblower protections for individuals who raise concerns in good faith and the introduction of mechanisms that enable the Board to dismiss complaints that are frivolous, vexatious, misconceived or lacking in substance. These measures will assist in ensuring regulatory resources are focused on matters that genuinely warrant investigation while protecting participants in the complaints process.

The AVA supports the proposed disciplinary framework that enables a more structured relationship between the Veterinary Surgeons Board and the Queensland Civil and Administrative Tribunal (QCAT). The AVA agrees that QCAT should continue to determine the most serious matters, including cancellation of registration and extended periods of suspension, while less serious disciplinary matters should be capable of being managed efficiently by the Board. This approach is expected to improve timeliness, reduce unnecessary delays and provide more effective regulatory outcomes without compromising fairness or accountability.

The AVA also supports the introduction of independent internal review processes, external review rights, clear separation of investigative and decision-making functions, and requirements to provide reasons for decisions. These measures will strengthen transparency, procedural fairness and stakeholder confidence in the regulatory system. The AVA particularly supports ensuring that disciplinary matters involving technical veterinary issues are considered by appropriately qualified decision-makers and that QCAT proceedings continue to benefit from relevant professional expertise.

It is acknowledged that there is an increasing recognition that risks to patient safety and quality of care can arise from organisational and governance failures as well as individual practitioner conduct. Accordingly, the AVA supports the development of practice-level compliance mechanisms that can operate alongside practitioner-level processes to address governance, systems and cultural issues that may contribute to poor outcomes.

The AVA also supports the development of a contemporary compliance framework that enables effective monitoring and enforcement of unlawful or unregistered veterinary practice. While the proposed reforms strengthen the regulatory framework, the effectiveness of the system will depend on the practical ability of regulators to identify, investigate and respond to unregistered providers who undertake acts of veterinary science without appropriate authorisation.

The AVA notes that enforcement gaps can arise where there is uncertainty regarding the agency responsible for investigating allegations of unregistered practice or where matters fall between the responsibilities of veterinary regulators and enforcement bodies for animal welfare legislation and other laws. To support effective compliance outcomes, the AVA recommends that the framework clearly identify the lead enforcement agency responsible for coordinating investigations and regulatory responses relating to unregistered veterinary practice.

The AVA further recommends the development of clear referral pathways and information-sharing arrangements between the VSBQ, relevant government regulators, animal welfare agencies and police where allegations involve animal welfare concerns, fraud, consumer harm, unlawful use of restricted substances or other potentially criminal conduct.

Consideration should also be given to providing proportionate compliance tools, including infringement notice powers for clearly defined lower-level offences, alongside more significant enforcement options for serious or repeated breaches. Such measures would provide regulators with a graduated enforcement framework capable of responding appropriately to varying levels of risk and non-compliance.

In addition, complaints processes should include specific complaint categories relating to unregistered providers and alleged unlawful practice. This would improve data collection, regulatory intelligence and enforcement prioritisation, while providing greater transparency for complainants and the public regarding how such matters are managed.

Collectively, these measures would strengthen public confidence in the regulatory framework, improve protection of animal welfare and consumers, and support fair and consistent regulation of all individuals providing veterinary services.

6. Governance

The AVA supports DPI's preferred Option 3, which introduces a more contemporary, transparent and skills-based governance framework for the VSBQ. The AVA agrees that effective regulation requires a Board that is appropriately resourced, representative, accountable and capable of responding to the increasing complexity of veterinary practice, professional regulation and community expectations. The proposed reforms provide an opportunity to strengthen governance arrangements, improve regulatory effectiveness and enhance stakeholder confidence in the Board's decision-making processes.

The AVA supports the expansion of Board membership and the introduction of a broader skills-based composition that includes veterinary, legal, community and veterinary nursing expertise. Within this expansion, the majority of Board members should be veterinarians. A larger and more diverse Board will better reflect the breadth of perspectives required to oversee a modern veterinary regulatory framework and support robust, informed decision-making. The AVA has consistently advocated for veterinary boards to remain the primary regulatory and licensing authority for the profession and supports governance arrangements that ensure regulatory decisions continue to be informed by appropriate professional expertise while incorporating broader public interest considerations.

The AVA supports the use of defined appointment criteria and a skills-based appointments framework to ensure the Board possesses the expertise necessary to undertake its statutory functions effectively. The proposed introduction of term limits is also supported as a governance mechanism that encourages renewal, succession planning and the ongoing introduction of new skills and perspectives.

The AVA supports the proposed ability for the Board to establish advisory and decision-making committees and to delegate appropriate functions to committees, Board members and authorised officers where this improves efficiency and timeliness. Such arrangements have the potential to strengthen regulatory performance, support specialist expertise and improve access to independent review processes, while maintaining the Board's ultimate responsibility and accountability for statutory decision-making. The AVA also supports reforms that improve transparency and accountability, including enhanced annual reporting, clearer delineation of responsibilities between the Board, the Department and the State, and more transparent regulatory processes. Clear governance arrangements are critical to maintaining confidence in the regulatory system and ensuring stakeholders understand how decisions are made and reviewed.

The AVA strongly supports provisions that enable appropriate information sharing and the collection and sharing of de-identified workforce data. Consistent with previous AVA advocacy, improved workforce data is essential for evidence-based workforce planning, understanding workforce participation and distribution, and informing future policy and regulatory decisions. Information-sharing provisions should also facilitate appropriate collaboration between regulators and government agencies where required to protect animal welfare, public health, biosecurity and community safety.

The AVA supports maintaining the VSBQ as the primary disciplinary decision-maker for less serious regulatory matters while retaining independent review rights and Queensland Civil and Administrative Tribunal (QCAT) oversight for significant disciplinary outcomes. This approach complements the proposed compliance reforms by promoting timely, proportionate and transparent decision-making while ensuring appropriate external scrutiny remains available.

Consistent with the AVA's *Recommended Key Principles for Veterinary Practice Acts in Australia*, the AVA supports governance arrangements whereby the Chair of the Board is a veterinarian with appropriate governance capability and regulatory expertise.

The AVA notes, however, that consideration should be given to reviewing the current requirement that the Board Chair be a senior officer of the Department of Primary Industries. As part of broader governance reform, consideration should also be given to whether greater separation between the VSBQ and the Department would enhance perceptions of independence and improve alignment with governance models adopted in other Australian jurisdictions. The AVA encourages further examination of alternative statutory

board models that preserve accountability while strengthening regulatory independence and public confidence.

The AVA further supports the principle that the Board should be adequately funded and resourced to undertake its expanded responsibilities effectively. Successful implementation of the proposed reforms will require investment in governance capability, regulatory systems, workforce data management, stakeholder engagement, compliance activities and ongoing operational support. The AVA notes that the Board's expanded functions, including the registration and regulation of veterinary paraprofessionals, will create additional resourcing requirements. While appropriate cost recovery mechanisms may be necessary, the AVA does not support these additional regulatory costs being funded through disproportionate increases in veterinary surgeon registration fees alone. The AVA considers that the costs associated with regulating new registrant groups and delivering broader public-interest regulatory functions should be supported through equitable and sustainable funding arrangements, including consideration of government contributions, cost recovery from all regulated cohorts, and other appropriate funding mechanisms. This will help ensure that veterinary surgeon registration fees remain fair and proportionate while enabling the Board to effectively discharge its expanded statutory responsibilities.

The AVA recommends that the VSBQ should establish ongoing stakeholder reference mechanisms, including access to external subject matter experts and professional advisory groups, to inform the development and review of standards, guidelines and other regulatory instruments.

