



# Consultation Summary Report

Ensuring a high-standard of veterinary practice in South Australia

*A review of the Veterinary Practice Act 2003 and Veterinary Practice Regulations 2017*



Government  
of South Australia

Department of Primary  
Industries and Regions

# **Consultation Summary Report - A review of the *Veterinary Practice Act 2003* and *Veterinary Practice Regulations 2017***

Information current as of June 2021

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## Abbreviations

|                       |                                                                           |
|-----------------------|---------------------------------------------------------------------------|
| Animal care providers | Non-veterinary animal care service providers                              |
| AHPRA                 | Australian Health Practitioner Regulation Agency                          |
| AVA                   | Australian Veterinary Association                                         |
| AVBC                  | Australasian Veterinary Boards Council                                    |
| CoPC                  | Code of Professional Conduct                                              |
| CPD                   | Continuing professional development                                       |
| PIRSA                 | Department of Primary Industries and Regions                              |
| Paraprofessionals     | Veterinary Nurses and Veterinary Technicians                              |
| RTO                   | Registered Training Organisation                                          |
| SA                    | South Australia                                                           |
| SACAT                 | South Australian Civil and Administrative Tribunal                        |
| The Board             | Veterinary Surgeons Board of South Australia                              |
| Veterinarians         | Veterinary Surgeons as defined in the <i>Veterinary Practice Act 2003</i> |
| VSP                   | Veterinary Services Provider                                              |
| VNCA                  | Veterinary Nurses Council of Australia                                    |
| VP Act                | South Australian <i>Veterinary Practice Act 2003</i>                      |
| VP Regulations        | South Australian <i>Veterinary Practice Regulations 2017</i>              |

## Introduction

The *Veterinary Practice Act 2003* (the VP Act) and *Veterinary Practice Regulations 2017* (the VP Regulations) regulate veterinary practice in South Australia (SA). The legislation provides for the registration of veterinary surgeons (veterinarians) and regulates the provision of veterinary treatment for the purposes of maintaining high professional standards of competence and conduct. The Veterinary Surgeons Board of South Australia (the Board) administers this legislation.

The Department of Primary Industries and Regions (PIRSA) is undertaking a review of the VP Act and the VP Regulations to ensure that SA maintains a contemporary and flexible framework that continues to meet the objectives of protecting animal health, safety and welfare and the public interest (including users of veterinary services).

This report summarises the feedback provided by stakeholders, including members of the public, during a nine-week public consultation period.

## Public consultation

On 1 December 2020 the Hon David Basham MP, Minister for Primary Industries and Regional Development, released a discussion paper for public consultation. Submissions were sought for a period of nine-weeks, which ended 31 January 2021. This public consultation period followed on from a preliminary engagement with a number of stakeholders during May to September 2020.

## Stakeholders and stakeholder organisations directly targeted during consultation

| Type of engagement                                                                                                                                                                                                                                                                                             | Stakeholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p>Preliminary external consultation:</p> <ul style="list-style-type: none"> <li>• <i>Face-to-face meetings</i><sup>1</sup></li> <li>• <i>Formal letters providing opportunity to meet</i><sup>2</sup></li> <li>• <i>Zoom meeting</i><sup>3</sup></li> <li>• <i>Phone conversations</i><sup>4</sup></li> </ul> | <ol style="list-style-type: none"> <li>1. University of Adelaide<sup>1</sup></li> <li>2. Australian Veterinary Association (AVA) SA Division<sup>1</sup></li> <li>3. The Veterinary Surgeons Board of SA<sup>1</sup> (the Board)</li> <li>4. RSPCA SA<sup>2</sup></li> <li>5. Animal Welfare League of SA (AWL)</li> <li>6. Livestock SA<sup>2</sup></li> <li>7. South Australian Dairyfarmers' Association<sup>2</sup></li> <li>8. South Australian Civil and Administrative Tribunal (SACAT)<sup>2</sup></li> <li>9. Horse SA<sup>2</sup></li> <li>10. Dog and Cat Management Board<sup>2</sup></li> <li>11. Animal Biomechanical Professionals Australia (ABPA)<sup>3</sup></li> <li>12. Veterinary Nurses Council of Australia (VNCA)<sup>4</sup></li> <li>13. Australian Physiotherapy Association – Animal Group<sup>4</sup> (APA)</li> <li>14. Interstate veterinary boards and interstate government agencies<sup>4</sup></li> </ol>                                                                                                                                                                                                                                                                                                                                                         | <p>May 2020 to September 2020</p> |
| <p>Formal letters announcing release of discussion paper: distributed by email</p>                                                                                                                                                                                                                             | <ol style="list-style-type: none"> <li>1. Animal Welfare Organisations (2) <ul style="list-style-type: none"> <li>- RSPCA SA</li> <li>- AWL SA</li> </ul> </li> <li>2. Organisations representing consumers of veterinary services (9) <ul style="list-style-type: none"> <li>- South Australian Dairyfarmers' Association</li> <li>- Livestock SA</li> <li>- SA Canine Association</li> <li>- Greyhound Racing SA</li> <li>- Feline Association of SA Inc.</li> <li>- Governing Council of the Cat Fancy of SA Inc.</li> <li>- Horse SA</li> <li>- Thoroughbred Racing SA</li> <li>- Harness Racing SA</li> </ul> </li> <li>3. Registered training organisations (RTOs) <ul style="list-style-type: none"> <li>- Providers of Certificate IV in Veterinary Nursing (6)</li> </ul> </li> <li>4. The University of Adelaide</li> <li>5. Organisations representing non-veterinary animal care service providers (animal care providers) and paraprofessionals (7) <ul style="list-style-type: none"> <li>- ABPA</li> <li>- Equine Dental Association of Australia</li> <li>- APA – Animal Group</li> <li>- VNCA</li> <li>- Equine Therapies Association of Australia</li> <li>- SA Farriers and Blacksmiths Association</li> <li>- Australian Certified Hoofcare Practitioners</li> </ul> </li> </ol> | <p>December 2020</p>              |

6. Other organisations (4)
  - SA Veterinary Emergency Management
  - SACAT
  - The Law Society of SA
  - Dog and Cat Management Board
7. Professional veterinary membership associations (2)
  - AVA SA
  - Veterinary Defence Association Australia
8. Animal ethics committees
  - 10 committees
9. Government departments (2)
  - Department of Environment and Water
  - Office for Recreation, Sport and Racing
10. Aquatic veterinarians (5 individuals, including 3 interstate veterinarians servicing SA aquaculture)
11. The Board

|                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                              |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Additional stakeholders identified and engaged during the consultation period | <ol style="list-style-type: none"> <li>1. Pork SA</li> <li>2. Australian Chicken Growers Council</li> <li>3. SA Chicken Meat Council</li> <li>4. Deer Industry Association of Australia</li> <li>5. Australian Alpaca Association – SA Region</li> <li>6. Livestock Contractors Association</li> <li>7. Holistic Animal Therapy Organisation</li> </ol> | December 2020 / January 2021 |
| Email sent by the Board as part of an e-bulletin on behalf of PIRSA           | All registered SA veterinarians                                                                                                                                                                                                                                                                                                                         | December 2020                |
| Email sent to all interstate departments and veterinary Boards                | All government departments responsible for veterinary legislation and all State and Territory veterinary Boards                                                                                                                                                                                                                                         | December 2020                |
| YourSAy                                                                       | The campaign achieved a combined reach of 70,906 people. The engagement was emailed (3 times) to 121,460 registered users with 49,011 recipients opening the email.                                                                                                                                                                                     | December 2020 / January 2021 |
| Veterinary Practice Act Review email inbox                                    | Stakeholders were invited to submit Feedback Survey or other comments via email rather than YourSAy if preferred.                                                                                                                                                                                                                                       |                              |
| Email reminder that 10 days remained of consultation                          | All stakeholders formally engaged.                                                                                                                                                                                                                                                                                                                      | January 2021                 |
| Internal PIRSA consultation                                                   | All PIRSA Animal Health staff including veterinarians and animal health advisors                                                                                                                                                                                                                                                                        | December 2020                |

To ensure a wide range of perspectives informed the review, members of the public were invited to submit written submissions through email or post, or complete an online survey (Appendix 1) via the YourSAy website. All veterinarians registered in SA, contactable by email, were encouraged to complete the feedback survey and 56 other stakeholders/stakeholder organisations identified by PIRSA were directly contacted by email and invited to participate.

The consultation was also promoted through social media with 18 posts achieving a combined reach of 17,254 accounts on Facebook and Twitter during the consultation period.

3,668 unique YourSAy page views were recorded during the consultation period and 282 unique PIRSA Veterinary Practice Review webpage page views. Further information is provided in the Online Engagement Report (Attachment 2).

The discussion paper focussed primarily on the following topics:

- structure of the board
- name of the board
- functions and powers of the board
- registration of veterinarians and veterinary paraprofessionals
- fees and charges
- general offences
- registration of veterinary premises
- scope of veterinary treatment and the provision of veterinary treatment by non-veterinary animal care service providers.

These topics were identified following preliminary engagement with a number of stakeholder organisations, and by a PIRSA analysis of the VP Act and the VP Regulations, including comparison with similar interstate and overseas legislation.

Specific questions regarding key components of the discussion paper were included to help guide feedback, however respondents were also advised that general feedback on the VP Act and VP Regulations was also welcome.

This feedback is being used to consider what legislative changes may be required to ensure the contemporary regulation of veterinary treatment in SA for the protection of animal health, safety and welfare and the public interest.

## Overview of submissions

In total, 189 submissions were received. 129 submissions were made through the YourSAy website, 54 submissions were made by email, 3 submissions by post and 3 verbally relayed.

Submissions were received from all stakeholder categories, including:

1. Member of the public and consumers of veterinary services and non-veterinary animal care service providers
2. Animal welfare organisations
3. Veterinary education providers (registered training organisations)
4. Veterinary education provider (University)
5. Professional membership associations

6. Registered veterinarians
7. Retired/unregistered veterinarians
8. Veterinary nurses
9. Organisations representing non-veterinary animal care service providers and paraprofessionals
10. Non-veterinary animal care service providers and paraprofessionals (individuals)
11. Organisations representing consumers of veterinary services
12. Animal ethics committees
13. Government departments
14. Other organisations
15. The Board

Generally, submissions made by email contained more detail than those via YourSAy and were not necessarily presented in a question by question manner. Accordingly, content relevant to each question was assigned to applicable questions in order to include in this report.

## Analysis of submissions

Submissions were assessed in accordance with the criteria below to determine if the comment/s would provide avenues for or were in support of legislative change or if they supported current legislative provisions, including comments that:

- provided additional information of direct relevance to legislative change
- proposed strategies that would better achieve or assist the objectives of the Act
- clarified or supported a legislative change explored
- prompted a reconsideration of current provisions
- indicated omissions, inaccuracies or lack of clarity
- provided an alternative viewpoint considered a better option than explored
- supported current legislative provisions and indicated that no change was necessary.

