



Veterinary Board of Tasmania

Review of the Tasmanian Veterinary Service Standards

Submission of the
Australian Veterinary Association Ltd

21 December 2022

The Australian Veterinary Association (AVA)

The Australian Veterinary Association (AVA) values the opportunity to contribute to the review of Tasmanian Veterinary Service Standards, which sets out the regulatory expectations of Tasmanian veterinarians and veterinary specialists and the delivery of appropriate and effective services within an ethical framework.

The AVA is concerned that the brevity and the timing of the consultation period for the Draft Veterinary Service Standards (DVSS) does not acknowledge the magnitude and critical importance of feedback that should be sought to reach a set of Standards that will deliver appropriate and effective veterinary services to the Tasmanian community. The AVA believes that more consultation is required before the standards are complete and AVA would be happy to work with you on this.

The AVA is the national organisation representing and supporting veterinarians in Australia consisting of members who come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, production animals, wildlife, laboratory animals, working animals and aquatics. Government veterinarians work with our animal health, public health and quarantine systems while other members work in industry for pharmaceutical and other commercial enterprises. We have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association.

Summary

The AVA understands that the purpose of the review of veterinary service standards is to set and maintain standards for veterinary education and professional behaviour, to comply with the Veterinary Surgeons Act 1987 in regulating veterinarians and veterinary specialists to protect the public and animal health and welfare in Tasmania.

The AVA believes that there should be reference to relevant legislation only and that including interpretation of legislation into the Veterinary Service Standards creates ambiguities and potential ambiguities which may cause difficulty with compliance. Comprehension of the standards was difficult at times from the discussion provided which raised many issues in the understanding of what the standard meant and left the standard open to interpretation. Also, the relevance or practical application in some areas, such as for rural practice.

There is significant concern that in many instances the Draft Veterinary Service Standards have many unintended consequences. They do not only aim to reflect the standards of practice and behaviour required of veterinary practitioners, but create inappropriate obligations of veterinary practitioners which shifts the responsibilities and costs of public good and private animal health and welfare, onto registered veterinary practitioners, despite the veterinary profession not being publicly funded

This increasing creep to obligate veterinarians for areas of public good can be seen throughout the Draft Veterinary Service Standards. For example: in the ownership of wildlife, stray animals, veterinary infrastructure and services to be used beyond the scope of usual practice, in emergencies, 24 hour availability of veterinary services and in production animals to secure public health. There is no acknowledgement in the document that these obligations imposed on veterinary practitioners also entail heavy financial obligation which impacts veterinary remuneration and workplace conditions, and ultimately wellbeing.



It is becoming well understood that the one of the underlying causes of poor wellbeing that the profession is facing is chronic underfunding specifically around the labour component, leading to poor remuneration, lack of flexibility, poor workplace culture and attrition. We have concerns that as well as regulating the provision of unsupported services there are also standards which require veterinarians to maintain the wellbeing of themselves and their team. It is very difficult to ensure wellbeing if financial viability is difficult to achieve or maintain.

The AVA has made significant efforts to communicate the concerns for veterinary mental ill-health and sustainability of the profession to the Tasmanian government and the AVA encourages the Tasmanian Government to financially resource areas of veterinary public good to correct the financial strain placed on the veterinary profession, rather than further obligate veterinary practitioners to provide these unsupported services through mandatory veterinary service standards.

Discussion

Standard 1. Expected behaviours and principles of professional conduct

Principles of professional conduct

Principles of professional conduct do not only aim to reflect the standards required of veterinary practitioners but also sets to oblige veterinary practitioners to maintain public responsibilities of animal health and welfare without regard for the costs put upon them. This includes education, equipment, technology environment, assistance (staffing) and remuneration.

The contribution veterinarians make to the community is highly valued, and significantly contributes to, and protects, the health and safety of animals, the health and wellbeing of people and the economic safety of Australia through the continued social license of animal industries and trade. The financial viability of the profession is under threat due to decades of under investment and the obligations for public good placed on veterinarians must be met with adequate financial resource.