7. Additional Matters for Consideration

These additional matters complement DPI's proposed Option 3 reforms and, in the AVA's view, warrant further consideration during the development of the legislation, subordinate regulations and implementation framework.

Objects of the Act and Veterinary Workforce Wellbeing

The AVA notes that workforce wellbeing, workforce sustainability and retention are identified throughout the Consultation Impact Analysis Statement as significant challenges facing the veterinary profession and are recognised as factors affecting service availability, workforce participation, animal welfare outcomes and access to veterinary care. However, these considerations are not explicitly reflected within the proposed objectives of the new legislative framework.

The AVA recommends that consideration be given to recognising the importance of a sustainable veterinary workforce within the objects of the Act. While the primary purpose of veterinary regulation should remain the protection of animal welfare, public health and the public interest, an effective regulatory framework should also support the sustainability of the veterinary profession and the veterinary services system upon which those outcomes depend. Recognition of workforce sustainability would better align the Act with contemporary regulatory objectives and the significant workforce challenges identified throughout the review.

Continuing Professional Development (CPD)

The AVA supports the inclusion of a legislative requirement for continuing professional development (CPD) for registered veterinary professionals. However, the Act should not prescribe the detailed structure, format or activities required to meet CPD obligations. Instead, the legislation should empower the Veterinary Surgeons Board to establish, review and update CPD requirements through subordinate instruments, enabling the framework to evolve in response to emerging evidence, contemporary educational practice and changes in professional competencies without requiring legislative amendment.

The AVA recommends that CPD requirements be developed with a strong focus on national harmonisation and alignment with the Australian Veterinary Boards Council (AVBC) framework for outcomes-based and competency-linked CPD. CPD requirements for both veterinarians and veterinary nurses/technologists should be informed by contemporary approaches adopted across Australian jurisdictions and should focus

on professional outcomes and demonstrated competence rather than solely on the accumulation of hours or points. This approach supports lifelong learning, reflective practice and continuous improvement while providing flexibility for practitioners working across diverse clinical, professional and geographic settings.

The AVA also encourages explicit recognition of non-technical professional competencies within CPD frameworks. In addition to maintaining clinical and technical knowledge, CPD should support the development of professional skills including communication, leadership, reflective practice, resilience, mental health and wellbeing, and stress management. These competencies are increasingly recognised as critical contributors to professional effectiveness, workforce retention, quality of care and patient safety.

Given the significant workforce wellbeing challenges identified throughout the Consultation Impact Analysis Statement, consideration should also be given to incorporating wellbeing-focused learning activities within CPD frameworks, particularly for early-career practitioners, veterinary nurses/technologists and professionals returning to practice. Supporting practitioner wellbeing through professional development aligns with contemporary approaches in human healthcare and contributes to a more sustainable veterinary workforce, improved workforce retention and better outcomes for animals, clients and the broader community.

Recognition of Existing Professional Programs and Resources

The AVA notes that the Consultation Impact Analysis Statement does not address the role of existing voluntary quality assurance and accreditation programs for veterinary premises, including the AVA Australian Small Animal Veterinarians (ASAV) Accredited Hospital Scheme.

The AVA recommends that consideration be given to recognising accredited practices within the proposed practice licensing and clinical governance framework. While accreditation should not replace statutory licensing requirements, existing accreditation programs already demonstrate commitment to standards relating to patient care, facilities, equipment, clinical processes, record keeping, governance and continuous quality improvement.

Recognition of accredited practices could assist in supporting a culture of clinical excellence, reducing duplication of assessment activities and encouraging ongoing investment in quality improvement across the veterinary profession.

Successful implementation of the proposed reforms will depend not only on legislative change, but also on the availability of practical support, education and transition pathways for veterinary professionals. The AVA therefore encourages recognition and utilisation of existing profession-led programs and resources where they support the objectives of the new legislative framework.

In particular, the AVA recommends that consideration be given to the integration and recognition of the AVA's Return to Work Program as part of the implementation of the proposed registration reforms. The program provides structured support, guidance and resources for veterinarians returning to clinical practice following career breaks, parental leave, illness, injury or other periods away from practice. As the proposed conditional registration framework seeks to improve return-to-practice pathways and workforce participation, the Return to Work Program represents an established mechanism that could assist practitioners to safely and effectively re-enter the workforce while supporting competence, confidence and public protection.

The AVA also encourages consideration of how existing professional development programs, such as the AVA Chartered Veterinary Practitioner (CVP) Program, may support the objectives of the proposed registration and continuing professional development framework. The CVP program provides a structured, competency-based pathway for veterinarians to demonstrate ongoing professional development across a broad range of clinical and non-clinical competencies, including professional judgement, communication, leadership, ethics and reflective practice. As the proposed reforms move towards a more contemporary, outcomes-based approach to professional competence, the AVA considers that recognised programs such

as CVP could provide an established mechanism for supporting, documenting and demonstrating ongoing professional development and professional capability. Consideration should be given to recognising participation in, or completion of, approved competency-based professional development programs as evidence of meeting CPD and professional competence requirements under the new framework.

Similarly, the AVA recommends recognition of the THRIVE program as a valuable resource that supports veterinary wellbeing, resilience, psychological safety and sustainable careers within the profession. The Consultation Impact Analysis Statement identifies workforce wellbeing, retention and sustainability as significant challenges affecting veterinary service delivery and workforce capacity. Programs such as THRIVE directly contribute to these objectives by providing evidence-based support for mental health, wellbeing and professional sustainability.

The AVA's Great Veterinary Workplaces (GVW) program could also be a complementary resource to support the workforce sustainability, wellbeing and clinical governance objectives identified throughout the Consultation Impact Analysis Statement. The GVW program promotes evidence-based workplace practices that support leadership, team culture, wellbeing, workforce retention, psychological safety, career development and sustainable veterinary workplaces. Given the significant workforce challenges identified through the review, including burnout, retention difficulties, workforce shortages and after-hours pressures, the AVA considers that initiatives such as GVW can make an important contribution to achieving the broader public interest objectives of the legislation. Consideration should be given to incorporating references to recognised workplace quality and wellbeing programs within implementation guidance, clinical governance resources and educational materials developed under the new framework, thereby supporting both workforce sustainability and the delivery of safe, high-quality veterinary care.

The AVA considers that utilisation of existing professional wellbeing initiatives would complement the proposed reforms and assist in achieving broader legislative objectives related to workforce sustainability, retention and access to veterinary services.

The AVA recommends that DPI and the Veterinary Surgeons Board of Queensland work collaboratively with the profession when developing implementation frameworks, standards, guidance materials and support resources to ensure existing programs and tools are leveraged wherever appropriate, avoiding duplication and maximising the value of established professional initiatives.

Working Hours, After-Hours Care and Workforce Sustainability

The AVA welcomes the acknowledgement within the Consultation Impact Analysis Statement of the significant impacts of excessive working hours, on-call requirements and after-hours service obligations on veterinary workforce wellbeing and retention.

The AVA notes that, while individual veterinary practices may not be subject to specific legislative requirements to provide 24-hour care, veterinarians operate within a broader framework of animal welfare obligations, professional duties and community expectations that effectively require veterinary services to remain accessible when animals require urgent care. This burden falls disproportionately on rural and regional practitioners, where alternative service providers and dedicated emergency facilities are often unavailable.