Feedback not being relevant to or able to influence legislative reform was unable to be utilised, e.g. feedback that:

- addressed issues beyond the scope of the review
- addressed issues relating to Board operations with no legislative association
- related to provisions already included in or enabled by legislation
- offered an open statement, or no change was sought
- was based on incorrect information
- was inconsistent with other legislation
- involved details that were not appropriate or necessary for legislative reform.

Additionally, any aspects of submissions that were judged to be offensive, insulting and/or potentially defamatory were excluded.

The following sections provide a summary of feedback received from the 189 submissions received. The main themes for each question or topic are presented and at times includes appropriate quotes selected to help illustrate opinions, ideas and rationale. Where several submissions made similar comments, the quote used was chosen as the most concise and representative.

Some topics and associated questions were misinterpreted by responders and in these instances, this will be outlined for clarity.

Feedback has been summarised and presented to best represent submissions. This is a consultation summary report only and not a report outlining the policy direction intended to be taken based on submissions.

## Board structure

The topic of the Board structure was explored due to the important role the Board plays, as a statutory body, in delivering the VP Act's functions.

The Board is comprised of eight members, appointed by the Governor, including members who are veterinary surgeons (5) and non-veterinary members (3) of which one must have experience relating to animal health, safety and welfare and the presiding member who is required to be a legal practitioner.

There is a requirement of one of the veterinary members to have experience or knowledge relating to animals used for primary production and one with experience or knowledge relating to other animals.

Two of the veterinary members are nominees of the SA Division of the AVA and the Council of The University of Adelaide. All other members are nominated by the Minister.

The VP provides for the appointment of deputies, however there are currently no deputies appointed.

***Question 1: Does the current composition of the Board, as required by the VP Act, provide an appropriate range of skills and experience? Yes or no? If no, what amendments could be considered and why?***



Answered by **106**  
respondents



**77%** answered no, including **100%** of  
submissions provided by email

### Presiding Member

Overwhelmingly submissions supported the presiding member to be a veterinarian and not a legal practitioner. Having a legal practitioner as a member of the Board however was acknowledged as being necessary.

Reasons supporting a veterinarian presiding member included:

- That leadership skill and experience required to oversee Board operations are not necessarily dependent on their professional qualification, yet a veterinarian would have a better understanding of the challenges faced by the profession, the practicalities of veterinary practice and how the regulations are applied in practice.
- To better reflect the function and purpose of the Board and for more alignment nationally.
- That similar regulated professions also have a member of their profession as the chair of their boards, such as the '*Dental Board of Australia, Medical Board of Australia, and the SA Board of the Medical Board of Australia*'.

- The presiding member *'needs to have intimate knowledge of the profession'* and would have a *'better appreciation of the impact of decisions'* and *'how to appropriately communicate the reasoning behind a decision to the profession'*.
- *'Only a veterinarian that has had the experience and responsibility for caring for animals' health should be leading the board that regulates other veterinarians.'*
- *'A legal practitioner chair is no longer necessary 'now the disciplinary function has been taken over by SACAT.'*

While some submissions supported the election of the presiding member by board members, others raised that the presiding member should be required to possess specific and defined skills or qualifications such as those related to management or governance as is becoming an *'industry wide accepted prerequisite for most Board chairs and members, as well as their CEOs.'*

One submission supported a legal practitioner being the presiding member as a *'steadying hand/additional expertise without the cost in actions taken against vets and very important for public perception.'*

### **Board Members - Veterinary members**

Current board membership was considered as not broad enough and containing an inadequate number of veterinarians. A more diverse membership was supported to reflect practice type, location, employment type and other demographic factors to ensure breadth of knowledge across key areas. This was viewed as essential to *'ensure standards are appropriate and decisions can be enacted by the profession.'*

Support for expanding the Board and an increasing the number of members including increasing veterinarian members to eight was provided by a number of submissions. General expansion of numbers was expressed as advantageous to *'allow for better Corporate Governance with a broader skill set'* yet the *'cost to the Board... would be minimal'*.

Ensuring the majority of members to be veterinarians was expressed as important to *'help the public have confidence that the regulation of the profession is realistic'*. It was also expressed that the *'board needs to be comprised of people that can act to both protect the public interest but also truly understand the impact of their decision making on veterinarians'* as *'for an industry operating under financial and mental stress, decisions protecting public interest need to be tempered by a robust appreciation of the challenges of the profession'*.

It was also suggested that registrants should be able to elect some members while a selection committee including *'representatives of PIRSA, AVA and/or University Vet School and Private practice sector'* was also suggested.

Practice type: Suggestions included ensuring members with skills and knowledge of companion animals, intensive and extensive livestock production, mixed, zoo/exotic, laboratory, specialist, equine, government, teaching, emergency/24-hour hospital, performance animals, meat processing. Most commonly the categories of companion animal, production animal and horses were stated as important.

A number of respondents specifically supported the separation of the current production animals and horses grouping noting *'a horse veterinarian... is not considered to provide surety of adequate understanding of livestock health, welfare, biosecurity and food safety'* while a *'livestock veterinarian may have little understanding of equine issues'*. Additionally, a member with large animal experience was also considered important for an overall understanding of *'farm industries, rural veterinary services and paraveterinary services'*.

Ensuring membership requires companion animal skills and experience was also expressed as essential to ensure *'guaranteed representation on the board'* as *'the majority of veterinarians in South Australia'*

*are in the small animals field', 'ownership of companion animals has never been higher' and 'most of the complaints relate to companion animal issues so this addition would be a key feature of a new board structure'.*

Practice location: rural and metropolitan noting *'rural/remote practice will have a range or different scenarios under which people have to work.'*

Employment type: include a practice principal, employed veterinarian noting *'the veterinary industry is becoming increasingly corporatised and the impact of Board decisions on business viability are important considerations for the Board. To maintain as much access to vets as possible (for animals), at least one practice principal should be included representing economic/financial impact on practices'.*

Demographic: age, gender, years from graduation noting *'the profession is now tipped towards more practitioners being women and this should be reflected in the composition of the board'* with a number of submissions supported a minimum experience level of 5 or 10 years in practice.

It was also suggested that membership skills do not need to be mutually exclusive and that the legislation could be *'general in nature on this point and simply state that the make-up of the veterinarians on the Board be drawn from different sectors of the profession bringing different perspectives, veterinary, and life experience'.*

Generally, those supporting an increase in the number of veterinary members conveyed that *'at least two companion animal veterinarians [be] appointed given that this is the largest sector of veterinarians in SA and therefore likely the largest area where complaints are dealt with'.*

### **Nominated members**

There was limited yet mixed commentary in relation to members nominated by the AVA and by the University. Some submissions supported retaining these positions while others raised that these positions may create conflicts as being "representatives" of these organisations. It was also stated that as *'the requirement of an AVA rep is not seen as necessary in most states and territories it is difficult to understand why SA deems it necessary'.* Those supporting the inclusion of organisational nominees cited they were important to *'ensure a high standard of veterinary practice'* and *'the welfare of veterinarians'* is represented.

It was also expressed that *'to require a member to be involved in teaching veterinary science, rather than being a nominee of the university as such appears a fairer more open option'* and that *'in future Adelaide University may not be the only institution involved in teaching veterinary science'.*

Similarly, there was mixed commentary on the requirement to have a government veterinarian member. Some considered it as important:

- to *'bring a group of skills that is not necessarily found in private practice'*
- for a *'fair and even perspective on board matters'*
- to provide balance and knowledge channels across various issues
- *'given the heightened need to respond to biosecurity issues'.*

Whereas one submission expressed that the suggestion of a government veterinarian member is *'without merit'* as *'they do not carry out any activities that would come under the Act and would contribute nothing to the Boards deliberations.'*

## Board Members – Non-Veterinary Members

Fewer submissions commented on non-veterinary Board members. However, an increase in the number of non-veterinary members to four was suggested.

Submissions identified that *'good governance requires a range of skills beyond a vet (or law) degree'*, including finance and governance skills and that members who are *'not veterinary surgeons but with animal related experience and knowledge'* were imperative.

The composition of non-veterinary members included skills/knowledge related to:

- consumer protection
- animal welfare
- law – which could be expertise specifically related to animal/equine/veterinary/agricultural law, welfare law or associated ethics or a legal practitioner familiar with the veterinary profession
- primary industry sector – it was suggested this could be a producer or industry nominee, such as a nominee provided by Primary Producers SA (PPSA).
- corporate governance
- accounting.

It was also conveyed in a number of submissions that should the VP Act be expanded to regulate and/or register paraprofessionals and/or animal care service providers it was acknowledged that board composition must reflect this.

## Deputy Board Members

Commentary (minimal) relating to deputy members supported leaving the provision enabling the appointment of deputies if they are a relatively minor cost. It was also suggested that such *'spare members'* can *'deputise absent members to ensure the full intended diversity of the Board can be maintained over and above the quorum'*.

## Terms and Conditions of Membership

Suggestions were made relating to maximum tenure to ensure freshness and avoid an *'old boys club mentality'*. A maximum tenure of three x 3 year terms was suggested.

One submission recommended the *'Board should be chaired by a veterinarian on a fixed term contract of five years.'*

## Board name

The topic of the Board's name, the Veterinary Surgeons Board of South Australia, was explored due to potential for it to contribute to a misinterpretation or misunderstanding:

- by members of the public that it is not established to regulate veterinarians but rather to act for and in the interests of veterinarians; and,
- by veterinarians that the Board should be providing membership services to the profession, rather than regulating it.

**Question 2: Should the name of the Board be changed to better reflect its role as a regulatory authority responsible for maintaining high professional standards in the provision of veterinary treatment in SA to protect animal health, safety and welfare and the public interest? Yes or no? Please explain the reasons for your answer.**



Answered by **90**  
respondents



**61%** answered yes, including **80%** of  
submissions provided by email

A number of submissions agreed that the current name causes confusion and can be misinterpreted as protecting or representing vets. This was demonstrated in the statements:

- *'Whilst we have no experience of the general public's confusion regarding this, we frequently observe veterinary colleagues who are confused as to its role, expecting it to resolve disputes or act as a mediator between the public and veterinarians, or resolve veterinarians' concerns'.*
- *'Some members of society assume the board only covers veterinarians who are surgeons, or at best clinicians only.'*

Respondents expressed that the Board's name needs to reflect contemporary society, to better represent legislative aims and to encapsulates its function so as to be more apparent to both the profession and the public. One submission outlined that *'a plain English title should be used'* given *'270,000 South Australian residents speak a language other than English at home.'*

Of those supportive of a name change there was consistent emphasis on the fact that the name should reflect the regulatory role of the Board. The following names were most supported (presented in order of support):

1. South Australian Veterinary Practice Regulatory Authority
2. Veterinary Practice Board of South Australia/ South Australian Veterinary Practice Board
3. The South Australian Veterinary Board/Veterinary Board of South Australia

Respondents also expressed that if the Board's role is expanded to regulate non-veterinarians, the name must be reflective of this e.g. the Veterinary and Animal Health Service Providers Board of South Australia.