Information appropriate to proposed Standard 1:

1. AVA Code of Professional Conduct and the Australian Veterinary Association Members Code of Professional Conduct
<https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
https://www.ava.com.au/search/?q=key+principles&t_dtq=true

Standard 2. A primary concern for animal wellbeing

- The AVA believes that there should be reference to relevant legislation only and that including interpretation of legislation into the Veterinary Service Standards creates ambiguities and potential ambiguities which may cause difficulty with compliance. An example is Section 8 (1) of the Animal Welfare Act 1993 to obligate veterinary practitioners to provide emergency provision of treatment.

The requirement that a veterinary practitioner must provide emergency provision of treatment is a service of veterinary professional conduct for public good and taken in good faith by the



veterinary profession. It should not be without consideration for the costs involved for the veterinary practitioner and the overall sustainability of the veterinary profession.

Payment for services should always be expected and veterinary professional conduct or veterinary duty of care for the wellbeing of an animal not used inappropriately as a mechanism to avoid payment of veterinary services of any species.

- There is a discrepancy between Pg 11 '*Obligation to Act (d) the animal is an undomesticated or exotic species but not a declared pest animal*' and Pg 13 '*Euthanasia*'. Declared pest animals are sentient and should be treated humanely. The provision of first aid and pain relief includes carrying out euthanasia.
- There is confusion around how to deal with pest species and what they are.
- As in Standard 8.3 (Veterinary practitioner and veterinary team wellbeing), the AVA believes it is not reasonable to expect veterinary practitioners to practice outside of their professional competence. This includes to provide emergency services (such as unusual species and acts) and facilities (standard procedures and equipment for containment) outside of their area of competency, even for emergencies. Public funding needs to support these public responsibilities so that staffing and facilities to provide emergency services can be effectively and safely provided by local veterinary hospitals.
- There is risk of safety, veterinary competency, and profession wide sustainability as 'veterinary professional conduct' aims to shift the public responsibilities and costs of necessary veterinary services and facilities onto private veterinary practitioners.
- 2.2 and 2.6 are repetitive.

The references below are relevant to proposed Standard 2:

1. AVA Code of Professional Conduct and the Australian Veterinary Association Members Code of Professional Conduct
<https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
3. AVA Policy: Improving animal welfare
<https://www.ava.com.au/policy-advocacy/advocacy/improving-animal-welfare/>
4. AVA Statement of principles – animal ethics
<https://www.ava.com.au/policy-advocacy/policies/animal-welfare-principles-and-philosophy/ava-statement-of-principles--animal-ethics/>

Standard 3. Veterinary practitioner-owner-animal (VOA) relationship

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation. The AVA believes that there should be reference to relevant legislation only.

B: Owner /Client VOA



The AVA disagrees with aspects of the interpretation of the VOA relationship where it allows legal and financial responsibilities of animals to be shifted onto registered veterinary practitioners with no mechanism of financial protection. In particular, animals under the responsibility of government (wildlife species or domesticated stray animals).

In the '*Aim in recognizing the VOA relationship*', there is no reference to the financial responsibility of the 'owner' in the relationship, particularly where ownership has been 'deemed' or 'delegated' such as wildlife, stray, feral and pest species etc.

Of particular concern is (f) which allows '*the person presenting the animal to the veterinary practitioner for the provision of veterinary services is deemed to be the owner unless they relinquish the duty of care for that animal to the veterinary practitioner*'.

The AVA strongly refutes that the principles of veterinary professional conduct includes 'relinquishing the duty of care to the veterinary practitioner' including financial responsibility for 'deemed or delegated ownership' of wildlife, stray, feral, pest species etc. A veterinary practitioner taking steps to relieve pain and suffering does not confer ownership of an animal.

Further investigation is required but not possible within the limitations of the short notice public consultation granted.

Expectations for veterinary practitioners to provide unlimited veterinary services and facilities for areas of public good through good will and without financial compensation or protection is contributing to poor veterinary remuneration and poor working conditions including overwork, leading to mental ill-health in the veterinary profession.

Veterinary service standards imposed by the government must provide a mechanism of support to financially protect veterinary practitioners from unintended consequences of Tasmanian legislation.

Payment for veterinary services should always be expected and designation of ownership of wildlife and stray animals not used as a mechanism to avoid funding necessary local veterinary services. Local veterinary services are necessary to maintain animal welfare and biosecurity.

There needs to be clear information that the financial cost of veterinary treatment forms part of accepting the responsibility of 'owner' (on behalf of the government) for wildlife and stray animals or if they are a 'person' that presents an animal to a veterinary practitioner.