The AVA considers that the review presents an opportunity to better recognise the relationship between regulatory settings, workforce sustainability and access to emergency veterinary care. Reforms that improve workforce utilisation, facilitate telehealth, support paraprofessional involvement, provide contemporary practice models and encourage collaborative after-hours arrangements will be important in reducing workforce pressures while ensuring animals continue to receive timely and appropriate care.

Cross-Jurisdictional Practice Licensing and Service Delivery

The AVA seeks further clarification regarding the operation of the proposed veterinary practice licensing framework where veterinary services are delivered into Queensland by practitioners or businesses physically located outside Queensland.

In particular, clarification is required regarding the licensing requirements that would apply to interstate-based practices providing telehealth consultations, specialist services, after-hours support or other veterinary services to Queensland clients and animals. The AVA considers it important that any licensing framework accommodates contemporary service delivery models while avoiding unnecessary barriers to interstate service provision and maintaining consistency with national mutual recognition principles.

AVBC Recognition

The AVA recommends inclusion of continued recognition of the Australian Veterinary Boards Council (AVBC) as the national accreditation and standards body for veterinary qualifications and specialist recognition.

Ongoing Stakeholder Engagement and Co-Design

The AVA notes that many of the most consequential aspects of the proposed reforms will not be contained within the primary legislation itself, but will instead be determined through subordinate legislation, Veterinary Surgeons Board standards, codes, guidelines, policies and other implementation instruments. These documents will ultimately shape how the legislative framework operates in practice and will therefore have significant implications for animal welfare, public confidence, workforce utilisation, business operations, professional accountability and access to veterinary services.

The AVA strongly recommends that the Queensland Government and the VSBQ adopt a collaborative co-design approach to the development of these instruments. Ongoing engagement should extend beyond general public consultation and include structured opportunities for input from representative organisations and appropriately qualified subject matter experts with practical experience in the areas being regulated.

This is particularly important in areas such as acts of veterinary science, delegation and supervision arrangements, paraprofessional scope of practice, telehealth, clinical governance, professional standards, continuing professional development, registration pathways, medicines and prescribing, premises licensing, compliance processes and emerging models of service delivery. Early and ongoing engagement with stakeholders will improve the quality, practicality and acceptance of the resulting framework, reduce unintended consequences, and support effective implementation of the reforms.

The AVA would welcome the opportunity to continue working with the Department and the Veterinary Surgeons Board throughout the development, testing, review and refinement of subordinate regulatory instruments.

Infection Prevention, Clinical Governance and Antimicrobial Stewardship

The AVA supports the proposed emphasis on clinical governance within the veterinary practice licensing framework and encourages explicit recognition of infection prevention and control, antimicrobial stewardship and quality improvement systems within future standards and guidance.

As in human healthcare, healthcare-associated infections remain an important patient safety concern and are influenced by organisational systems, clinical governance and workforce practices. Contemporary regulatory frameworks should encourage practices to adopt evidence-based approaches to infection prevention and control, surveillance, reporting and antimicrobial stewardship. The AVA considers that embedding these principles within clinical governance requirements would contribute to improved patient outcomes, workforce safety, public health protection and antimicrobial resistance mitigation.

Removal of the "For Fee or Reward" Limitation

The AVA notes that the current Act includes the concept of activities being undertaken "for fee or reward" in determining whether certain acts constitute veterinary science. The Consultation Impact Analysis Statement identifies this provision as a significant limitation that reduces regulatory certainty and creates enforcement challenges.

The AVA seeks clarification regarding whether the proposed reforms intend to remove the "for fee or reward" threshold entirely. The AVA supports a framework that regulates acts according to their risk and impact on animal welfare, public health and consumer protection rather than whether they are performed for fee or reward. Greater clarity is required regarding the impact of the proposed reforms on existing exemptions and activities currently undertaken by non-veterinarians, including, equine dentistry, livestock pregnancy testing, cattle spaying and other authorised activities.

AVA Policies

Restricted acts of veterinary science

Licensing of veterinarians

Regulation of animal health service providers

The diagnosis and treatment of animals by non-veterinarians

Veterinary nursing

Recommended key principles for veterinary practice acts in Australia

Infection prevention and control in veterinary workplaces

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Appendix

Equine dentistry and the categorisation of acts of veterinary science

The Equine Dentistry Subcommittee of Equine Veterinarians Australia supports the direction of this review. Queensland's Act is nearly 90 years old, its offence provisions are difficult to enforce, and its treatment of who may lawfully do what, as the Department fairly observes, is largely binary. We support the move under Option 3 to a risk-based framework that categorises acts of veterinary science as reserved, conditionally authorised or excluded. We are not asking the Department to preserve the status quo.

Our concern is with one specific outcome the reform could produce, and with two specific pieces of drafting.

- The outcome. Equine dentistry is the only field of animal dentistry in Queensland that a person with no qualification, no registration, no supervision and no accountability may lawfully perform for fee or reward. That position rests on a single line in subordinate legislation — section 3(1)(f) of the Veterinary Surgeons Regulation 2016, "filing or rasping a horse's teeth." If the categorisation exercise under Option 3 simply carries that line across into the new "excluded" category, a 90-year-old anomaly becomes a modern, deliberate policy.
- The first drafting problem. Topic 1 requires conditionally authorised activities to be performed "within a veterinary practice that meets prescribed governance and supervision requirements," with a veterinary surgeon "readily available to provide direction and intervention." The authorised person pathway in the paraprofessionals topic contains no such requirement: no practice, no employment nexus, no stated supervision level, and entry available on "experience or equivalent credentials" alone. As drafted, these two parts of the same reform say different things.
- The second drafting problem. "General supervision" is defined as the veterinary surgeon being "not physically present, however… available electronically," with the supervised person "responsible for the execution of the activity." An equine dental procedure performed under general supervision is independent lay practice with a telephone number attached.

We ask the Department to apply its own test. The Board's published criteria for deciding whether an activity is an act of veterinary science — the level of skill and competency required, the degree of professional judgement involved, the risk of pain, suffering or adverse welfare outcomes if performed incorrectly, and the implications for disease control, biosecurity and public health — are proposed to be codified in subordinate legislation. Applied to equine dental examination, diagnosis, sedation, extraction and motorised instrumentation, every one of those criteria points the same way— that all equine dentistry must be an act of veterinary science. That analysis is set out in Part B.

We also ask the Department to note the very limited equine-specific evidence currently contained in its evidence base. The Impact Analysis Statement runs to some 200 pages and contains no equine welfare data, no data on the number of lay equine dental providers operating in Queensland, no equine incident or complaint data, and no costing of any large-animal or ambulatory practice model — Appendix 2 states expressly that "standards omitted relate to large animal practices." The monetised animal-welfare benefit for the entire reform package rests on an assumed one to eight avoidable serious welfare incidents per year statewide, valued using a United States "value of a statistical dog life," and is self-described as "highly uncertain and provided as an approximation only." No equine veterinarian and no equine veterinary body sat on the Veterinary Stakeholder Reference Group, while a lay equine dentist sits on the separate client and industry reference group as a service-provider perspective.

A decision to place equine dental acts outside the veterinary framework would therefore be made on no Queensland evidence at all. We are able to assist with that, and Part F sets out what we can provide.

Finally, we ask the Department not to read the near-absence of enforcement action as evidence that the current arrangement is working. On the Department's own account, the Board has been limited in practice to cease-and-desist notices, with only one matter ever progressed to the Magistrates Court, because the "fee or reward" element is evidentially difficult and the 40 penalty unit maximum does not justify the cost of investigation. Queensland's prohibition on unregistered practice is, on the Department's own evidence, largely unenforced. The response to an unenforced prohibition is to make it enforceable, not to regularise the conduct it was meant to prevent.

