AVA submission to the consultation on acts of veterinary medicine in Western Australia - Veterinary Practice Regulations 2022

This submission was made via online form and should be read in conjunction with the WA Government Consultation Paper (https://talkingbiosecurity.dpird.wa.gov.au/consultation-acts-of-vet-medicine)

Section 1: Proposed acts of veterinary medicine.

Indicate which of the following should be included in the Regulations as an act of veterinary medicine.

6. Stomach tubing or naso-oesophageal intubation of horses

Yes

7. Reason

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient. It is the opinion of the AVA that in situations where veterinarians are the only regulated providers of animal care then this would require that all acts of veterinary medicine are performed by veterinarians only. In instances where veterinary nurses, veterinary technicians and paraprofessionals are regulated there is scope for these regulated individuals to perform some acts of veterinary medicine with supervision of a veterinarian (direct or indirect), depending on the relative risk of the procedure.

Naso oesophageal intubation (stomach tubing) of horses is a technical procedure that is undertaken as either a diagnostic or a therapeutic procedure. Higher order veterinary knowledge is required to determine the indications of when the procedure is required and the absolute necessity to for correct placement of the tube before administration of a substance into the tube, as incorrect administration of a substance into the lungs has a high likelihood of a fatal outcome. With veterinary supervision this procedure may be applicable to be undertaken by particular regulated individuals such as veterinary technicians

8.Pregnancy testing of horses and camelids by rectal examination

Yes

9. Reason

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

The technical skill of rectal examination of horse and camelids to diagnose pregnancy requires a higher order veterinary knowledge of anatomy, physiology and pathophysiology that is inherent in a veterinary degree in order to make the diagnosis and minimise adverse welfare consequences, which have a moderate likelihood of occurring in these species. It is only by having higher order veterinary knowledge the significance of adverse outcomes (including the fatal consequences) and risk mitigation techniques are well understood and early intervention of adverse events can occur. For example, an anxious horse (in sympathetic overdrive) is at a higher risk of a rectal tear than a relaxed horse. This risk needs to be recognised before and managed prior to the procedure being taken. Veterinary knowledge is required to understand if the most appropriate risk mitigation technique requires pharmacological intervention, what pharmacological intervention will reduce the likelihood of an adverse outcome related to the rectal exam whilst minimising the risk of local and systemic adverse effects of the veterinary medicine. In the event that an adverse event does occur due to pharmacological intervention veterinary knowledge is required to identify and manage the event.

10 Microchipping of any animal other than a cat or dog (these are dealt with under the *Cat Act 2011* and the *Dog Act 1976)*

Yes

11 reason

We have made the assumption that regulations will only be referring to microchipping where a microchip is inserted into an animal as opposed to the application of ear tags containing microchips. If this is the intention, it is suggested that rephrasing be entertained. Terms that may be useful to include in the procedure title for clarity include “subcutaneous” or “parenteral”.

The insertion of a microchip into any animal requires regulation for several reasons. Firstly, although adverse effects of inappropriate insertion are rare and usually of a minor nature they do occur and understanding of how to minimise these through technique is required. Regulation will ensure that those able to undertake the act will have done the appropriate training and be accountable for their actions. Secondly, microchipping may be undertaken with identification and verification of an animal's health, and

responsibility and accountability is required to ensure that integrity of information is maintained, in specific situations this would be procedure should be confined to registered veterinarians, for example microchipping of horses.

12. Sampling of tissue from live animals

Yes

13. Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient. It is the opinion of the AVA that in situations where veterinarians are the only regulated providers of animal care then this would require that all acts of veterinary medicine are performed by veterinarians only. In instances where veterinary nurses, veterinary technicians and paraprofessionals are regulated there is scope for these regulated individuals to perform some acts of veterinary medicine with supervision of a veterinarian (direct or indirect), depending on the relative risk of the procedure.