Also, there is risk to animal welfare and the public safety if the 'designated owner or person' avoids or refuses veterinary services due to the personal cost put upon them.

As an example, the AVA understands that there is currently no budget for local veterinary practitioners to provide veterinary services in the proposed Tasmanian Wildlife Strategy.

Unless adequate funding is provided to seek necessary local veterinary treatment, the veterinary profession will remain unsustainable, financial tension will continue to occur between veterinarians and 'owners' or 'persons' and there is risk to animal welfare, biosecurity and public safety.

There needs to be further investigation of the shifting of public responsibilities of government onto veterinary practitioners through veterinary service standards required of veterinary registration.



The VSS needs to include consideration for tourists who do not have a VOA.

Veterinary practitioner and owner responsibilities

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation.

A. The main responsibilities of the veterinary practitioner in the VOA relationship are to:

- (a)
 - a. The intent of this is unclear. The AVA disagrees that veterinary practitioner's rather than the animal owner's or producer's or business's responsibility to ensure compliance for their animal health and welfare including when it is necessary for veterinary attention to observe and examine an animal or production systems. The frequency is guided by the professional judgement of the vet, requirement of repeat medications and in accordance with any guidelines set by the Veterinary Board of Tasmania, but the responsibility remains with the owner.
 - b. Production animals should not be separated out as this is applicable to all animals.
 - c. The AVA disagrees that this must occur not 'when requested to do so by the owner' but at a mutually agreeable time taking into account veterinary practitioner availability.
- (g) Maintain the VOA relationship through:
 - a. Necessary communication. It is not the responsibility of the veterinary practitioner to continuously instigate client communication to demonstrate a relationship. The client must take responsibility for their own requirements for veterinary care and compliance. Often clients attend more than one veterinary practice.

The references below are relevant to proposed Standard 3:

1. <https://www.ava.com.au/about-us/code-of-professional-conduct/>
2. <https://www.ava.com.au/policy-advocacy/advocacy/improving-animal-welfare/>



Standard 4. Communications between veterinary practitioner and the client or professional peers

There are significant parts of this document that makes attempts to interpret Acts of relevant legislation.

Offering or performing necropsy

- 1.19 Where a client has not requested a post mortem (necropsy) but the veterinarians believes there is a requirement, appropriate government resource must be available to undertake the necessary veterinary services for animal and public safety.

The references below are relevant to proposed Standard 4:

1. <https://www.ava.com.au/policy-advocacy/policies/other-services-provided-by-veterinarians/engagement-of-private-veterinary-practitioners-in-national-disease-surveillance/>
2. <https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/veterinary-referrals-and-second-opinions/>
3. <https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/in-house-diagnostic-pathology-and-pathology-referrals/>

Standard 5. Genetic disease

Veterinarians should play an active role in identifying and monitoring genetic diseases and assisting breed societies and breeders with advice. They should also assist in the education of owners managing animals displaying inherited defects.

Awareness of genetic disease should be encouraged as should practices and research to minimise its incidence and effects in populations of animals.

The references below are relevant to proposed Standard 5:

1. <https://www.ava.com.au/policy-advocacy/policies/miscellaneous-welfare-issues-other-welfare-issues/genetic-defects-in-domestic-animals/>
2. <https://www.ava.com.au/policy-advocacy/policies/animal-welfare-principles-and-philosophy/ava-statement-of-principles--animal-ethics/>
3. <https://www.ava.com.au/policy-advocacy/policies/surgical-medical-and-other-veterinary-procedures-general/cosmetic-surgery-to-alter-the-natural-appearance-of-animals/>
4. <https://www.ava.com.au/policy-advocacy/policies/surgical-medical-and-other-veterinary-procedures-general/surgical-alteration-of-companion-animals-natural-functions-for-human-convenience/>

Standard 6. Veterinary premises, equipment, and assistance in the provision of veterinary services

Adequate government resource is required to support what is required of registered veterinary practitioners to provide areas of public good through veterinary service standards, such as in wildlife and stray animals or provision for emergency service. This includes maintaining the premises,



equipment and assistance in the provision of veterinary services (staffing) required of the veterinary service standards.

Currently there are expectations to provide unlimited veterinary services and facilities for public good through good will and without financial compensation or protection.