A small number of submissions expressed that the current name is appropriate believing a name change to be *'expensive and a wasteful of everyone's time'* and that it *'will not change the role or people's image of the board'*. One submission suggested that a survey may be worthwhile to see if lay people/veterinary clients can determine the function/role of the board based on its name. If it is deemed unclear, then a name change may be indicated.

## **Board functions and powers**

The Board is assigned a number of statutory functions under the VP Act to deliver the legislative aims of protecting animal health, safety and welfare and the public interest. The discussion paper explored the adequacy of the current functions and if any additional functions are recommended.

Due to the similarity in the answers provided for each of these questions, submission responses have been combined for the purpose of providing a summary of themes.

**Q3: Are the Board's functions under the VP Act adequate to achieve and maintain high professional standards of competence and conduct in the provision of veterinary treatment in SA? Yes or no? Please explain the reasons for your answer.**



Answered by **85**  
respondents



**62%** answered no, including **73%** of submissions provided by email

**Q4: Are additional functions of the Board, or amendments to existing functions, required to ensure a modern, independent and responsible governance approach in regulating the veterinary profession? Yes or no? Please explain the reasons for your answer.**



Answered by **80**  
respondents



**73%** answered yes, including **79%** of submissions provided by email

The following additional functions were frequently raised throughout submissions, with more detail underpinning each function supported to avoid narrow interpretation:

- Inclusion of an education/communication function – to provide information and advice on legislative requirements and interpretation of the VP Act (to the public and to vets), Code of Professional Conduct (CoPC) and professional standards and guidelines. Actively communicate with the profession regarding common causes of notifications/what to avoid, produce a handbook and other material such as newsletters.
- Specify requirements to maintain currency of the CoPC and other standards to ensure they are kept current and reflect contemporary standards. Additionally, it was suggested that the Australasian Veterinary Boards Council (AVBC) be consulted when preparing and endorsing the CoPC, professional standards and guidelines.
- Promote public awareness of the Board's role.
- Specify timelines for resolving complaints in addition to a more transparent/defined administration process including a formal mechanism for reconciliation as the first step in the complaints process. This was identified as important to alleviate veterinarian stress and ensure further inappropriate practice (if applicable) is prevented in a timely manner.
- Provide more direction on how veterinarians should conduct themselves, including interactions with other members of the profession.
- Specify a requirement to '*maintain active membership of the AVBC*' or for '*working proactively with the AVBC and other Boards*' to '*support a coordinated, consistent and standardised national approach*', to provide policy input, understand the collective rationale behind policies adopted and assist in harmonising the regulation of the profession across Australia.
- Requirement to prepare minimum standards for veterinary clinics and conduct audits.

Other suggestions raised included:

- ensuring remote/rural access to veterinary services is enabled through technology such as telemedicine
- provide, facilitate and promote Continuing Professional Development (CPD) opportunities
- prepare baseline minimal standards for procedures and to set clear guidelines for competencies required

- provide information as to what a specialist is for the public and maintain a list of South Australian specialists

Some submissions supported the function of the Board to extend to the *'oversight and regulation of anyone undertaking activities that impact the health and welfare of animals'* and that the *'scope, role and professional responsibility of nurses and technicians should be better defined and regulated'* including qualifications, registration and CPD requirements identifying that the current scope is limited to veterinarians with no provision for paraprofessionals or animal care providers.

A number of submissions expressed that they felt the current functions were appropriate, adequate and suitable, that additional functions were not necessary as *'things are operating well as they are'* with *'too much red tape'* already. It was raised however that although the functions may be appropriate it was important that the Board is capable of administering these functions.

## Registration

The VP Act makes provision for maintaining an appropriate register of veterinarians under the VP Act. The VP Act sets out what the Board must consider in determining eligibility, including qualifications, medical fitness and being a fit and proper person.

Registration categories include general, specialist, limited, provisional and deemed registration.

Registration, including functions, categories and the registration of paraprofessionals (veterinary nurses and veterinary technicians) were explored in the discussion paper.

**Q5: Do the registration functions of the Board align with contemporary practice in regulating a profession whilst maintaining professional standards in the provision of veterinary treatment? Yes or no? Please explain the reasons for your answer.**



Answered by 74 respondents



59% answered no, including 50% of submissions provided by email

While this question was aimed at exploring the registration of vets some commentary was provided in relation to this being *'designed around a long-gone veterinary practice model'* and that the *'contemporary animal health INDUSTRY (different to the Veterinary Profession) has so many aspects with para-veterinary providers, increased Vet Nurse/Vet Tech competence and utilisation, technology, entire new fields of medicine that all require consideration'*. It was also raised that *'if some oversight was deemed as required to support welfare objectives an accredited course co-designed and developed with horse welfare groups, allied and veterinary professionals and RTO's that addresses welfare considerations... and clarifies what can only be done by veterinary professionals could be developed'*.

Submissions raised concerns that:

- there is no published and nationally accepted mechanism for the registration of a specialist at present, noting *'this is a major deficiency since the VSBSA does not seek the advice of the AVBC subcommittee on specialist registration as a national benchmarking system/ advisory panel'*
- *'the extreme requirements of registration in SA are pushing many young vets interstate' and make it difficult for veterinarians to choose to work in South Australia'*
- current medical disclosure requirements may actually discourage disclosure

- limited registration is not consistent with the desire of promoting high professional standards if it is facilitating the registration of a person who does not meet criteria such as a qualification standard
- registration is not enabled for students who have completed their courses yet not yet obtained their qualification (i.e. degree conferral).

Additionally, the notion of national registration and associated national registration standards was raised as important by a number of respondents.

One submission also expressed that they did not support provisional registration, but rather the Board should meet more regularly to determine applications for registration.

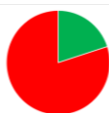
A number of respondents raised issues relating to fees charged for registration, timing and structure of fee options and current CPD requirements. This feedback was not considered for the purposes of future legislative amendments, aside from ensuring appropriate flexibility is enabled through the Act for these issues to be considered by the Board.

Respondents also provided feedback relating to the registration of paraprofessionals and registration categories, this will be further discussed in questions 8 and 7.

***Q6: Should a simple notification system be introduced for deemed registrants to ensure all veterinarians working in SA at any given time are contactable? Yes or no? Please explain the reasons for your answer.***



Answered by **95**  
respondents



**80%** answered yes, including **90%** of submissions provided by email

This question was aimed at exploring if a simple notification system should be introduced for deemed registrants to enable the Board to contact all vets working in the State at any one time if required, including interstate vets (deemed registrants) temporarily working in the State. The Board currently has no access to the contact details of deemed registrants, only vets with primary South Australian registration.

Although outlined in the discussion paper, it was clear from submissions that there was some confusion about what a 'deemed registrant' was. There was also a misunderstanding around who this information would be used by with some thinking contact information would be available to other vets or to the public as opposed to the Board.

The majority of submissions supported a deemed registrant notification system with a number surprised that such a system was not already in place.

Respondents identified that the need to rapidly communicate relevant and important information was imperative in a number of situations, including:

- Emergencies such as disease outbreaks, bushfires, public health emergencies and other events that significantly impact animal welfare
- Information about or changes to legislation, regulation or guidelines

It was however stressed that the system should be simple, web based and not associated with any fee. Administrative efficacy was also highlighted as critical and that it was important that there would be no requirement for registrants to have to wait for verification before practicing.

An alternative view presented was that such a system should be non-compulsory, while others believed it to be unnecessary with concerns raised that *'the process would be cumbersome to implement, onerous on veterinarians and difficult to maintain with any level of currency'*.

A collaborative approach between all Australian Veterinary Boards and the AVA to build a solid communication plan including harnessing social media platforms and collaboration with PIRSA was also presented in preference to a notification system.

**Q7: Are there any additional categories of registration that should be considered under the VP Act? Yes or no. If yes, what categories? Please explain the reasons for your answer.**



Answered by **89**  
respondents



**83%** answered yes, including **95%** of  
submissions provided by email

Two registration categories were considered in the discussion paper, a category for new graduates and a category for non-practising vets.

A non-practising category of registration for retirees, vets on parental leave or vets unable to work due to illness was widely supported in submissions. A range of valuable community and personal benefits such a category would enable were outlined, including:

- to act as a reserve of qualified vets that could provide *'surge capacity for emergencies'* and enable the knowledge of this actual capacity at any one time
- to serve on Boards of ancillary funds, witness legal documents and hold honorary roles
- to access scheduled drugs to treat their own animals
- to remain active adjudicating equine disciplines such as endurance or eventing
- to acknowledge retirees as members of the profession and assist in maintaining individuals' mental health.

It was clear from submissions that separate guidelines for CPD requirements for this category would need to be developed, including a clear re-entry pathway for those wishing to return to practice. Additionally, respondents indicated that the associated fee for such a category would need to *'reflect the reduced risk of notification and reduced income of the non-practicing vet'*.

A related idea presented was the legal profession's model which includes a "Roll of Practitioners" and issues separate "Practice Certificates".

A part-time and locum category was also suggested, with fees charged to be reduced.

A category for new graduate veterinarians was mostly supported from the perspective of being able to enable fee relief to encourage new veterinarians to enter the profession in SA. A new graduate veterinarian category was generally not supported for the purpose of provisional registration while completing a period of supervised practice. Noting that the veterinary profession has a different size and scope compared with the medical profession and that the veterinary workforce operates in a national market, concerns raised relating to such a scheme included:

- creating a further point of difference between states
- adding another hurdle for SA new graduates who may, as a result, seek registration in other states/countries where they can be fully registered
- causing SA businesses to be less attractive and making it more difficult for practices to find employees

- creating a disincentive for vets from other jurisdictions commencing their career in South Australia, unless a system was also adopted by comparable jurisdictions
- that rural/isolated or single vet clinics may be unable to meet supervision standards set
- potential for financial or other exploitation of new graduates given the necessity for successful completion of this new graduate period to attain full registration
- concerns about new graduates earning even less as “trainees”
- difficulty for new graduates to leave a practice during an intern year or change practice type (e.g. from companion animals to equine) as veterinary practice is not comparable to human medicine (single species).

It was also expressed that it is not clear that there is a current need or call for such a scheme from within or outside the profession and that there *‘should be an onus on the university to prepare students for entering the clinic not the workplace’*.

A small number of submissions provided general support of new graduate registration within the scope of the veterinary profession. However, it was expressed that considerable thought and planning was required prior to implementation to ensure such a scheme is well-structured, appropriately administered and adequately supported. It was identified that this type of scheme could provide new graduates with additional support and mentoring, learning opportunities, peace of mind and reduced stress.

The obligations for specifying support required of employers, rather than limitations on the graduates, was also proposed.

An additional registration category suggested was one for event veterinarians. It was raised that as these veterinarians are performing acts of veterinary science, using diagnostic skills to determine if horses are fit to continue in events, they should be registered. The example given was for overseas International Equestrian Federation (FEI) veterinarians who are required to perform duties at FEI rides.

A category appropriate for veterinarians limiting their practice to a specific species or type, for example research, was also suggested.

Although this question was aimed at exploring registration for veterinarians, the registration of paraprofessionals was raised (covered further in question 8) as well as animal care providers. Some respondents expressed the view that providers offering these services, such as horse dentists, farriers, chiropractors and physiotherapists, should be registered and held accountable.