If the sampling of biological tissue is invasive then it needs to be considered as an act of veterinary medicine, as although in some cases the technical aspect of tissue sampling may not be difficult, the decision as to whether tissue sampling is warranted requires higher order veterinary knowledge. In addition, when the tissue sampling is invasive, to achieve the best animal health and welfare outcomes a deep understanding of physiological and pathophysiological processes are required in order to deliver appropriate analgesia and anaesthesia, identify risk of adverse events and provide early intervention should they occur. A veterinarian may determine that with appropriate supervision regulated individuals are able to undertake tissue sampling from live animals. The degree of supervision required would be dependent on the degree of invasiveness of the tissue sampling and the likelihood of adverse outcomes and the consequences of these outcomes. For example, performing a skin biopsy in a horse may be appropriate for a regulated veterinary nurse to undertake under veterinary supervision as technical skill required to perform a skin biopsy may be within the skill set of regulated veterinary nurses and the likelihood of adverse outcomes is limited. In contrast a lung biopsy of a dog requires higher order veterinary knowledge, and the risk and consequences of adverse effects are high and must only be undertaken by a registered veterinarian.

14. Ova or embryo transplants

Yes

15. Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

Ovum and embryo collection and embryo transplant require detailed knowledge and understanding of female reproductive physiology and pathophysiology in order to manipulate the reproductive cycle to maximise successful transplantation. This invariably requires familiarity and use of several restricted medications and should only be performed by registered veterinarians.

16. Uterine swabbing of horses

Yes

17. Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

Uterine biopsy is an example of tissue sampling in the live animal where the degree of invasiveness of the tissue sampling and the likelihood of adverse outcomes and the consequences of these outcomes would require the procedure is performed by registered veterinarians only.

18 Laparoscopic insemination

Yes

19 Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

Laparoscopic examination is a surgical procedure that requires higher order veterinary knowledge including understanding of physiological and pathophysiological principles, understanding of surgical principles as well as the administration of multimodal analgesia and anaesthesia to perform. Adverse events related to this procedure can be significant (e.g. peritonitis) and on occasion fatal.

The knowledge and technical skill set to achieve this and understanding the likelihood of adverse events and how to mitigate or manage these requires extensive veterinary knowledge only afforded by a veterinary degree.

20 General anaesthesia

Yes

21 Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient. It is the opinion of the AVA that in situations where veterinarians are the only regulated providers of animal care then this would require that all acts of veterinary medicine are performed by veterinarians only. In instances where veterinary nurses, veterinary technicians and paraprofessionals are regulated there is scope for these regulated individuals to perform some acts of veterinary medicine with supervision of a veterinarian (direct or indirect), depending on the relative risk of the procedure.

It is paramount that a veterinarian makes all decisions related to the agents used to induce anaesthesia and how the anaesthesia will be monitored, and the animal recovered. Depending on the health of the animal, the technical skill required, the risk of adverse events and the consequences of those events as well as the training of other regulated individuals within the veterinary team some aspects of the procedure may be able to be performed under veterinary supervision. An example of this would be the induction and monitoring of ASA 1 anaesthetics by regulated veterinary nurses or veterinary technicians.

22. The carrying out of 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

Yes

23 Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient. Given that higher order veterinary knowledge is required to make the decision to undertake a treatment, procedure or test involving the anatomical structures listed and

the risk of adverse events, the knowledge required to mitigate them as well as identify them early and intervene requires these to only be performed by registered veterinarians. Clarification as to if the pelvic cavity includes the reproductive system may be useful.

24 The performing on a horse of any dental procedure that involves the use of a power tool

Yes

25 Reasons:

The use of power tools in horses to perform dental procedures requires altered consciousness of the horse in the form of sedation as a risk mitigation technique to reduce the likelihood of adverse outcomes such as damage to gums, dental tissue, and potentially fractures of cranial bones. The use of a sedative requires veterinary knowledge around the physiology and pathophysiology, not limited to determining drug selection in light of the health status of the horse, an understanding of the systemic effects of the said sedative and how this impacts the likelihood of adverse effects, as well as ability to recognise adverse effects and manage them. Incorrect use of power tools can lead to pulp exposure and tooth death, causing severe pain and trauma for the animal involved.

In the case of equine dentistry there may be scope where regulated veterinary technicians and paraprofessionals who have undertaken accredited training are able to use power tools in horses under the direct supervision of a veterinarian with advanced training in equine dentistry, depending on the relative risk of the procedure.