General standards applicable to all premises

(e) further clarification is required of “ have arrangements in place for access to out-hours and/or emergency services for clients in the event of unanticipated problems or complications following procedures or treatment”. This is unclear.

The references below are relevant to proposed Standard 6:

1. Recommended key principles for veterinary practice acts in Australia (Ratified by the Board 24th April 2017)
https://www.ava.com.au/search/?q=key+principles& t_dtq=true
2. AVA Policy: House call practice
<https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/house-call-practice/>

Standard 7. Veterinary medical records

The area that the AVA holds particular concern is:

7.4.1 For individual and groups of animals:

The level of prescriptive detail required to be documented, particularly for (j) and (k) being unnecessary in every situation and unreasonable for this amount of information to be documented in the time available for consultation.

(j) details of discussions with the owner (throughout the period veterinary services are delivered) about treatment/management options, including the limitations, risks, and costs of those options

(k) the treatment option chosen by the owner, including the reasoning as to why that choice was made

7.7/ 7.8 Clarification is needed of who can request a medical record- client, veterinary staff, veterinarians.

Wildlife and stray animals

As a veterinary medical record for wildlife and stray animals must be consistent with any other case, there must be an expectation of the veterinary practitioner to be compensated equivalent to any other case. The facilities and time of staff to attend to animals for which there is no payment creates issues of viability.

The board must take appropriate measures to ensure that Government funding for these animals is in line with the expectations of veterinary practitioners for sustainability of the veterinary profession. Imposing financial vulnerability on veterinary practitioners as a condition of veterinary service standards needs further investigation. If obligations are placed upon all veterinary practitioners through veterinary services standards, then financial support needs to be available for all veterinary practitioners to provide areas of public good, as is currently not the case.



The references below are relevant to proposed Standard 6:

[Clinical records](#)

[Retention of medical records and diagnostic images](#)

Standard 8. Veterinary practitioner and veterinary team wellbeing

Expectations for veterinary practitioners to provide unlimited veterinary services and facilities for areas of public good through good will and without financial compensation or protection is contributing to poor veterinary remuneration and poor working conditions including overwork, leading to mental ill-health in the veterinary profession.

This includes the provision of emergency and out-of-hours.

The wellbeing of veterinary practitioners and staff are frequently risked through this lack of resource to provide adequate staffing levels and working conditions.

Prioritising veterinary wellbeing by withdrawing veterinary services leads to animal welfare concerns if animals are not attended to.

The AVA suggests adequate public resource to support services of public good is essential to maintaining working conditions.

Resource is required to support local veterinary practices provide essential facilities and administration to coordinate across regions and public education such as animal first aid.

Standard 9. Practicing within areas of technical competence and continuing professional development (CPD)

The AVA welcomes the recognition of non-technical CPD as part of evidence that can be collected.

9.1-9.3 There needs to be a definition of how 'current standards' are determined.

9.7 There is no indication of how the Board intends to 'assess' sufficient knowledge of specific topics common to all veterinary practitioners and what these 'specific topics' are. Clarification is required.

Guidance

A veterinary practitioner may be called upon to deliver veterinary services in situations where they self-assess their technical competence as 'under development' rather than 'attained'. In these circumstances, the veterinary practitioner should communicate any implications for the animal's wellbeing and treatment to ensure the client's informed consent is secured.

Further clarity is required.

Practicing within areas of technical competence is contrary to Standard 2, where veterinarians are being asked to potentially practice and maintain facilities outside of their area of competence to meet public responsibilities for animal welfare overall.



It is important to note that unlike human health, there are expectations placed upon veterinarians without support to attain them. This creates an unreasonable expectation of attaining and financing 'well rounded' CPD which covers 'all aspects of veterinary competence', leaving veterinary practitioners vulnerable to interpretation of this standard. With increasing requirements of CPD for public safety, public support will be required to resource this expensive, extensive ongoing learning and recording which seemingly has no boundaries.

Standard 10 Managing conflict of interest (COI) and incitement to commit unprofessional conduct

Section 10.2 –Needs clarification. The use of the term 'best practice' may be problematic. There needs to be regulations and code of practice to allow the veterinarian to undertake treatment within the spectrum of care appropriate to the individual situation.