***Q8: Should veterinary technicians and/or veterinary nurses be registered or approved by the Board under the VP Act? Yes or no? If yes, what requirements should be met, what obligations should apply and what acts of veterinary treatment should be permitted to be performed by these paraprofessionals and why?***



Answered by **112**  
respondents



**75%** answered yes

Generally, the registration of paraprofessionals was supported to improve standards of care, job satisfaction and retention. This would also improve consumer confidence that all members of the veterinary team hold recognised qualifications and are up to date with current and acceptable standards.

It was also acknowledged as a recommendation of the OIE Performance of Veterinary Services (PVS) Evaluation Report of Australia.

The protection of the title of “veterinary nurse” and “veterinary technician” was viewed as important and that it would be beneficial for all professionals with “veterinary” in their title to be registered and follow a CoPC.

Proponents of paraprofessional registration gave the following reasons:

- Registration would *‘ease the burden on veterinarians’* and *‘may help to maintain a sufficient level of care when more workload is put onto nurses due to poor vetting numbers’*.
- *‘Many practices utilise their trained staff to perform these activities under direct supervision already’*.
- To enable *‘disciplinary action if they do the wrong thing’* so they can be held accountable for their decisions and errors.
- *‘Will allow greater efficiency and improved workflows in busy practices ... team consultations using the vet nursing/tech team to do the introductory exam will also provide opportunities to provide greater time efficiency (and often better communications)’*.
- Would *‘allow clarity to the public over what these roles are permitted to undertake’* and *‘clearly defining roles to ensure boundaries are not breached’*.

Those opposing the registration of paraprofessionals raised concerns that it *‘will increase costs as a fee and professional indemnity insurance will be attached but will not necessarily increase standards’*, *‘will constitute more regulation for busy practices’* and could be challenging for workplaces if a paraprofessional must have completed their studies to be registered before being able to perform any of the permitted duties. Concerns were also raised as to how clients may be charged for a paraprofessional’s time and expertise, with fears expressed that clients will be charged as if a veterinarian had performed the procedure.

Registration was also suggested as something that should be optional but that only those registered should be able to perform certain duties with the inclusion of an unregistered “veterinary assistant” role to be considered.

Generally, submissions recommended including registration criteria relating to fitness to practice, such as considering health issues and criminal conduct, CPD, currency of practice (for renewal), a period of experience under supervision and validated competencies/theoretical knowledge. The ability for the veterinarian to evaluate and regulate a paraprofessional based on their ability, and not just qualifications, was also considered important.

Recommendations for appropriate qualifications included: courses accredited with National Skills Assessments levels, Certificate IV Veterinary Nursing and Diploma Veterinary Nursing. Additionally, the ability to undertake advanced duties based on obtaining recognised advanced certification was suggested *‘e.g. prescription of drugs during CPR if current recover rescuer certification is held’*, intensive care, surgical and dental nursing and equine reproduction. There was some concern regarding the adequacy of training by some RTOs.

Views varied in regard to utilisation of the already established Australian Veterinary Nurse and Technician (AVNAT) registration scheme. A number of submissions supported utilising this independent scheme and its existing rigorous policies and frameworks (CPD, CoPC and disciplinary) already developed and implemented, rather than establishing a program from infancy. It was also expressed that *‘a nationally-agreed approach would be enormously beneficial from an administrative perspective’* especially for organisations that work across multiple jurisdictions with team members from various states and territories.

Other submissions however expressed that registration should be separate to the VNCA AVNAT scheme. Comments included:

- *‘VNCA does not possess the adequate expertise and knowledge to efficiently and effectively promote, regulate and advocate an Australian Qualification Framework (AQF) Level 7 qualification when the overwhelming number of members and board members hold an AQF Level 4 or 5 qualification’.*
- *‘In SA, an SA body acting under the SA legislation would be more appropriate’ than the VNCA and AVNAT being responsible’.*

Specific concerns were raised in relation the fact that the Veterinary Technologist qualification is not nationally standardised. The University of Adelaide’s Bachelor of Veterinary Technology is not currently recognised by the AVNAT as it does not currently qualify its graduates to perform the role of a qualified veterinary nurse in practice.

A small number of respondents believed that paraprofessionals require their own legislation and own board, that adding paraprofessionals would complicate the legislation and the structure of the board.

Submissions outlined that paraprofessional tasks permitted should not include performing surgery, prescription of medications or diagnosis of conditions. For horses, it was specified that procedures that require sedation or extractions for dental work should be restricted to veterinarians. A number of submissions also raised that work must always be under the supervision/direction/guidance of a registered veterinarian (i.e. not working for themselves) and that the term “under veterinary supervision” needs to be well defined and not mean just having a veterinarian in the building.

Respondents expressed that there should be different levels of registration and associated duties and some believed that there was a need for nurses and technicians to be dealt with differently, *‘vet techs do not study to be vet nurses, one is a bachelor degree, the other is a certificate, vet techs should be allowed to do more’.*

The following list included acts of veterinary treatment that were outlined in submissions as those that should be permitted to be performed by paraprofessionals:

- calculating drug doses, dispensing and administering prescribed drugs (oral and parental routes) without direct veterinary supervision, handling of s8 medications
- administering vaccinations and signing vaccination cards
- bandaging (but not splinting) and basic wound treatment (lavage, applying dressings including ointments/creams)
- post-surgical management of surgical drains
- performing medical procedures as directed
- ultrasonic and hand scaling, and polishing of teeth, under anaesthesia
- performing of minor dental procedures (minor extractions) under supervision
- endotracheal intubation, induction, management and monitoring of anaesthesia (including recovery) under supervision of a veterinarian, or where a veterinary surgeon is within the premises and immediately available if needed
- provision of emergency lifesaving treatment such as CPR and oxygen
- set-up, administration and monitoring of intravenous fluids
- placement and maintenance of IV catheters
- grooming
- basic preventative health advice regarding routine preventative health measures such as vaccination and husbandry

- venepuncture, collection of urine (not by cystocentesis) and collection of faeces including per-rectum (not in horses)
- perform and report inhouse clinical pathology tests (under the supervision of a veterinarian)
- take history and perform basic clinical examination/general health check as initial point of contact
- triage and phone triage
- nursing care including monitoring of vital signs and clinical examination of animals prior to surgery, after surgery, and during hospitalisation
- assisting in surgical procedures
- cat castration
- euthanasia
- positioning animal and taking radiographs
- minor suturing.

Additional duties specifically relevant to equine/ large animals were also specified:

- monitoring of horses under standing sedation including Continuous Rate Infusion
- nasogastric intubation under direction of a veterinarian (horses)
- assistance with assisted reproductive technologies including pregnancy diagnosis (excluding horses), artificial insemination and embryo transfer (noting rectal examination of horses should only be performed by veterinarians)

The following list of procedures was provided specifically for veterinary technicians:

- administer controlled drugs (S8 classification) under veterinary supervision
- dispense scheduled drugs (S4) prescribed by a veterinarian
- euthanase non-survival wildlife cases in consultation with a veterinarian
- induce general anaesthesia in small animals in consultation with the veterinarian
- perform local nerve blocks as part of a pain management plan in consultation with the veterinarian
- ultrasound guided cystocentesis under veterinary supervision
- operate imaging modalities such as ultrasound for basic scanning procedures in small and large animals
- take small animal radiographs including dental radiographs (veterinary use licence which is not legislated in South Australia currently)
- perform dental prophylaxis procedures in anaesthetised small animals
- conduct consultations for:
  - dog and cat weight management
  - geriatric health and wellness
  - adolescent health checks
  - nutrition clinics
  - bandage and dressing changes
  - preventative health care client education including parasite control and vaccination protocols

- dental checks
- pregnancy assessment in cattle and sheep
- provide small animal diabetic patient support, including monitoring blood glucose curves
- blood pressure monitoring on outpatients
- participate in veterinary team consultations – for small and large animals – whereby the veterinary technician performs:
  - the initial triage and physical examination, then transfers the patient and their data to the veterinarian.
  - post-operative checks on routine surgical cases and suture removals
- perform minor stitch-ups, and non-body cavity minor procedures under veterinary supervision
- perform animal rehabilitation techniques under the guidance of a registered animal physiotherapist.

It was also suggested that technicians should be able to '*diagnose under the supervision of a veterinarian*' and undertake some equine breeding procedures such as treatment of retained placentas, plasma administration to foals, stallion collections, mare insemination and uterine swabs, biopsies and flushes.

**Q9: Should veterinary services providers be subject to the same requirement imposed on veterinarians, to satisfy the Board that they are fit and proper persons? Yes or no? Please explain the reasons for your answer.**



Answered by **101** respondents



**81%** answered yes, including **95%** of submissions provided by email

This question raised the topic of whether a veterinary services provider (VSP) should have to satisfy the Board that he or she is a fit and proper person, as currently required of veterinarians, to be eligible for registration. A hypothetical example of the risk posed was a VSP who had been convicted of a drug trafficking criminal offence, due to the accessibility that person would have to controlled substances in their veterinary premises.

The definition of a VSP was outlined in the discussion paper as '*a person (either a natural person or a legal entity such as a company) who is not a veterinarian and who provides veterinary treatment through the instrumentality of a veterinarians. For example, a person who is not a veterinarian is defined by the VP Act to be a veterinary services provider if he or she owns a veterinary practice either solely or in partnership with a veterinarian or veterinarians*'. It was clear from a number of submissions however that respondents answered this question in relation to non-veterinary animal care service providers (animal care providers). These answers were omitted as not relevant to the provision being explored by this question.

All applicable commentary provided by respondents supported the requirement for VSP to be accountable, responsible and meet the same requirements as vets. Generally, support acknowledged the importance of a VSP being fit and proper for the protection and safety of animals, the community and veterinarians, particularly due to the ready access to controlled substances. It was recognised that '*the inherent influence and role that the veterinary services provider holds over employed veterinarians means that the requirement imposed on veterinarians should be extended to them*'

Submissions also expressed that:

- it was essential '*for the public to have confidence in the integrity of the veterinary profession*'

- As *'the only profession with legal access to drugs manufactured for the express purpose of ending life, anyone with access to such drugs must be a fit and proper person controlled by registration'*.

The query of how this would be assessed was raised, given a definition is not currently included in the legislation. It was suggested that in the interests of transparency, consideration could be given to prescribing relevant criteria in regulations, or factors which may impact an applicant's assessment as opposed to the decision being a matter for the Board based on their own established standards or criteria.

Some responses suggested criteria upon which the assessment of being a fit and proper person could be made, including:

- *no criminal record*
- *not convicted of a crime warranting more than 12 months jail*
- *not found to be negligent in the past*
- *police clearance.*

## Fees and charges

The funding model of the Board was explored in the discussion paper given the notable concern relating to the high registration fees required of SA veterinarians when compared to other jurisdictions. The Board currently operates on a full cost-recovered model with no government assistance for operations or in the form of free Crown legal advice and representation.