Summary of recommendations

Each recommendation identifies where it would take effect. We note the Department's statement that the reforms "are not an indivisible package" and that "each preferred option… and its individual policy elements will be considered separately following consultation."

#	Recommendation	Instrument / question
R1	Classify equine dental diagnosis, treatment planning, sedation and analgesia, local anaesthesia and nerve blocks, periodontal therapy, extraction and oral surgery, dental radiography and its interpretation, and the use of motorised dental instruments as RESERVED activities.	Subordinate legislation under Topic 1 Q3, Q9
R2	Repeal section 3(1)(f) of the Veterinary Surgeons Regulation 2016. If it is retained in any form, narrow it to manual reduction of sharp enamel points in an unsedated horse, excluding power instruments, sedation, diagnosis, extraction and any work at or below the gingival margin, and attach species, technique and qualification conditions consistent with every other prescribed exclusion	Veterinary Surgeons Regulation 2016 Q9, Q10
R3	Reconcile the authorised person pathway with Topic 1: no authorised person may perform a conditionally authorised activity otherwise than within a licensed veterinary practice, under a nominated supervising veterinary surgeon, with defined escalation and intervention arrangements.	Act/subordinate legislation Q44, Q49, Q50, Q57
R4	Provide that no activity involving sedation, entry to the oral cavity, extraction, or the use of motorised dental instruments may be performed under "general supervision" as defined.	Subordinate legislation Q44, Q57
R5	Confine the grandfathering pathway to veterinary nurses and veterinary technologists in employment within a veterinary practice; time-limit it; require Board-approved assessment; and exclude equine dental acts from it entirely.	Transitional provisions Q44, Q50, Q57

R6	Adopt the structural discipline of the Western Australian model that the Department itself identifies as best practice: an exhaustive, enumerated list of authorised acts, each with a mandated supervision level, and a public register recording each authorised person (veterinary nurse/technologist) and their supervising veterinary surgeon. We do not recommend the exemption for authorised persons, not categorised above, to perform acts of equine dentistry. If absolutely necessary to implement, authorised persons must meet the same criteria above, and are designated the title 'Equine Dental Technicians' for their employment and marketing. They are to be restricted from using the term 'Equine Dentist' (a specialist title), and directly or indirecting inferring their status as veterinarians to animal owners.	Subordinate legislation Q44, Q57
R7	Confirm that possession, prescription, supply and administration of sedative, analgesic and anaesthetic agents remain restricted to registered veterinary surgeons, consistent with the Medicines and Poisons Act 2019, and that no authorisation pathway confers access to them.	Act / Topic 1 Q9, Q75
R8	Support the removal of the "for fee or reward" element as the trigger for the unregistered-practice offence, and raise the maximum penalty to a level comparable with other jurisdictions.	Act Q3, Q6, Q10, Q58
R9	Name in the Act the entity responsible for investigating and, where warranted, prosecuting a person who is not a veterinary surgeon for performing a reserved activity; create a defined referral pathway between the Board, animal welfare inspectors and police; extend the graduated compliance framework and whistleblower protections to complaints about unregistered practice; and provide an infringement-notice power.	Act / Topic 5 Q58, Q62, Q67
R10	Record in the Decision Impact Analysis Statement that no equine-specific evidence was available, and collect it before any equine dental act is categorised. We offer the evidence described in Part F.	Q1, Q2, Q75
R11	Reserve, by act rather than by occupational title, the diagnosis of disease and the acquisition and interpretation of diagnostic images in the horse, so that the boundary questions the Department identifies in farriery, physiotherapy and related fields are resolved on risk rather than on job description.	Subordinate legislation Q9, Q75

#	Recommendation	Instrument / question
R12	Establish a restricted-acts advisory committee, as New South Wales has, with equine veterinary representation, to advise on categorisation; and guarantee a Board seat held by a veterinary surgeon in contemporary general, mixed or large-animal ambulatory practice.	Act / Topic 6 Q69, Q74, Q76
R13	Pending legislative reform, request that the Board issue interim guidance confirming that section 3(1)(f) is confined to its plain historical meaning: manual reduction of sharp enamel points in a conscious, unsedated horse, using non-motorised instruments only, with no diagnosis made or represented and no work at or below the gingival margin. This guidance would operate immediately under the Board's existing powers and would not require legislative change.	Board Guidance (Immediate)

Part A — What Queensland law says about equine dentistry

A.1 The Act treats dental work as veterinary science

Section 2A(2) of the Act defines veterinary science to include diagnosing disease and injury, giving advice based on a diagnosis, medical or surgical treatment, performing surgical operations, administering anaesthetics, and issuing certificates. Equine dental practice engages five of those six limbs on an ordinary day's work.

Section 2A(3)(a) then provides that veterinary science does not include "an act done for animal husbandry or animal dentistry prescribed by regulation not to be veterinary science." The default position under the Act is therefore that dental work is veterinary science; a regulation is required to take it out.

A.2 One line of subordinate legislation carries the whole exemption

For equine dentistry, that regulation is section 3(1)(f) of the Veterinary Surgeons Regulation 2016 — "filing or rasping a horse's teeth." That single line is the entire legal basis on which a person who is not a veterinary surgeon may perform equine dental work for fee or reward in Queensland.

Two features of it deserve the Department's attention.

- It attaches to the act, not to the person. It carries no qualification requirement, no registration, no supervision, no insurance obligation, no record-keeping duty, no complaints pathway and no disciplinary consequence. Anyone may rely on it.
- It is condition-less, and in that it is an outlier. The Impact Analysis Statement describes Queensland's prescribed exclusions as "subject to specific conditions, including species, technique, and age limits" which "may require additional qualifications." That description is accurate for castration, dehorning, artificial insemination and the administration of lignocaine. It is not accurate for section 3(1)(f), which has no condition of any kind. The horse dentistry exclusion is the least conditioned exclusion in Queensland's own exclusion architecture, attached to the procedure with arguably the widest scope for concealed pathology.

A.3 The Board already accepts that this is veterinary science

The Veterinary Surgeons Board of Queensland groups dental procedures three ways in its policy guidance. Scaling, cleaning and polishing sit outside veterinary science. Invasive procedures such as extractions and prostheses, in all species, are veterinary science and reserved. Filing or rasping a horse's teeth is listed separately, under the heading "deemed to be acts of veterinary science but exempted by the Veterinary Surgeons Regulation 2016."

The Board's position, in other words, is that the activity is an act of veterinary science which a regulation has removed from the reserved space. That matters a great deal for the categorisation exercise now proposed, for the reason given in Part B.

A.4 Queensland is out of step, and the comparison is in the Department's own table

Table 3 of the Impact Analysis Statement sets out how each Australian jurisdiction defines and restricts veterinary acts. Read for dentistry, it shows Queensland at one end of the national range and the two most recently drafted frameworks at the other.