Standard 11. Referrals between veterinary practitioners

The references below are relevant to proposed Standard 11:

1. [Veterinary referrals and second opinions](#)

Standard 12. Provision of veterinary services outside normal business hours

This section is not clear. There have been varied interpretations of this section and what is expected for 24/7 care of animals and out of hours availability.

12.1 Inappropriately obligates registered veterinarians who may not have any business interest in the veterinary practice to take responsibility for veterinary business communications.

12.2 This is not possible and again inappropriately obligates registered veterinary practitioners who may not have any business interest to take responsibility for communicating out of hours arrangements of other businesses. Veterinary practices can advertise their own availability and apply continuance of care arrangements in current clinical cases.

12.5 'the potential impact of restricted attendance on the animal's expected course of recovery'. This sentence does not make sense. Additionally, the 'expected course of recovery' cannot be determined by when a client attends a veterinary practice.

Guidance

The section on guidance does not acknowledge the public responsibilities of the government to support animal welfare. Instead, this is done by shifting the responsibility and costs for 24/7 animal welfare between the registered veterinary practitioners, veterinary business owners and causes difficulties through the impacts on personal lives.

Without support it is difficult to provide services and standards 24/7 across Tasmania, particularly in regional areas. Additionally, if services are not available then animal welfare and biosecurity are at risk.



Obtaining costs for the services for other businesses to provide services is not the responsibility of registered veterinary practitioners.

Standard 13. Telemedicine and providing veterinary services across borders and to remote clients

The situations suggested below are unclear.

13.2 Requires a definition of ‘sufficient evidence’ as this is subjective.

13.3 This is not always possible in emergency triage.

13.4 A veterinary practitioner can only request information of the current management and health status of the animal and the geography and climate and relies on effective communication and honesty of the animal’s owner. This is a shared responsibility.

13.8 A veterinary practitioner takes reasonable steps to collect information relevant to veterinary care.

13.10 A veterinary practitioner communicates that there are limitations of telemedicine veterinary consultation.

13.11 The same requirements for continuity of care exist for a telehealth consultation.

13.12 It is unreasonable to have unspecified requirements or conscription of veterinary practitioners as a requirement of veterinary service standards.

It is unreasonable that additional requirements would be issued by the Board as Standards or specific guidance to further obligate veterinarians for public responsibilities of government.

The references below are relevant to proposed Standard 13:

1. [Telemedicine practice](#)

Standard 14. Supply and use of veterinary medications

The AVA has concerns regarding this Standard:

14.1

A veterinary practitioner *ensures* that, prior to the supply, use, prescribing and administering of veterinary medications:

The AVA holds concerns for points (a), (i) – (m) as they are unreasonable or unattainable.

(a) the individual to whom the veterinary practitioner is supplying or prescribing veterinary medication is the client (owner of the animal or the designated representative of the owner)

A veterinarian cannot *ensure* that “the individual” is the owner or designated representative of the owner in every case. Information may not be available (eg the animal has no microchip or other documentation provided to confirm ownership) or not provided in a timely manner for the welfare of the animal (pain relief or other emergency indicated medication may be required without the time or resources being available to verify ownership of the animal prior to administration of the medication).



Additionally, Standard 3 allows 'ownership' to be any 'person' who presents wildlife or domesticated stray animal to a veterinary practitioner.

(i) - (m)

The onus is placed on the veterinarian that the individual is the owner and to ensure the ability of the client to understand and physically administer medications and take care of the animal afterwards. The implication of this is that any adverse outcome resulting from a client's incorrect carrying out of instructions or directions provided by the veterinarian will then place liability on the veterinarian.

It is not reasonable to require a veterinarian to "ensure" that a client will follow directions that are appropriately and adequately provided to them.

The following wording would be recommended for use to replace these standards:

1. [AVA GUIDELINES FOR PRESCRIBING, AUTHORISING AND DISPENSING VETERINARY MEDICINES](#) (Currently under review)

The veterinarian is expected to have knowledge of the individual client and their husbandry and treatment management, knowledge, skills and ability to understand instructions and correctly administer drugs.