### ***Q10: What are alternative funding models to ensure appropriate standards of veterinary services, while reducing administrative and financial burden on the veterinary industry?***

A number of submissions identified some form of government/public contribution being appropriate given government has a *'responsibility to assure good animal welfare'* and as the Board exists to protect the public, the public should be paying. It was also raised that *'the veterinary industry provides public service every day treating millions of wildlife/stray animals at direct cost to the profession'* and that without economies of scale SA experiences inequity of support when compared to other jurisdictions. Suggested forms of government/public contribution included:

- Crown legal assistance
- government payment of Board remuneration
- tangible support in the form of office space and facilities and/or direct funding
- providing the Board with a proportion of registration fees – for companion animals and property identification codes (PIC) and mandating the registration of horses with those fees disbursed similarly
- applying a levy to certain products purchased by users of veterinary services
- providing GST collected on veterinary services to the Board.

Another well supported suggestion was charging the public to lodge a complaint, refundable if the complaint is successful/legitimate. This was identified as both revenue in addition to a potential reduction of Board time and expense dealing with frivolous/vexatious complaints if these are discouraged somewhat by the charging of a lodgement fee.

The identification and correction of any inefficiencies in current operations was raised as important, as was an accounting skillset on the Board. It was also suggested that by updating the Board's website administration burden could be reduced.

Other proposals to increase revenue included the provision of continuing education events by the Board, combining the veterinary services provider fee with a premises fee for all premises, registration of paraprofessionals and animal care providers, and SACAT recovery of costs.

National registration and joint arrangements with other states to benefit from economies of scale was also recommended.

**Q11: Should the VP Act be amended to empower the South Australian Civil and Administrative Tribunal (SACAT) to award costs against a party to legal proceedings, as considered just and reasonable by SACAT? Yes or no? Please explain the reasons for your answer.**



Answered by **63**  
respondents



**60%** answered yes

Those supporting an amendment believed it was important and reasonable and that it follows a longstanding principle of case law. It was considered that an individual found guilty of unprofessional conduct should be responsible for costs rather than costs being picked up by anyone else or having to be recovered across fees and charges payable by all veterinarians. It was also raised as being *'important for vets to have their legal costs paid if the complaint against them is not upheld'*.

Other respondents were concerned however that costs awarded could be *'much greater than reasonable and just'*, that the *'Board could gain from parties they regulate'* causing bias towards the Board's allocation of disciplinary action. Additionally, the possibility of this encouraging *'the practice of defensive medicine, potentially increasing costs for veterinary clients'* was raised and that it should not be enabled unless it is also the case for other professions registered by statutory boards.

Further clarity was also provided in relation to other powers that can be utilised – *'While there is not an explicit power to award costs against a party included in the legislative amendment to the Veterinary Practice Act 2003 which transferred the previous jurisdiction of the Board to the Tribunal, SACAT remains empowered by Division 7 of the South Australia Civil and Administrative Act 2013 to make orders for the payment by a part for all or any of the costs of another party. In addition, 'it is not necessary to amend the VP Act in order to address the question of costs and that sections 57 and 58 already provide the basis for the Tribunal to make a costs order'*. These existing provisions were considered sufficient by another submission.

**Question 12: Should the prohibition on the provision of veterinary treatment by non-veterinarians be irrespective of whether or not the treatment is being performed for fee or reward? Yes or no? Please explain the reasons for your answer.**



Answered by **104**  
respondents



**53%** answered yes, including **74%** of  
submissions provided by email

Submissions supporting the prohibition of veterinary treatment by non-veterinarians, irrespective of fee or reward, primarily identified that animal welfare is of paramount importance regardless of payment and regardless of who owns the animal. Submissions expressed that advanced qualifications, an understanding of the complexity of conditions and anatomical knowledge is required by persons performing an act of veterinary treatment.

Respondents answering yes expressed that animal welfare legislation is insufficient to provide adequate protection of welfare and that animals and their treatment should be controlled as all animals require professional care regardless of fee arrangements. *'Whilst there is a potential for animal welfare offences to be committed through acting where you do not possess competence, there is little likelihood of a conviction currently if the defence was mounted of acting in what they believed to be the animal's best interests. There is an opportunity to align the VP Act and the management and care of wildlife through the modification of the language currently in the VP Act.'*

It was raised that *'sometimes people give advice thinking they are helping (and charge no fee) it's unfortunate and can be harmful... but once a fee is paid then a level of responsibility must be had, as someone is paying for what should be an experienced opinion and therefore liable if negligence occurs'*.

Additionally, it was pointed out that as veterinarians have a duty to operate only in fields in which they are competent it is not unreasonable to expect that lay people must not operate in a field for which they do not hold competence and give advice and recommendations outside their knowledge e.g. livestock advisers diagnosing and advising treatments

It was also noted that there are many ways for payment not to be recorded.

Specific concern was also raised in relation to wildlife carers who are currently able to perform acts or activities that would otherwise be declared a veterinary treatment if fee or reward was involved, including diagnosis, treatment and the use of anaesthetics. It is also believed that individuals may be acquiring medications without meeting regulatory guidelines. Suggestions to resolve the issues included:

- *'removal of 'for fee or reward' from the VP Act'*
- *'definition of 'reward' under the VP Act to include social and psychological benefits rather than strictly monetary or physical'*
- *'specific exclusion of treatment of wildlife from 'fee or reward', this would need to be considered in light of the numerous other species that may be diagnosed and or treated without fee or reward in the state'*
- *'designation of the VP Act to register and regulate veterinarians for the protection of the public interest, and movement of all veterinary act definitions into the Animal Welfare Act'*.

By contrast, opposing submissions highlighted that:

- *at times emergency remedies in remote areas are required when veterinary assistance is not readily available, and accordingly 'people should not be criminalised for providing care to animals or stock in extreme circumstances' and 'sometimes personal treatment of the animal is required to give it the best chance of survival'*
- *'animal owners should be able to treat their own animals without cost if they are capable of doing so'*
- *'there are not sufficient practicing veterinarians in South Australia to deliver such services. It would be unreasonable to expect a vet to travel hours to see animals and equally unreasonable for owners to transport animals to a surgery for minor injuries and issues.'*
- *'change would be onerous and unmanageable, an owner would no longer be able to provide first aid let alone treatment'*.

There was general support that procedures such as performing surgery, using sedation and anaesthesia and prescribing and administering medication must be restricted to veterinarians but that treatment of animals in general does not necessarily involve a veterinary act. The need to articulate exactly what constitutes veterinary treatment and what should not be classified as such, including careful consideration of potential implications for livestock production industries, was raised.

## General offences

A number of SA-specific offence provisions were explored in the discussion paper, specifically the appropriateness of these offences in relevance to if they would be better removed or more appropriately placed in a CoPC or other professional standards.

**Question 13: Are there any offences within the VP Act that you consider unnecessary and should be removed, or alternatively placed into a code of conduct or professional standard? Yes or no? Please explain the reasons for your answer.**



Answered by **69**  
respondents



**61%** answered yes, including **69%** of  
submissions provided by email

Submissions identified that removal of these provisions would reduce workload and administration for the Board.

A small number of respondents expressed that the current offences '*all sound reasonable*' and '*most seem fair*'.

### **Section 43: Board approval required where veterinarian has not practiced for 3 years**

Respondents expressed that this provision should be abolished and that the CoPC was the appropriate and logical place to ensure appropriate recent experience, knowledge and competence.

It was noted that the provision is inflexible, that the period of 3 years is arbitrary and doesn't consider individual circumstances, different times out of practice and the length of time in practice prior to the period of not practicing.

Additionally, respondents raised that '*if any 'policing' needs to occur it should do so more around the evidence of continuing education and the field in which the person wishes to return, placing the onus back on them to ensure their skill and knowledge level is appropriate*' or that an understanding of the CoPC could be required to be demonstrated when returning to practice (or when first registering or when there is a significant change to the CoPC).

As a specified approval pathway is lacking, submissions expressed that requirement for supervision applied by the Board effectively excludes veterinarians from re-/entering the private job market as supervision is costly to business. This was seen as a restraint of trade and impacts the ability for a veterinarian to achieve financial equity available through full registration, commensurate with their skills. The specific impact this provision has on veterinarians returning from a period of parental leave was stressed.

Another viewpoint expressed was that it is '*appropriate that the act regulates a return to full registration... however in the absence of a standard approved pathway, a further provision must be made in the act to ensure the board acts fairly and reasonably towards the vet and within a fair timeframe in granting a return to full registration*'.

### **Section 45: Information relating to a claim against a veterinarian to be provided to the Board**

This section received the following commentary:

- '*While there may be some instances where such information provided to the Board would allow them to address serious issues that may not be the subject of a formal complaint, it is a significant imposition on the broader profession*'.

- Should be '*restricted to claims with legal proceedings*' and that this information could be provided as part of the annual return. '*Simple small-scale agreements should not be included*'.
- '*There are no other laws in this land where a person is expected to self-report an offence which may incriminate them*'.
- In some case vets may pay out even if negligence is unproven to prevent lengthy and expensive proceedings.
- Clients often make statements in anger to avoid paying if the outcome is not to their satisfaction – this could be interpreted as clients alleging negligence however most frequently it is not pursued.
- '*Matters should be able to be resolved privately between a vet and client without the involvement of the Board, if the client wishes to take matters further they can*'.
- While vets may be encouraged to ensure clients are aware of the complaints process, it is the Board's responsibility to educate the public as to its role.

### Sections 46 to 48: Provision for avoidance of conflicts of interest

It was raised that the VP act may be considered as overreaching in sections 46-48; that these provisions are particularly onerous and unnecessary and that the CoPC or other professional standard is a more the appropriate place.

**Q14: Should the VP Act enable the registration of all veterinary premises, thereby enabling the Board to set standards for all practices? Yes or no? Please explain the reasons for your answer.**

The registration of all veterinary premises, as opposed to only the accreditation of veterinary hospitals, was explored in the discussion paper. This was of particular importance given it was a recommendation of the Deputy State Coroner associated with findings in relation to a joint inquest into the death of two women who died as a result of self-inflicted euthanasia solution toxicity. Registration would enable requirements/standards to be applied. Additionally, the recognition of industry accreditation schemes was presented as an alternative to the Board's current accreditation requirement for veterinary clinics wishing to call themselves hospitals.



Answered by **99**  
respondents



**69%** answered yes

Respondents expressed the need for due consideration to be given to the definition of 'premises', ensuring that standards are clear and reasonable, care is taken with fee structures, financial constraints are considered and that standards reflect different levels of practice rather than '*one size fits all*'. Buildings, vehicles/mobile services and tele-medicine were all considered important to include. The variable nature of premises was also highlighted in relation to the delivery of remote community visiting veterinary services and the importance that such a service is not prohibited by overly prescriptive standards. Alternatively, it was suggested that these services could be '*either granted exemption from requirements to be registered or temporary approval for limited scope of services proposed*'.

The need to recognise existing, more comprehensive forms of accreditation (e.g. the AVA Accredited Veterinary Hospital Scheme) was supported, noting that duplication of inspection and fees of the AVA scheme is viewed as a waste of finances and time.