Jurisdiction	How animal dentistry is treated	Horses specifically	Maximum penalty for unauthorised practice
Queensland (1936)	"Prescribed animal husbandry or dentistry" is excluded from veterinary science by regulation.	The only prescribed dental exclusion is for horses, and it carries no conditions of any kind.	40 penalty units, and only where the act is for fee or reward
Australian Capital Territory (2018)	Tooth cleaning is permitted only on an anaesthetised animal, and only by a person holding a Certificate IV in Veterinary Nursing.	Horses are expressly excluded from that exemption.	50 penalty units and/or 6 months imprisonment
South Australia (2023)	"Dental procedure" is named as a restricted veterinary service.	No lay dental exemption. Registered dentists, physiotherapists and chiropractors may act only under veterinary supervision.	$20,000 or 6 months imprisonment
New South Wales (2003)	No lay dental exemption; accreditation is act-specific and Board-granted.	No horse-specific exemption.	50 penalty units and/or 12 months imprisonment
Western Australia (2021)	Regulations prescribe a detailed list of acts performable by veterinary nurses and authorised persons, each with a defined supervision level.	No horse-specific exemption in the primary restriction.	$10,000 first offence, $20,000 second

The Australian Capital Territory comparison is the instructive one. The ACT did, in 2018, precisely the exercise the Department proposes now: it tiered dental work by risk. Having done so, it permitted tooth

cleaning only where the animal is anaesthetised and the operator holds a Certificate IV in Veterinary Nursing — and then expressly excluded horses from even that. A jurisdiction applying a modern risk test to the least invasive dental procedure, performed by a qualified person, on an anaesthetised patient, concluded that horses were different.

Queensland's provision is the mirror image. It applies to horses only; it requires no qualification, no anaesthesia and no supervision; and it is the least conditioned exclusion on the Queensland statute book. We invite the Department to consider whether that is a position it would arrive at today, drafting from first principles, on the evidence before it.

Part B — Topic 1: categorising acts of veterinary science (Questions 3–10)

B.1 We support Option 3

Question 3: Yes. Question 4: Yes. Question 7: The recommended option is preferred. A framework that sorts activities by risk is a better instrument than the present binary one, and it is capable of producing a defensible answer for equine dentistry — which the current framework, resting on a single unconditioned line of subordinate legislation, is not.

Our support is qualified in one respect only, and it is the respect that matters most to this Subcommittee: the categorisation itself is to be "prescribed in subordinate legislation, developed through stakeholder consultation," and is therefore not before us in this consultation. The substantive decision on equine dentistry will be made after this process closes. We ask that the principles below be recorded now, and that this Subcommittee be consulted at that later stage.

B.2 Applying the Department's own criteria

The Board's existing test asks four questions of an unclear procedure. Option 2 proposes to codify them in subordinate legislation, and Option 3's head of power permits further restriction where there is "evidence that the activity presents an unacceptable risk to animal welfare, client protection, biosecurity or public health." We have applied that test to equine dental practice as it is actually performed.

Departmental criterion	What equine dental examination and treatment involves	Category indicated
The level of skill, knowledge and competency required	The equine mouth contains up to 44 teeth, most of which cannot be seen or reached without a full-mouth speculum, focal light, mirror or oroscope, and chemical restraint. Recognition of periodontal disease, diastemata, pulpar exposure, fractured and displaced teeth, apical infection with secondary sinusitis, EOTRH and oral neoplasia requires trained interpretation of findings that are not visible to an untrained observer and frequently not visible to the owner at all.	Reserved
The degree of professional judgement and clinical decision-making involved	Whether to sedate, and with which agent and dose, in a patient that may have cardiac disease, PPID, hepatic or renal compromise, or advanced age; how much crown may safely be reduced; whether a tooth should be treated, imaged, extracted or referred; what analgesia is indicated and for how long. These are diagnostic and prescribing decisions, not manual ones.	Reserved

The risk of animal pain, suffering or adverse welfare outcomes if performed incorrectly	Over-reduction and iatrogenic pulp exposure; thermal injury to the pulp from motorised instruments; soft-tissue laceration; mandibular or maxillary fracture; incomplete extraction with retained roots; undiagnosed periodontal disease progressing to tooth loss, sinusitis and, in some cases, euthanasia; and sedation misadventure including inadvertent intracarotid injection. Several of these are irreversible.	Reserved
The potential implications for disease control, biosecurity or public health	Routine equine dental work depends on prescription-only sedatives and analgesics, including a Schedule 8 opioid. Instruments move between properties, engaging infection control and biosecurity. A veterinary attendance is also a surveillance event; a non-veterinary attendance is not.	Reserved

We are not aware of any analysis in the Impact Analysis Statement that reaches a different conclusion on any of these four criteria, because the document does not consider equine dentistry at all.

B.3 Why section 3(1)(f) cannot survive Option 3 on its own terms

Option 3 defines an excluded activity as one that "fall[s] outside the regulatory framework because [it] pose[s] a low risk to animal welfare, client protection, biosecurity or public health when performed by suitably trained or experienced persons."

The Board has already determined that filing and rasping a horse's teeth is an act of veterinary science, exempted only because the Regulation says so. An activity that the regulator itself characterises as an act of veterinary science is not, on any ordinary reading, a low-risk activity falling outside the framework. Section 3(1)(f) therefore fails the definition of the very category it would otherwise be swept into. Carrying it forward unexamined would embed, in a modern risk-based framework, a classification that the framework's own definitions do not support.

We ask that the Department treat section 3(1)(f) as a provision requiring an affirmative decision under the new criteria, not as a settled exclusion to be migrated across.

B.4 What "excluded" actually means

It is worth being explicit about the consequence of the excluded category, because it is easily mistaken for light-touch regulation. An excluded activity attracts no qualification requirement, no registration, no supervision, no clinical governance obligation, no mandatory insurance, no record-keeping standard, no complaints pathway and no disciplinary jurisdiction. It is not lightly regulated; it is unregulated.

For an owner, the practical effect is that there is no forum in which to complain and no standard against which the work can be measured. For the horse, the effect is that the only remaining protection is the Animal Care and Protection Act 2001, which the Impact Analysis Statement correctly describes as

engaging where a layperson's actions "result in an adverse animal welfare outcome" — that is, after the harm has occurred.

B.5 The narrow space that can properly sit outside the reserved category

If the Department wishes to retain a lay pathway (which is not recommended by the Subcommittee based on the animal welfare implications of uncoupling the oral examination and diagnosis of pathology from the manual reduction of sharp enamel points, as diagnosis is required to allow for treatment of said pathology. Hence serious, painful pathology will remain untreated), then the proper boundary must be described

precisely as "Manual reduction of sharp enamel points in a conscious, unsedated horse, where no diagnosis is made or represented, no prescription-only medicine is administered, no motorised instrument is used, and no instrument passes at or below the gingival margin". It should be drawn in those terms rather than by the words “filing or rasping,” which in current practice are used to describe procedures that go well beyond it. Further reasons are discussed in Part C

B.6 “Fee or reward”: we support the Department and the reference group

Question 6 and Question 10. The Subcommittee supports removing “for fee or reward” as the trigger for the unregistered-practice offence. We agree with the Veterinary Stakeholder Reference Group’s recorded view that the concept is outdated because the risk of harm arises regardless of payment, and with the Board’s advice that the element is evidentially difficult where payment is circumstantial.

The concern that removing it would criminalise owners caring for their own animals, or informal and emergency assistance, is readily met. New South Wales, the Australian Capital Territory, South Australia, Tasmania and the Northern Territory all address it by express exemption for owners, employees of owners, and emergency situations, while restricting the act itself. Queensland can do the same, and Option 3 already contemplates exemptions where veterinary services are unavailable or timely action is needed in the animal’s interests. The distinction that matters is between a person caring for their own horse and a person operating a commercial service on other people’s horses.