2. [VPB WA Guidelines to Professional Conduct](#)

6. Medications, antibiotics and other chemical or biological substances

b. A veterinary surgeon is responsible for ensuring that clients are aware of the need to comply with the withholding periods recommended for the administration of antibiotic and other medications to food producing animals or to animals used in a sport that has rules about the use of chemical substances.

c. A veterinary surgeon may only dispense controlled substances to a bona fide client, that is, the animal/herd owned by the client must be under their care; the animal/herd must have been seen for the purposes of diagnosis, or the premises on which the animal/herd is kept, visited recently enough to have an accurate picture sufficient to enable accurate diagnosis, and the treatment must be recorded, or the veterinary surgeon must have discussed the health of the animals with the owner within the previous 7 days and have reasonable grounds to believe that an examination of the animals is not practicable

14.2

A veterinary practitioner reports all adverse medication experiences to the Australian Pesticides and Veterinary Medicines Authority in accordance with its protocols and procedures. An adverse experience is an unintended or unexpected outcome associated with the registered use of a product used according to the approved label instructions. This includes impacts on human beings, animals, crops and the environment or a lack of efficacy.

A veterinary practitioner reports 'suspected' medication experiences to the Australian Pesticides and Veterinary Medicines Authority

The AVA would propose that there is qualification to this:

- Veterinary practitioners are not always aware or could reasonably be expected to be aware of all adverse medication experiences.
- Clients may not recognise or report adverse medication experiences
- It is reasonable that clinical signs may not be attributed to adverse medication experiences but rather other episodes of illness.



Guidance:

Supply and use of veterinary medications

Putting the VOA relationship into effect for remote prescribing

- This is unnecessarily prescriptive and alternative wording can be found in the [VPB WA Guidelines to Professional Conduct](#)
- Further information is needed on the governance of 'online' pharmacies and their adherence to the VOA.

Improper supply

The AVA requests that clarification is included around veterinarians working within the same practice being able to provide repeat medication for a patient seen by another veterinarian in the same practice.

A veterinary practitioner cannot dispense a prescription of another veterinary practitioner for a Schedule 4 or Schedule 8 substance; this can only be done by a pharmacist (Regulation 27(7) and 51 (7) and (8) of the Poisons Regulations 2018)

Supplying

- This wording is unclear and open for interpretation.
- The AVA believes that there should be reference to relevant legislation only.

Prohibited supply

- The AVA believes that there should be reference to relevant legislation only.

It is also prohibited under Regulations 20 and 24 of the Poisons Regulations 2018 for a veterinary practitioner from supplying or prescribing ketamine, methadone, pethidine, and fentanyl.

A veterinary practitioner may administer ketamine, methadone, or fentanyl to an animal during animal treatment

The application of this standard to fentanyl patches in out-patients needs clarification.

Anabolic steroids (SPELLING)

- The AVA believes that there should be reference to relevant legislation only.

Standard 15. Responsible supply and use of antimicrobial agents (antibiotics)

The AVA agrees with maintaining current knowledge and provides policies on AMR to assist in informing antimicrobial use.

The references below are relevant to proposed Standard 15:

1. [Use of veterinary medicines](#)

Standard 16. Biosecurity and infection control



The AVA provides biosecurity and public health policies to assist in informing biosecurity and infection control.

All veterinarians have public responsibilities relating to Biosecurity and infection control and support for these responsibilities should occur by government.

The references below are relevant to proposed Standard 16:

1. [Biosecurity and Public Health – role of veterinarians](#)

Standard 17. Veterinary certificates

Clarification required:

- The AVA has concerns regarding the practical ability and privacy issues of a requirement to provide a “link to a veterinary medical record”.
- A veterinary practitioner should ensure arrangements are in place to protect statutory and operational requirements for confidentiality of sensitive information collected or disclosed as part of certification.

It has been well established by legal precedents that medical records and diagnostic images (e.g. radiographs and ultrasound scan printouts) belong to the person or partnership creating them. All materials (e.g. X-ray film) purchased by the veterinarian also remain the property of the veterinarian, not the client.

The references below are relevant to proposed Standard 17:

- [Retention of medical records and diagnostic images](#)

Guidance: Veterinary certificates

The AVA would recommend that there are systems available such as PREGCHECK™, BULLCHECK™, BIOCHECK™, WELFARECHECK™ and other forms and templates that are used in other jurisdictions.

Standard 18. Practicing in accordance with statutory obligations

18.4

There may be situations where, whilst not leading to illegal activity, compromise a veterinarian’s professional judgement, and hence put them in contravention of other parts of the Veterinary Service Standards.

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