It was also recommended that standards for practices should be developed in consultation with AVA and the wider veterinary community, such as through a call for submissions, and be reviewed regularly to keep standards contemporary.

A number of submissions supported the regulation of premises through the setting of standards but not mandatory registration. Others expressed that inspection should be random or based on a report of non-compliance, while it was also suggested that an audit should be every 3-5 years or 10% of clinics per year.

A tiered system was proposed e.g. 1, 2 and 3 (hospital) with the protection of associated terms such as veterinary practice, clinic, hospital, emergency centre and specialist centre. This was considered important to give the general public the ability to see the standards and make a judgement on the quality of the facility and equipment offered in relations to the level of care they want.

Submissions supporting the registration of premises provided the following reasons for support:

- help formally standardise the requirement for substance storage and records across the state
- promote higher standards of practice and animal welfare by enabling inspection regimes, to protect the public interest
- improving the standards of facilities.
- there is a huge disparity in quality of veterinary clinic facilities across SA. Baseline standards which allows for regulation and disciplinary action and structured improvement plans against clinics would be welcomed
- create some boundaries to those operators who do not maintain appropriate facilities in which to practice veterinary medicine and to help improve the overall quality and perception of the profession. If standards are voluntary then there is no drive for those operating at a lower level to improve.

Of those submissions opposed to the registration of veterinary premises, concerns were raised relating to the impact that increased regulation would have, such as:

- financial and administrative burden
- impediment to trade
- concerns practices which operate quite safely and effectively would be closed down
- adverse impact on animal welfare by reducing access to veterinary services.

These submissions also raised that consumer choice is already clear between hospitals and other clinics, that registration should remain restricted to hospitals and that guidelines for lethobarb storage should be in the CoPC.

Questions were also raised in regard to who will be responsible for creating and ensuring compliance of standards and what qualifications they will have to enable them to do so.

## **Scope of veterinary treatment and non-veterinary animal care service providers**

The discussion paper explored the scope of veterinary treatment and animal care providers to ensure the definition of veterinary treatment is contemporary, fit for purpose, and in keeping with the intent of the Act.

This was associated with the recognition that *some* aspects of the service offered by animal care providers, which would not be considered 'traditional acts of veterinary science' may by current legal definition, constitute 'veterinary treatment'. Accordingly, it is important that provisions should not prevent or limit some services being provided if it is not appropriate for them to be considered acts of veterinary treatment.

It was highlighted that consideration should be given to ensuring both excluded and declared acts of veterinary treatment fulfil the object of the VP Act to protect animal health, safety and welfare and the public interest, contribute positively to animal care, not be anti-competitive and, where appropriate, be consistent with other jurisdictions.

Additionally, the paper stated that it could be beneficial to make clearer the distinction of the provision of services by non-animal care service providers from veterinary treatment, where needed by either amending the definition of veterinary treatment, exempting specific acts of classes of care providers and/or declaring further activities to be acts of veterinary treatment.

**Q15: Is the definition of veterinary treatment contemporary and does it adequately reflect the provision of services appropriate to be delivered by veterinarians in the interests of protecting animal health, safety and welfare and the public interest. Yes or no? Please explain the reasons for your answer.**



Answered by **108**  
respondents



**63%** answered no including 70% of submissions  
provided by email

While the majority of submissions answered ‘no’ a small number of submissions expressed that they felt *‘the definition of veterinary treatment is contemporary’*, *‘seems sufficiently inclusive to fit contemporary requirements’* and *‘is an adequate description of the activities and actions that only veterinarians are trained and qualified to undertake’*.

### **Evolution of the animal health industry**

Respondents identified that both the *‘veterinary profession and entire animal health industry has evolved dramatically since the formation of current legislation’* and that *‘the Act does not currently reflect the provision of services in SA’*. It was recognised that most animal care providers would be providing treatment to animals that would be deemed “veterinary treatment” by the VP Act thereby operating outside the law, a fact that both most animal owners and providers would be unaware of. Given there is *‘no effective regulation of the activities of anyone operating in this [animal care] industry at the moment, except veterinarians’* means animal care providers who are not veterinarians effectively operate in a legislative vacuum.

*‘The Animal Care and Management industry in Australia is very large. Australian Industry & Skills Committee (AISC) describes it as having 8 sub-sectors’* with only one of these sub-sectors being veterinary services.

Submissions noted that *‘times have changed and our knowledge has advanced’*, that animal owners *‘want and seek to provide the same multidisciplinary care that they would for their own family members’* and should have the right to *‘choose the modality of treatment that they see fit for their animal’*. The demand for care services currently considered ‘veterinary treatment’ under the Act, were identified as *‘not only outside the scope of general veterinary medicine education, but often outside veterinary practice’* and could not be provided by a veterinarian without additional training as they are *‘not taught in conventional veterinary training’*. The definition therefore was deemed as requiring updating in line with modern society given *‘it is easy to foresee that the public demand for such services will continue to increase as the multidisciplinary approach often provides superior outcomes’*.

Submissions outlined that it is not in the interests of animal welfare or in the *‘public interest for the Act to prevent timely access to the full spectrum of necessary care’* or to restrict treatments to only what can be offered by veterinarians. In particular the fact that a number of modalities are *‘beyond a veterinarian’s scope of practice’* and that without additional education veterinarians *‘have inadequate understanding of these practices’*.

A comparison was made to wellbeing services provided for people, which include a range of traditional and non-traditional services, and that many other (non-veterinary) options exist for the holistic management of both performance and companion animals. Owners frequently seek non-invasive, non-drug therapies in addition to veterinary intervention, in order to restore the health of their pets.

Respondents likened the situation to people accessing physiotherapy, chiropractic or acupuncture treatment as opposed to seeking consultation with their GP. It was noted that *'human medicine has embraced complementary service providers as just that, a compliment not a substitute'*.

One submission clarified that *'these services providers are not looking to replace veterinarians but instead complement them to positively contribute to animal health care'* and that was *'fundamentally important for veterinarians to maintain the authority over surgical, pharmacological, and medical animal care but contemporary definitions would see Animal Health Care Providers complement veterinary medicine for the betterment of the animal.'*

### **Increased clarity sought**

Given the interpretation and administration of the VPA hinges around the appropriate definition of "veterinary treatment" a number of submissions agreed that the current definition is both too broad and too vague to determine what non-veterinary services are covered by the Act, or intended to be covered. It was also noted that in other areas the definition is too narrow, for example *'specifying only 2 of many surgical procedures'*.

A clearer definition was supported to *'remove current "grey" areas the industry experiences'* given the *'myriads of treatments now available'* but *'must be sufficiently robust to protect animal welfare'*.

In reference to veterinary treatment versus non-veterinary services it was expressed that the definition needs to ensure essential non-veterinary services can be recognised as stand-alone services unrelated to veterinary care. It was also expressed that while non-veterinarians *'need to be careful not to breach acts of veterinary science'* these are *'unclear and restrictive to the point that they effectively stop anyone other than a veterinarian offering advice or treatment of any kind to an animal'*.

A number of submissions expressed that the *'AVA definition is much clearer'*. The AVA define veterinary science as:

*'An 'act of veterinary science' means services which form part of the practice of veterinary surgery and medicine, and includes:*

- *the diagnostic confirmation of, treatment of, and provision of management advice for infectious disease, physiological dysfunction, psychological dysfunction and injury in animals;*
- *performing invasive or surgical procedures on animals;*
- *administering anaesthetics to animals;*
- *the exercise of prescribing rights for veterinary chemicals, medicines or poisons which may be restricted by scheduling or registered label; and*
- *the provision of veterinary certificates.*

Additions were made to this definition in relevance that diagnostic confirmation should be by *'examination, imaging, pathological and other diagnostic techniques routinely covered in veterinary undergraduate education'* and that treatment should reference *'pharmacological, surgical and other recognised veterinary treatment'*

## Terminology

It was suggested that *'the term 'veterinary treatment' should be amended to veterinary science. An Act of veterinary science would better reflect the broad work of veterinarians'.*

Additionally, the fact that *'the term diagnosis should not and must not belong only to a veterinarian'* was raised. Of particular relevance related to biomechanical providers such as chiropractors and physiotherapists noting that the "diagnosis, treatment or prevention of a disease, injury or condition in an animal" constituting veterinary treatment effectively *'excludes any service provider from the animal sector as it is entirely controlled by the VP Act for veterinarians only. This is in effect contradictory to the objectives of the act which are to protect animal health, safety and welfare, as many of these complementary services can greatly improve the 'quality of life' for animals.'*

Submissions noted that the definition could be refined to differentiate veterinary treatment from forms of biomechanical treatment as:

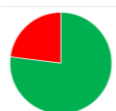
- *'Chiropractors offer a chiropractic assessment, chiropractic diagnosis (usually biomechanical in nature) and a chiropractic treatment (manual therapy, manipulation, or massage)', chiropractic 'is not attempting anything related to the medical philosophy' as 'they [chiropractic and veterinary care] are separate and distinct'.*
- *Physiotherapists 'provide a functional assessment to identify pain or loss of function caused by a physical injury, disorder or disability and they use techniques to reduce pain, improve movement and restore normal muscle control for better motor function'.*

**Q16: Should any types of non-veterinary animal care service providers be able to provide first-line veterinary treatment, or aspects of veterinary treatment, to animals (not including the administration of drugs or performing surgery)? Yes or no. If yes, what providers (and/or qualifications), what procedures specifically, and why?**

It was clear from responses that the intended meaning of the question had been misinterpreted by some. The question was aimed at exploring if providers, such as physiotherapists and chiropractors should be able to provide first-line treatment. In this context the meaning of 'first-line' treatment was intended to constitute treatment that is not 'under the direction of' a veterinarian (as is currently the case for human health practitioners).



Answered by **132**  
respondents



**77%** answered yes

A similar list of providers/procedures as presented in the discussion paper was put forward by respondents, including: chiropractor, physiotherapist, massage/bodywork/manual therapist, acupuncture, acupressure, farrier, thermal imaging, dentist, nutritionist, laser, salt, acoustic wave therapy, physiokey, shockwave, PEMF, dry needling, professional homeopathic person, microchipping, neurostimulation, laser, photonic therapy and therapeutic ultrasound, Emmett technique, Masterson method, bowen, craniosacral therapy, hoof trimmer, nutritionist, behaviour or other trainer, naturopath, holistic animal care provider and holistic treatments, artificial breeding and ultrasound and wildlife carer.