Part C — Topic 4: paraprofessionals and the authorised person pathway (Questions 44–57)

C.1 We support registration and title protection

Question 44: Yes. Question 45: Yes. The Subcommittee supports statutory registration, title protection and defined scopes of practice for veterinary nurses and veterinary technologists. Queensland has approximately 4,200 veterinary nurses with no registration, no protected title and no direct accountability to the Board, and the Department is right that this is unsatisfactory for clients and for the profession. Properly implemented, this reform strengthens veterinary teams.

C.2 The authorised person pathway is drafted inconsistently with Topic 1

Topic 1 provides that conditionally authorised activities “may be performed by authorised persons operating within a veterinary practice that meets prescribed governance and supervision requirements,” with risk “mitigated through prescribed qualifications and/or training requirements, together with supervision arrangements that ensure a veterinary surgeon is readily available to provide direction and intervention where required,” and that such activities “would need to be performed within a veterinary practice that has appropriate governance, delegation and supervision frameworks in place.”

The paraprofessionals topic then describes the authorised person pathway in materially different terms:

> *An authorised person pathway would also be established for individuals who are not eligible for veterinary nurse or veterinary technologist registration, but who require authority to perform specified prescribed acts based on approved qualifications, training, experience or equivalent credentials, subject to Board approval and any applicable conditions.*

That paragraph contains no requirement of employment in a veterinary practice, no practice governance framework, and no stated supervision level. Eligibility is defined by exclusion — a person who does not qualify as a nurse or technologist — and entry is available on “experience or equivalent credentials” alone, which imposes no qualification floor. It is the only limb of the paraprofessional framework not anchored either to registration as a nurse or technologist or to employment within a licensed practice.

We do not suggest this is deliberate. We do say that, as drafted, it is the mechanism by which independent lay equine dental practice would be formalised, and that it should be reconciled expressly in favour of the Topic 1 formulation. One sentence achieves it: no authorised person may perform a conditionally

authorised activity otherwise than within a licensed veterinary practice, under a nominated supervising veterinary surgeon.

C.3 "General supervision" cannot apply to equine dental work

The supervision levels to be prescribed are general, direct and in-person. General supervision is defined as the veterinary surgeon being "not physically present, however… available electronically for consultation," with the veterinary surgeon responsible for the delegation and "the supervised person… responsible for the execution of the activity."

For a procedure performed on a sedated 500-kilogram flight animal, on a property that may be hours from the supervising veterinarian, electronic availability is not a safeguard. If an equine dental act were ever prescribed as performable under general supervision, the result would be indistinguishable in substance from independent lay practice. We ask that no activity involving sedation, entry to the oral cavity, extraction, or the use of motorised dental instruments be performable under general supervision, in any species.

C.4 Grandfathering must be confined

The framework contemplates "a grandfathering pathway… for existing practitioners who can demonstrate competence without holding an approved qualification" during a transitional period. The text does not define who counts as an existing practitioner, what demonstrating competence requires, how long the period runs, or whether the pathway is confined to nurses and technologists or extends to the authorised person category.

Read broadly, it would allow the very cohort whose activity is presently unregulated to be admitted to the new framework on the strength of having practised under the old exemption. We ask that grandfathering be expressly confined to veterinary nurses and veterinary technologists in employment within a veterinary practice, be time-limited, require Board-approved assessment, and exclude equine dental acts.

C.5 If an authorised person category is created, adopt Western Australia's structure — but not its equine outcome

The Department identifies Western Australia as the leading Australian model, noting that its regulations "prescribe a detailed list of 'acts of veterinary medicine' that may be performed by veterinary nurses, advanced veterinary nurses and veterinary nurse students," that they "clearly define what level of supervision is required for each act," and that the Board maintains a public register recording each authorised person and their supervising veterinary surgeon.

We support that structure and ask that Queensland adopt it: an exhaustive enumerated list of authorised acts rather than an open-ended authority, a mandated supervision level attached to each act, and a public register naming the supervising veterinarian so that supervision is a traceable relationship rather than a nominal one.

We distinguish the structure from the substance. Western Australia's decision to permit authorised persons to perform equine dental work has, in the experience of veterinarians practising there, produced serious welfare outcomes with limited consequence to providers, and we would not wish to see it replicated. Queensland can take the discipline of the Western Australian framework without repeating that particular categorisation decision by omitting the exemption for authorised persons to perform equine dentistry. If absolutely necessary to implement, authorised persons permitted to perform equine dentistry must meet the same criteria as other authorised persons (nurses/technologists), and are designated the title 'Equine Dental Technicians' for their employment and marketing. They are to be restricted from using the term 'Equine Dentist' (a specialist title), and directly or indirecting inferring their status as veterinarians to animal owners.

C.6 The consultation does not ask about this pathway

We note, without criticism, that none of Questions 44 to 57 asks respondents about the authorised person pathway, and that the paraprofessionals topic does not mention horses, dentistry or field-based service delivery at any point. The analysis is written about veterinary nurses and technologists working in clinics. The pathway that would capture independent field-based providers is created in a section that never examines them.

Part D — Sedation, analgesia and access to veterinary medicines (Questions 9, 75)

Sedation is not a method of restraint. It is a medical procedure that requires assessment of the patient's suitability, drug selection and dose calculation appropriate to age, breed and condition, monitoring, and the capacity to recognise and manage an adverse event — including inadvertent intracarotid injection, which in a standing horse is an emergency. Standing equine dentistry of any complexity is performed under sedation, and the analgesia that follows an extraction is a prescribing decision.

The relevant question for this review is not whether veterinarians are trustworthy custodians of these medicines. It is how many lawful holders the framework creates, and what audit trail attaches to each of them. A registered veterinary surgeon operates within the Medicines and Poisons Act 2019, holds approved premises, keeps prescribed records, and is subject to the Board's disciplinary jurisdiction and to the Queensland Health Monitored Medicines and Compliance Unit — the Impact Analysis Statement records eight such actions since 2021. An unregistered operator sits outside every one of those controls.

Any authorisation pathway that carried access to sedatives and analgesics with it would therefore widen the number of lawful holders while lowering the audit standard applying to them. That is a medicines-control question as much as an animal welfare one. Two agents in routine equine dental use make the point concretely: butorphanol, a Schedule 8 opioid with recognised misuse potential; and xylazine, an alpha-2 sedative that is not a controlled drug, is supplied through veterinary channels, and has become a significant drug of abuse internationally, where it is mixed with opioids, is not reversed by naloxone, can lead to fatal overdose and causes severe necrotic wounds.

We therefore ask that the Act confirm that possession, prescription, supply and administration of sedative, analgesic and anaesthetic agents remain restricted to registered veterinary surgeons, and that no registration, authorisation or grandfathering pathway created by this reform confer access to them.

Part E — Topic 5: compliance and the enforcement gap (Questions 58–67)

E.1 We support the graduated framework

Question 58: Yes. Question 59: Yes. Question 60: Yes. A graduated framework with proportionate responses, earlier intervention and interim protective powers is a clear improvement, and we support it.

E.2 On the Department's own evidence, the prohibition on unregistered practice is not enforced

The Impact Analysis Statement records that the Board may investigate reports of non-veterinarians performing acts of veterinary science and issue cease-and-desist notices, but that matters "often do not meet the evidentiary threshold required to pursue an offence in the Magistrates Court, particularly where the evidence of fee or reward is circumstantial." It states that this "has limited the Board to issuing cease and desist notices in circumstances where stronger enforcement action may otherwise have been appropriate, with only one matter having been progressed to the Magistrates Court," and that these limitations "are compounded by the maximum penalty of 40 penalty units, which may not provide a sufficient deterrent or justify the public expense of extensive investigation."