The following are examples of respondents' rationale:

- *'Obtaining a veterinary referral incurs additional expense and time to the owner' and 'the addition of veterinary supervision adds cost and time'.*
- *'To ensure financial viability of providers'.*

- *'Add great value to the ongoing health and wellbeing of the animals in their care', 'likely to create greater benefits to animal welfare than negative outcomes' and should be able to provide first-line care 'until such time that evidence identifies risk to animal welfare and/ or the public interest'.*
- *'Majority have undertaken expensive, comprehensive and lengthy training'.*
- *'Severe shortage of vets, inability to travel outside their normal catchment'.*
- *'Until a vet can attend (not diagnosis but relief in the form of physio or massage)'.*
- *'Treatment choice that vets do not offer', 'is not a component of their [veterinarians] training' and 'people can choose similar services/procedures on themselves without a doctors supervision and so they should be able to choose these services for their horses'.*

## **Aspects of treatment**

The majority of comments relating specifically to the appropriate aspects of veterinary treatment (as per the current definition) that could be provided as first-line treatment related to farriers, bodyworkers, biomechanical providers (physiotherapists and chiropractors) and laparoscopic artificial insemination (AI), including:

1. Farriers – *'treating abscesses', 'topical treatment of fungal infections (thrush)', 'remove corns' and 'corrective shoeing'.*
2. *'Manual therapy including the identification of musculoskeletal issues such as obvious scarring, muscle tears, hypertrophy and atrophy', 'the prescription of rehabilitation' and 'procedures involving manipulative therapy and supervision of equine rehabilitation and recovery exercises, especially in relation to mild injury', 'assess horses for asymmetry, for example by viewing the horse standing square and dynamically (on the lunge, whilst being ridden, and hand-walked/trotted by the owner).'*
3. Laparoscopic AI in sheep – due to *'ageing vets' that are 'strained under current workload' and 'cannot continue indefinitely' coupled with a 'diminishing number of vets involved in artificial breeding and lack of replacement despite an increase in graduates'.*

## **Registration and governance of non-veterinary animal care service providers**

The registration of animal care providers was raised in a number of submissions. Respondents commented that *'any therapeutics that may result in the harm or suffering of an animal should require registration to be held accountable for any treatments provided to an animal'* and that registration would ensure providers *'adhere to a code of conduct, hold indemnity insurance, and be subject to a disciplinary process'* to ensure any risk to animal health, safety and welfare and public interest is minimised.

Some believed that *'those offering alternative medicine need to be registered to provide this treatment and be subjected to the same legislation under the VP Act'* while others expressed that registration under the VP Act would be out of scope and if deemed necessary *'welfare and governance considerations should be included outside of this Act', 'through a separate body to vets as they have a different scope of work and not as clear cut re qualifications'.*

It was also acknowledged that currently *'consumers have no way of knowing whether they are dealing with a care provider who is appropriately trained to offer that care, or someone who did a weekend course (possibly "accredited" by an association, which happens to have been set up by the same person providing the training course) or just read some stuff online'* and that *'well qualified practitioners, who may be registered professionals in another profession (e.g. physiotherapy, osteopathy or chiropractic) with extensive animal specific post graduate qualifications (including Masters degrees), cannot effectively differentiate themselves from someone with a very low education level who was taught a few manipulative or rehabilitation techniques by an unqualified individual'.*

The notion of a separate legislation or registration system was prefaced with the need for *'consultation and co-design of an appropriate operating model aligned with the risks these services create to welfare'*. The administrative burden of such developments was also articulated.

Another submission suggested that *'the actions of non-vet animal care service providers must be regulated under the Animal Welfare Act'* while another suggested that *'a review that encompasses animal welfare legislation (as is happening in Victoria), would enable the veterinary specific legislation to work far more effectively within the greater animal care industry'*.

## Qualifications

A large number of submissions referenced that *'qualified', 'registered', 'certified', 'trained'* and *'accredited'* practitioners should be able to offer first-line treatment. Few actual examples of what this constituted were provided. The following were however included:

1. *'Probably should have at least the certificate III in farriery'*
2. *'Cert IV Equine Dentistry or equivalent'*
3. *'AHPRA registered physiotherapist with APA recognised post grad training in animal physiotherapy'* (\*APA refers to the Australian Physiotherapy Association) given these qualifications *'produce physiotherapists who are skilled and equipped to treat the animal patient. By following these training pathways, veterinarians and owners, can be confident that they are working with fully insured, fully trained practitioners'*.
4. *'Chiropractic treatment from a Doctor of Chiropractic'*.
5. *'A person who is a Chiropractor or Osteopath currently registered under AHPRA, holding a qualification in Animal Biomechanical Medicine or equivalent at AQF (Australian Qualification Framework) level 8 or above, with relevant continuing professional development record and is treating the animal in accordance with accepted Chiropractic, Osteopathic or rehabilitation techniques'*.
6. *'Equine physiotherapists with tertiary education e.g. Equine Science, or Equitation Science, or Human Physio/Movement Science with post grad equine qualifications'*.
7. Laparoscopic AI – *'a two-year specialist course, or a certification provided by an existing vet that their employee has the skills to administer AI procedures, the qualified vet taking responsibility of having trained their staff'*.

Reference was also made to providers requiring insurance and an affiliation with their respective professional organisations.

## Scope of treatment and referral

The importance of providers working within scope, ensuring veterinarians were referred to when appropriate and that the act of diagnosis must remain in the scope of a veterinarian's work was relayed in a number of submissions.

Some submissions advocated that while providers should be able to perform therapy within the scope of qualifications it was also raised that *'as there is no regulation currently of who can provide services such as bodywork to animals, this means that unsuitably qualified people are currently practicing on animals with no idea of the scope of their practice'*. Furthermore, the importance that *'animal-care providers have the anatomical, biomechanical and physiological knowledge to know when to refer to a veterinarian for optimal safety and welfare of the animal and can communicate in a professional manner with a veterinarian'* was recognised.

The views that treatments within a providers' specific field *'should not replace the need for veterinary treatment for pain relief or diagnosis and advice'* and that they should *'refer to veterinarians when*

necessary', 'when beyond scope of service' or 'if no improvement or further investigation needed' were also raised.

Specifically, in relation to biomechanical providers the following was outlined:

- *Physiotherapists 'recognise that they need to refer to the vet when vet treatment or diagnostics is required. Open dialogue between the animal's vet and physiotherapist allows for a patient-centred approach'.*
- *'If no improvement or further investigation needed then physio refers to vet (as in human med)'*
- *'In a chiropractic assessment, if the animal has no biomechanical issues then a referral to a veterinarian is the appropriate course of action. Chiropractic is not able to help if the animal requires medical, surgical or drugs for their welfare'.*

Conversely submissions also raised the reverse scenarios, that:

- *'There are far too many vets in SA who do not refer on at all to appropriately trained physiotherapists. These vets are either not aware of, or do not understand or do not believe in the value of Allied Health/physiotherapy, as a way to improve function and quality of life for animals'.*
- *'They [owners] should have a choice to pursue another course of action without needing permission from a veterinary practitioner who may be untrained in, and not open to, those modalities. If the professional is not trained in a certain modality then it is ludicrous for them to have the right to refuse that avenue of treatment if they are unaware of its benefits/methods/risk profile/potential outcomes.'*
- *Veterinarians should be involved in many animal care situations, but equally should be educated to recognise their scope of practice and that of other appropriate qualified animal care practitioners. One professional can rarely provide all the services required for the appropriate care of multiple patients'.*

This notion supported that not only must animal care providers need to be mindful of operating within their areas of competence and scope, so must veterinarians. The personal bias or lack of awareness of a veterinarian should not prevent owners from being able to access the required multidisciplinary care for their animals needed to enhance health outcomes

### **Respondents not supporting first-line treatment by non-veterinarian**

23% of respondents did not support the provision of first-line treatment by animal care providers. These respondents believed that therapists should have to work under the supervision of, or in accordance with the direction, of a veterinarian. It was expressed that as *'animals cannot protect themselves'* the *'highest of standards of legislated protection is necessary'*.

In relation to human health practitioners the following was expressed: *'the fact that [human health practitioners] are registered with AHPRA does guarantee a level of qualification and professional good standing. Whilst human health practitioners with additional animal specific qualifications do not possess the necessary qualifications to adequately diagnose or prescribe treatment, their skills can be extremely helpful for vets and animal patients.'* Such treatments should be allowed only if a veterinarian has examined the animal before treatment. A treatment should be prescribed by a veterinarian. Regular return referral must be made from the "allied health professional" to the prescribing veterinarian to ensure safe ongoing control and supervision of the treatment.

Furthermore, it was raised that *'direction should be a defined term in the legislation, including the requirement for record keeping as to this direction'* and that due to the advent of modern communication technologies *'a clear interpretation of what constitutes under veterinary supervision or direction and any*

associated terms be defined in a revised VP Act and its Regulations'. Respondents highlighted the fact that the term 'direction' is ambiguous in its meaning, open to interpretation and confusing.

## Remote and rural areas

Several submissions advocated for the legislation to enable veterinary treatment in the following situations:

1. In emergency situations, the provision of *'animal welfare treatments by non-veterinarians/non-vet nurses/non-vet technicians, in circumstances where there is no feasible physical access to such veterinary professionals'*, noting treatments be *'limited in their scope, and only occur under the direction of a veterinarian but recognising the challenges of physically accessing veterinary professionals, the legislation should not require that non-veterinarians administer these treatments under direct physical supervision'*. This was raised as important for remote communities that face frequent and extended absences of access to veterinary professionals and geographic and socio-economic circumstances that often prevent remote community residents from being able to transport their animals to veterinary clinics to seek services.
2. *'When a vet is not available such as in rural areas'*, *'consideration needs to be given to allow the use of more lay practitioners for some circumstances and certain procedures, especially for production animals'*.

**Q17: Are there any procedures performed on animals, that currently fall within the VP Act's definition of veterinary treatment, that you believe should be excluded in the VP Regulations? Yes or no. If yes, which procedures and why?**



Answered by **105**  
respondents



**59%** answered yes including **68%** of  
submissions provided by email

The responses to this question varied from providing a set list of procedures (or service provider) to generalising that procedures not requiring pain relief should be exempt. The suggestion that *'a panel discussion with representatives from each field'* was required was also presented noting that *'a clear list will eliminate grey areas.'*

A number of submissions referred to the list provided in the discussion paper in its entirety, with either little or no rationale provided as to the respondents reasoning. It is acknowledged however that in some instances relevant commentary may have already been provided in response to previous questions.

Representative rationale provided in submissions supporting the exclusion of procedures from the definition of veterinary treatment included:

- The procedures were *'low risk to animals and the public'* and *'likely they create greater benefits to animal welfare than negative'*.
- *'Wider acceptance may eventually lead to more scientific appraisals'*
- There was *'no way a vet can carry out these roles'*, that *'these specialists are better trained for specific treatment than vets'*, *'the knowledge underpinning assessment and treatment [manual therapy], is outside the scope of veterinary science graduates, unless they have taken specific interest and additional study in this area'* and these procedures are *'not something many vets are qualified in and therefore do not offer as services'*.
- Acupuncture therapist *'use another approach and activate self-healing process of the body which got nothing to do with proper veterinary service'*.