That is a description of a prohibition that does not operate. It is consistent with what our members experience. Reports of unregistered persons performing dental extractions on horses have been made to

the Board and to the RSPCA by both veterinarians and horse owners, and have not, to the reporters' knowledge, resulted in any communicated outcome.

E.3 No agency owns unregistered practice

The structural difficulty is that three bodies each hold part of the problem and none holds all of it. The Board's conduct jurisdiction is directed to registered veterinary surgeons. Animal welfare inspectors act under the Animal Care and Protection Act 2001, which engages only once an adverse welfare outcome has occurred — a post-harm remedy, not a preventive control. Police act under the criminal law.

A report that an unregistered person has performed a reserved act can therefore be passed between all three without any of them owning it, and the person making the report is given no indication of where it went. Performance of reserved acts of veterinary science by unregistered persons, or persons making false claims of qualifications, erode consumer protection and damage animal welfare.

We ask that the Act name the responsible entity, provide a defined referral pathway between it, animal welfare inspectors and police, and require that a person who makes such a report be told the outcome. We note that the Department already identifies that the Board "has limited express powers to share information with other regulators or agencies," and proposes to address this. We ask that unregistered practice be expressly within scope of that reform.

E.4 Low complaint volume is not evidence of safety

The Department states, correctly, that complaint data "may understate the prevalence of sub-standard performance or professional misconduct" because many deficiencies "are not visible to clients… or do not lead to an immediately observable adverse outcome." That reasoning applies with unusual force to equine dentistry, and we ask that it be applied consistently to lay-performed work.

- The harm is not visible. Undiagnosed periodontal disease, a fractured tooth or an over-reduced arcade cannot be seen by an owner. The Department's own credence-good analysis says exactly this: clients "are often unable to assess the technical quality… even after the service has been provided."
- The owner believes the problem has been addressed. Having paid for a dental service, an owner reasonably concludes their horse's dental care is current, and does not seek a veterinary opinion. The interval to the next examination is therefore the interval over which the untreated disease progresses.
- Complainants face disincentives. Owners report reluctance where the service was inexpensive, where they feel responsible for what the horse experienced, or where they anticipate a hostile response. Veterinarians who assist after an adverse outcome have been the subject of retaliatory complaints, which has a measurable chilling effect on reporting. Also the lack of consequences when issues are reported make it difficult to justify the risk.
- The instrument does not collect it. Question 65 asks whether harm has occurred "from services provided by a veterinary surgeon, veterinary specialist or paraprofessional." It does not ask about harm caused by an unregistered provider. The consultation therefore cannot collect the evidence most relevant to deciding whether unregistered providers should be authorised.

We ask that Question 65 be treated as under-inclusive, that the Decision Impact Analysis Statement note the omission, and that the reformed complaints framework include a distinct category for complaints about persons who are not registered, so that the data exists in future.

E.5 Two practical additions

- An infringement-notice power. The Department proposes no infringement notices; Victoria has them. Without a proportionate mid-range tool, enforcement against unregistered practice will continue to depend on the Magistrates Court, which the Department's own record shows has been used approximately once.

- Whistleblower protection extended to veterinarians. Queensland is one of the few jurisdictions with no statutory protection for complainants. The Department proposes to introduce it. We ask that it expressly cover a veterinarian who reports unregistered practice or who provides remedial treatment following another provider's work.

Part F — The evidence base (Questions 1, 2 and 75)

F.1 Question 1: No, with respect

We do not agree that the data and assumptions in Appendix 2 are adequate to support decisions affecting equine dentistry, for the following reasons. We offer them constructively; the Department states that feedback on Appendix 2 "will further refine the evaluation."

Gap	What the Impact Analysis Statement contains
Equine content	Across the whole document there is no equine welfare data, no data on the number or activity of lay equine dental providers in Queensland, no equine incident or complaint data, and no equine cost model. The only equine data point used anywhere in the analysis is an imported United States statistic about internet pharmacies and lost practice income.
Large-animal and ambulatory costing	Appendix 2, Table 34, note 1: "Standards omitted relate to large animal practices." Note 2 confirms the model is a single-consult-room small-animal clinic with capacity to hospitalise six patients. There is therefore no costing anywhere in the analysis for a large-animal, equine or ambulatory practice.
Monetised welfare benefit	The animal welfare benefit for the reform package assumes between one and eight avoidable serious welfare incidents per year statewide, valued using a United States "value of a statistical dog life" of $17,545, and is described in the Department's own words as "highly uncertain and provided as an approximation only." That assumption is not disclosed in Appendix 2 at all; it appears only in the evidence column of individual option tables. The value of a statistical horse life may be higher due to the different commercial uses of horses.
Harm data on unregistered providers	Not collected. Questions 34 and 65 ask about harm caused by veterinary practices, veterinary surgeons, specialists and paraprofessionals. No question asks about harm caused by a person who is not registered.
Equine veterinary input	The Veterinary Stakeholder Reference Group comprised the Board, unnamed "veterinary surgeons from various practice models," the AVA, RSPCA Qld, AVBC, VNCA, ANZCVS, VSANZ and Queensland Health. No dedicated equine veterinarian or equine veterinary body is identified. A lay equine dentist sits on the separate client and industry reference group, which the document states commenced in July 2026 and operates "in parallel with" the consultation.

We raise the composition point without any suggestion of impropriety. Our concern is simply that a categorisation decision about equine dentistry should not be made without equine veterinary expertise in the room, and at present that expertise is not recorded as having been in the room. The Department's conclusion that there was "no material disagreement" among reference group members is unsurprising if the practitioners most affected by this particular question were not represented.

F.2 Question 2: What we can supply

The Subcommittee is willing to provide the following to inform the categorisation of equine dental acts before subordinate legislation is drafted.

- The 2026 Equine Veterinary & Dental Services (EVDS) Lay of the Land Survey, conducted 8–31 August 2026, to which more than 200 Australian veterinarians responded, covering training and participation in equine dentistry, the importance of dentistry to equine practice, and views on regulation.
- De-identified clinical case material, including imaging, documenting outcomes following lay equine dental procedures in Queensland and other Australian jurisdictions.
- A schedule of matters reported to veterinary boards, welfare agencies and police in Queensland and other Australian jurisdictions, with outcomes where known.
- Assistance in designing a minimum dataset so that the position is evidenced rather than asserted next time: incidents by provider type, procedure, sedation use, and outcome.

F.3 A request about campaign-generated responses

We are aware of a public campaign survey circulated to Queensland and New South Wales horse owners in relation to equine dental regulation. Veterinarians who attempted to complete it report that it could not be submitted without selecting particular answers, and that it permitted repeated submissions from the same person. We make no allegation about who conducted it or why.

We ask only that, where the Department receives submissions or datasets derived from campaign instruments of any kind — including any generated or supplied by our Subcommittee — it records their provenance, note whether responses can be verified as unique, and weigh them accordingly against the identified professional and clinical evidence before it. We would apply the same standard to ourselves.

Part G — Workforce, access and the rural equine practice (Questions 5, 6, 46)

G.1 Removing dentistry from equine practice subtracts workforce capacity

A central premise of this review is that moving work from veterinarians to others increases the capacity of the veterinary system. For most of the work the Department is considering — nursing tasks delegated inside a clinic to a registered nurse — that premise holds, and we support it. For ambulatory equine practice it does not, and we ask the Department to test it rather than assume it.