By far, the most commonly listed procedures by respondents of this question were:

- farriery
- acupuncture
- body work/manual therapy/massage
- chiropractic
- dentistry (equine) – *‘rasping sharp enamel points of horses teeth, removal of loose teeth. EDDA members are nationally accredited and insured – these procedures provide significant animal welfare benefits to the horse by improving comfort and wellbeing, can be performed routinely with minimal discomfort*
- physiotherapy
- thermal imaging

The following procedures were listed in only one or  $\leq 3$  submissions

- osteopathy
- red light
- physiokey
- salt therapy
- nutritionist
- dry needling
- stallion collection
- mare insemination
- spaying using the dropped ovary method
- manual pregnancy testing of cattle, buffalo and horses
- ultrasound and pregnancy testing of animals
- teeth clipping and tail docking of pigs <7 days, detusking and pig identification procedures
- shockwave
- injury diagnosis and treatment

Concern was raised that the removal of certain procedures (laparoscopic AI in sheep, pregnancy testing in cattle) have the potential to compromise animal welfare and protection afforded to the public, by being acts of veterinary science. Conversely, an argument was presented to permit laparoscopic AI in sheep by ‘licenced and appropriately trained’ operators *‘under the supervision of a vet but not direct supervision’*.

Respondents also called for further clarification regarding:

1. Diagnosis of disease - *‘it is not in the public interest for laypeople to be providing treatment for clinical signs without a vet being involved and ensuring that a diagnosis is made and the treatment appropriate’*.
2. When a veterinarian must be consulted – *‘owners do not always understand that there may be underlying pathology that requires veterinary diagnosis and treatment. It is also possible that a non-veterinary animal care provider may not understand that underlying pathology is present as they aren’t veterinarians. There must be provision for animals undergoing non-veterinary treatment to be appropriately redirected to a vet if the condition worsens or is not resolving’*.

**Q18: Are there any procedures that should be explicitly specified in the VP Regulations that they are only to be performed by veterinarians? Yes or no. If yes, which procedures and why?**



Answered by **89**  
respondents



**88%** answered yes including **94%** of  
submissions provided by email

In answering this question some respondents referenced procedures that could be performed by paraprofessionals under the 'direction' or 'supervision' of a veterinarian. Reference to the acts of veterinary treatment that should be permitted to be performed by paraprofessionals has been included in summarising responses to Question 8.

Submissions acknowledged the need for clarity regarding 'restricted veterinary procedures' to provide *'greater clarity to vets, animal care providers, contractors, owners and employees of owners – indeed anyone involved with the care of animals'* and to *'eliminate grey areas'*.

The majority of responses listed specific procedures however it was also suggested that a *'panel discussion with representatives of each field'* is required. It was also acknowledged that an amendment to the definition of 'veterinary treatment' in the Act may better address the clarity required and therefore an extensive list of explicitly specified procedures may not be required.

Respondents recognised that procedures they listed generally had the ability to cause discomfort or severe physical harm and therefore had detrimental welfare impacts if not rendered in an appropriate manner by a veterinarian.

By far the most common procedures included in responses were:

- surgery (including cattle spaying and sheep laparoscopy)
- companion animal dentistry including anaesthesia free dentistry (AFD) or teeth cleaning
- equine dentistry and the use of sedatives and power tools for this purpose.

A number of submissions supported the list of procedures provided by the AVA (following), either as an entire list or specifically a number of the procedures listed below. Additional rationale has been included where provided. The procedure included:

- pregnancy testing of horses and camelids by rectal examination
- stomach tubing or oesophageal intubation of horses
- artificial insemination and embryo transfer of horses and camelids
- microchip insertion in horses *'As it is considered legal identification of the animal'* and *'needs to be performed by an accountable professional to avoid misuse/fraud etc.'*
- sampling of tissue from live animals
- laparoscopic insemination
- administration of an anaesthetic agent
- carrying out any treatment, procedure or test that involves the insertion of anything in the nasal passage, nasal sinuses, thoracic cavity, abdominal cavity, pelvic cavity, cranial cavity, spinal cavity, tooth alveolar cavity, eye, orbital cavity, tympanic cavity, joint spaces or any other synovial cavity of any animal.
  - Some submissions included the exceptions of *'other than into an animal's mouth or oesophagus, swabbing of external orifices, into the rectum of an animal other than a horse'*

- performing any dental procedure on any animal other than manual rasping on a horse performed by a person with an appropriate Certificate IV qualification.
  - *'Anaesthesia free dentistry [AFD] is a serious welfare risk to both equine and companion animals where disease cannot be appropriately diagnosed and treated and pain is often inflicted'.*
  - *'AFD is not proven effective in treating dental disease in small animals', giving 'inadequate treatment that has ongoing negative effects on animal welfare'.*
  - *'Proper cleaning of subgingival areas cannot be achieved'.*
  - *It is unlikely that a lay person operator would be trained enough to recognise diseased teeth (fractured/abscessated/dead teeth) and the need for additional veterinary treatment. Therefore the pet will continue to suffer until veterinary treatment is sought'.*
  - *'Veterinarians are the only animal professionals who can prescribe pain relief and antibiotics with these procedures as indicated'.*
  - *'There is risk of serious injury with sharp dental instructions in a conscious animal and also the significant psychological stress most animals would experience with a conscious procedure.'*
  - *'You cannot get the requisite anatomy, physiology, pathology, medicine and surgery training required to accurately and effectively recognise, diagnose and treat oral pathology in the equine mouth without a veterinary degree. You also cannot properly perform an oral examination, nor any dental procedures, without sedation; an act of veterinary treatment.'*
- performing any dental procedure on a horse that involves: making an incision through the skin or oral mucosa or entry below the gum line (both these procedures in horses would require qualification in the use of analgesia and sedatives, legal access to s4 or s8 controlled substances, and expertise in surgery and advanced training in the use of motorised dental equipment); extracting a tooth by repulsion; or any other activity to maintain or restore correct dental function (except basic hand filing and rasping performed by a person with an appropriate Certificate IV qualification )
- performing any dental procedures on horses involving the use of motorised or battery driven instruments
  - *'Power tools can be dangerous unless properly trained to use'*
  - *'Should specify that horses must always be sedated when dentistry with power tools is being performed'.*
- cattle spaying by flank or dropped-ovary method
- signing any certificate or other document prescribed by or under any Act which requires the signature of a veterinary surgeon or veterinary officer in respect of the certification of disease status, including freedom from disease of any animal or animal product.
- pregnancy testing of cattle and buffalo by rectal examination
  - *'As the diagnosis of several diseases can be made by a veterinarian discovering a low pregnancy rate in a herd and then being able to make the necessary examinations as to why this has happened'.*
  - *'Accurate and appropriate diagnosis can only be made through a combination of ultrasound and manual palpation. Lay operators who only use ultrasound may misdiagnose cattle and their stage of pregnancy when a clear image is not visible. This has implications for welfare, particularly for situations where animals end up in feedlots or travelling to slaughter.'*

The following additional procedures, not included in the AVA's list, were also supported by a number of submissions:

- acupuncture *'involves the placement of fine needles into very specific anatomical sites, needs to be very accurate to avoid injury – esp. joints/thoracic cavity'*.
- diagnosis - examination or attendance on any animal for diagnosing the physiological or pathological condition of the animal, including for diagnosing pregnancy in a horse.
- carrying out any treatment, procedure or test on an animal that, in order to avoid harm or suffering to the animal in accordance to current standards of veterinary science practice, should not be undertaken without anaesthetising the animal (other than by a topical anaesthetic) or without sedating or tranquilising the animal.
- all diagnostic imaging, including dental radiography, and pathology – as these are *'performed to enable a diagnosis and care must be taken to ensure the results are interpreted correctly'*.
- uterine swabbing
- removal of velvet from deer
- prescription of medications
- ova or embryo transplants (species unspecified).

The following procedures were mentioned in two or three submissions each:

- diagnosis and provision of medical or surgical care to wildlife
- shock wave
- administration of dugs
- euthanasia in non-emergency circumstances
- dehorning of animals
- teeth clipping and tailing in piglets
- chiropractic, physiotherapy, animal manipulation.

While the remaining procedures were listed in only one submission each:

- animal behaviour consultancy
- wound care
- nerve blocks
- laser
- setting broken bones
- corticosteroid injections
- altering an animals body
- castration of any animal over 12 weeks even with rubber band methods
- castration of cattle/sheep
- tailing of lambs
- vaginal swabs/biopsies
- egg collection
- ultrasound diagnosis of pregnancy in a cat or dog

- artificial insemination of companion animals
- pregnancy testing (species unspecified).

In addition to veterinary only procedures, commentary was provided on 'veterinary specialist only procedures' noting that the *'level of expertise for many referral procedures should be highlighted and these restricted to those formally trained [i.e. a residency in a specialist field] in these methods - e.g. intraocular surgery, total hip replacement, intracranial surgery, spinal surgery etc.'*

*Increasingly, complex surgeries are being performed by GP vets with inadequate understanding of the complexities of the complications that they could incur... through poor technique, poor choice of method or inadequate equipment. The resulting referral is then for salvage of a procedure where the owner is already frustrated by a poor result and has already spent a significant amount for a poorly performed service. This is a welfare issue as well as the animal is exposed to repeated procedures to fix a problem that was avoidable. Sometimes, sadly the damage done is not reversible and the owner is left out both of pocket and with a poor outcome.*

**Q19: Do you support the proposed alignment of the VP Regulations with the Animal Welfare Regulations 2012 with regards to mulesing (sheep), dehorning (cattle, sheep), castration (cattle, sheep, pigs) and tailing (lambs)? Yes or no? Please explain the reasons for your answer.**



Answered by **89**  
respondents



**61%** answered yes including **75%** of  
submissions provided by email

The alignment of the VP Regulations, regarding the age limit at which a number of husbandry procedures are considered veterinary treatment, with the *Animal Welfare Regulations 2012* requirement for the provision of pain relief or other factors was explored. Such alignment would ensure legislative consistency and align with the nationally endorsed Australian Animal Welfare Standards and Guidelines for Cattle and for Sheep.

Some misunderstanding was apparent throughout responses however relating to the fact that the intent of the exclusions listed is to exempt procedures considered as routine husbandry, that may be performed for fee or reward (e.g. by contractors), as opposed to dictating technique or the provision of pain relief.

Respondents expressed that *'regulations should align with those technically informed (animal welfare) standards'* that *'alignment between regulations and between regulations and codes of practice should be able to be assumed'* as *'it is essential to provide a functional framework within which both veterinarians and livestock producers can function, reducing confusion and discord, and providing stakeholders with confidence that they are both compliant and that policy has been developed in a coordinated, cohesive, informed fashion'*.

Alignment was acknowledged as being important for ease of use and best animal welfare outcomes and that legislation needs to be consistent and unambiguous.

Specifically, the revision of surgical castration up to 21 days of age was supported, noting that *'immune-castration was a routine practice across industry'* with only a *'small proportion of producers, usually smaller-holders, still surgically castrate when young to service the barrow trade'*.

Of those respondents opposing alignment, rationale included that:

- all listed procedures were *'invasive and should always be performed by a veterinarian or a paraprofessional'* or *'under veterinary supervision'* (regardless of age)
- Animal Welfare Regulations promote *'inappropriate animal welfare standards'*

- age limits have increased too much creating greater '*opportunity for complications and harm*' and that '*castration and tail docking of sheep older than (3) months must be treated as a major surgical procedure*'.
- Animal Welfare Regulations should align with the VP Act, not the other way around
- standards are being relaxed to comply with national standards which is counterproductive in animal welfare terms.