Routine dentistry is scheduled, predictable, repeatable work. In ambulatory practice it is often the work that makes a property visit viable at all: it amortises travel across a day, it fills a calendar that would otherwise be composed of unscheduled emergencies, and it produces the recurring revenue that sustains a vehicle, equipment and a practitioner in a rural district. Remove it and what remains is the least schedulable and least commercially reliable component of the work.

The consequence is not that equine veterinarians do more valuable work instead. It is that fewer of them remain financially viable in regional Queensland. The Department's own evidence describes exactly this fragility: large-animal demand has been declining for two decades, the rural veterinary workforce is aging, and there are difficulties "in developing the next generation of large animal veterinary surgeons." Statewide, there are approximately 107 vacancies, an average of 202 days to fill one, and 37 per cent of vacancies remaining unfilled beyond twelve months, with regional practices disproportionately affected.

Every property visit by a veterinarian is also a surveillance event. The Department states that "workforce limitations also affect the capacity to respond to biosecurity risks and emergency animal diseases, particularly in regional areas." A dental appointment is frequently the visit at which a veterinarian first sees a horse that is losing weight, is lame, is in poor body condition or is showing signs that the owner had not connected to anything. Fewer veterinary attendances means fewer of those observations, in precisely the parts of Queensland where the Department says surveillance capacity is thinnest.

G.2 Answering the access objection directly

We anticipate the argument that reserving equine dental acts would reduce access to dental care in remote areas. We do not accept it, for four reasons.

- Dental disease is chronic, not acute. Except in the case of trauma, deferring dental treatment to a scheduled veterinary visit is clinically appropriate. That is not comparable to a dystocia or a colic, and Option 3 already provides exemptions for circumstances where veterinary services are unavailable or timely action is necessary in the animal's interests.
- The reform itself creates the lawful alternative. Registered veterinary nurses and technologists working within a practice, under defined supervision, are a genuine addition to capacity — that is the part of the paraprofessional reform we support.
- Unsupervised operators do not solve remoteness; they relocate the risk. A horse in a remote district that receives an inadequate dental procedure has not gained access to care. It has lost the opportunity for care, because its owner now believes the problem has been dealt with.
- The genuine answer to regional access is the viability of ambulatory veterinary practice, which is what Part G.1 is about. Members of this Subcommittee operate mobile practices covering substantial areas of regional Queensland and are willing to describe those service models to the Department.

Part H — Beyond dentistry: the boundary problem the Department has identified (Questions 9, 75, 76)

The Impact Analysis Statement records that reference group members identified "ambiguity around where veterinary science ends and other animal-related services begin, including husbandry, physiotherapy, and farriery," and that Board guidance already treats farriery as a non-veterinary activity. Equine dentistry is the most developed instance of that ambiguity, but it is not the only one, and the categorisation exercise is an opportunity to resolve the class of problem rather than one member of it.

We offer one worked example, reported to this Subcommittee, to show how the boundary moves in practice. A farrier acquired a radiography unit and obtained a radiation licence from the relevant authority, then approached an equine veterinarian seeking training in equine radiography, having been advised to consider veterinary nursing courses. Nothing in that sequence involved the veterinary regulator. Radiographic acquisition and interpretation in the horse is diagnostic imaging performed for the purpose of clinical decision-making, and the person acquiring the images is, in substance, being asked to interpret them.

The principle we ask the Department to adopt is that activities be categorised by what is being done and the risk it carries, not by the occupational title of the person doing it. Applied to the equine boundary cases, that yields workable answers:

- Diagnostic imaging. Acquisition and interpretation of radiographs and other diagnostic images in the horse should be reserved. Trimming and shoeing to a veterinary prescription, including therapeutic and corrective shoeing on a veterinarian's direction, plainly should not be.
- Farriery. Excluded status for farriery should not be read as extending to the diagnosis of lameness or foot disease, the acquisition of images, or therapeutic intervention beyond the foot.

- Manual and physical therapies. Where a registered human health practitioner is involved, the South Australian approach — permitting practice under veterinary supervision — is a sound model. What should not follow is a general lay entitlement to assess and treat musculoskeletal disease independently.
- Prescription-only medicines. Administration of any prescription-only veterinary medicine should be reserved regardless of the occupation of the person administering it, subject to the delegation and supervision arrangements within a licensed practice.

Adopting a by-act principle also protects the Department from the argument it will otherwise face repeatedly: that each new occupational group should have its own exemption because the last one did.

Part I — Practice licensing and governance (Questions 27–43, 68–74)

I.1 Practice licensing: supported, with one request for equine and mobile practice

Question 27: Yes. Question 29: Yes, in principle. A single licence capable of covering fixed, mobile and telehealth service-delivery models is a significant improvement on a framework that requires the Board to approve a notional "base" so that a mobile practice can satisfy a premises requirement. The Department records that 29 per cent of approved premises are already large-animal or small-animal mobile practices, and that standards designed for permanent facilities may be applied to them, "creating disproportionate compliance burdens or uncertainty."

Our request is that the practice standard, when drafted, include a distinct ambulatory and large-animal service-delivery-model standard written for the way that work is actually done — outcome-based infection control between properties, medicines security in a vehicle, records and continuity of care in the field, and safe standing chemical restraint — rather than a small-animal clinic checklist with the inapplicable items struck out. The Department's own cost model demonstrates the risk: it is built on a single-consult- room small-animal clinic, and Appendix 2 states expressly that large-animal standards were omitted.

On Question 39, we also note that the implementation estimate assumes documentation is prepared at practice-manager rates. In a sole-operator ambulatory practice there is no practice manager; the work is done by the veterinarian, at the higher rate the Department's own table uses for veterinary time.

I.2 Governance: two structural asks

Question 68: Yes. Question 69. We support expanding the Board and adopting skills-based appointments. We ask for two additions.

- A restricted-acts advisory committee. The Department notes that New South Wales provides for an advisory committee to consider and recommend whether particular acts should be declared restricted acts of veterinary science, and Option 3 would enable Queensland to establish advisory committees. Because the categorisation of activities is to be made in subordinate legislation after this consultation, a standing committee with species-specific expertise — including equine veterinary expertise — is the appropriate mechanism, with the Board retaining the decision.
- A guaranteed general, mixed or large-animal practice seat. The Department itself observes that Board composition "may not necessarily include the full mix of skills, practice backgrounds and expertise," and that this "is particularly relevant where Board membership does not include sufficient contemporary general or mixed practice experience, as specialist, government, or other backgrounds may not provide direct insight into the settings in which many complaints arise." Option 3 names veterinary, legal, community and veterinary nursing expertise. We ask that contemporary general, mixed or large-animal ambulatory practice experience be added to the skills matrix.

Closing

This Subcommittee supports a modern, risk-based Veterinary Surgeons Act for Queensland. We support Option 3 in each of the topics we have addressed. We have not asked the Department to protect a professional monopoly; we have asked it to apply its own criteria, resolve an inconsistency between two parts of its own reform, and decline to carry a condition-less 2016 exclusion into a framework whose definitions do not accommodate it.

The single most useful step this review could take for equine welfare in Queensland is to ensure that when the categorisation regulation is drafted, equine dental diagnosis, sedation, extraction and motorised instrumentation sit where the Act's own logic already puts them. We would welcome the opportunity to assist the Department at that stage, and to provide the clinical and survey evidence described in Part F.