26 The performing on any animal of any dental procedure that involves:

(i) making an incision through the skin or oral mucosa or entry below the gum line,

(ii) extracting a tooth by repulsion, or

(iii) 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)

Yes

27 Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

The dental procedures listed above require analgesia and anaesthesia, that is often multimodal in nature due to the invasiveness of the procedures listed. The use of analgesics and medications altering consciousness (sedatives/ anaesthetics) require a high level of veterinary knowledge around the physiology and pathophysiology, not limited to determining drug selection in light of the health status of the animal, an understanding of the systemic effects of the veterinary medicines and how this impacts the likelihood of adverse effects, as well as ability to recognise adverse effects and manage them. Post operative management may also include analgesics and antimicrobials which also require higher order veterinary knowledge to prescribe. Only registered veterinarians have the training to determine the need for these procedures, undertake them, and manage the risk associated with them and identify and treat adverse events.

We ask that consideration is given to the inclusion of an additional dental procedure is made, that is "the removal of plaque and calculus with hand, sonic or ultrasonic dental instruments in dogs and cats" By including this as an act of veterinary medicine it will protect the public from lay operators from undertaking anaesthesia-free dentistry. The AVA along with many other organisations are of the opinion that dental scaling in dogs and cats should be performed under general anaesthesia, and lay operators who undertake dental scaling without appropriate anaesthesia and analgesia are negatively impacting animal welfare and potentially contravening the Animal Welfare Act of 2002.

28 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.

Yes

29 Reasons:

In order to certify disease status including disease free status a depth and breadth of veterinary knowledge is required which is only afforded by the veterinary degree. Strong biosecurity requires early recognition and diagnosis of disease, including exotic disease (the impending introduction of lumpy skin disease is an example) and only a degree that teaches critical thinking and problem solving in the context of veterinary science can provide this. For these reasons this act of veterinary medicine should be limited to registered veterinarians.

30 Signing a certificate of pregnancy status for any animal

Yes

31 Reasons:

Documentation certifying pregnancy status is a legal document that has significant implications if incorrect, particularly in exported livestock. The accurate conformation of pregnancy status requires veterinary knowledge and, in many species, may involve an invasive procedure (e.g., rectal exam) or use of diagnostic equipment that requires veterinary knowledge to interpret (e.g., ultrasound or blood tests). In the opinion of the AVA the certification of pregnancy should be restricted to registered veterinarians.

32 Signing a certificate of spayed status for any animal

Yes

33 Reasons:

Documentation certifying spayed status is a legal document that has significant implications if incorrect. The conformation of spayed status requires veterinary knowledge and, in many species, may involve an invasive procedure (surgical exploration) or use of diagnostic equipment that requires veterinary knowledge to interpret (e.g., ultrasound or blood tests). In the opinion of the AVA the certification of spayed status should restricted to registered veterinarians.

34 Acupuncture procedures

yes

35 Reasons:

The veterinarian is uniquely qualified to make evidence-based diagnoses, determine and justify the procedures to be undertaken, to manage patients before, during and after procedures, and to understand the systemic impacts of medical or surgical interventions on the individual patient. This level of knowledge and expertise is essential in order to minimize adverse welfare consequences and yield successful outcomes for the patient.

Acupuncture on animals involving skin penetration using needles or the injection of substances should only be performed by registered veterinarians who have appropriate training.

36 Are there any additional acts that you propose should be included as an act of veterinary medicine in Regulation, please list and explain why?

- Administration of any medication that causes an altered state of consciousness
- Provision of all veterinary certificates

Section 2: Regulating options for the pregnancy testing of cattle

Before proceeding with this section, please note that under the proposed Veterinary Practice Regulations, 'general supervision' means the supervising veterinarian must be registered and located in Western Australia when supervising and available for consultation if necessary and must provide regular and frequent monitoring of the person.

37. Choose any **ONE option** that you support for regulating the pregnancy testing of cattle**.**

- i. The authorised person must be under the general supervision of a registered veterinarian.
- **ii. The authorised person must be under the general supervision of a registered veterinarian; and/ Have successfully completed a relevant training course in pregnancy testing of cattle approved by the Board**
- iii. The regulations authorise the pregnancy testing of cattle if the person has successfully completed a training course in pregnancy testing of cattle by a Registered Training Organisation or equivalent (No Board involvement).
- iv. To de-regulate pregnancy testing by not including it as an act of veterinary medicine.

38. Please outline the reasons for your decision.

It is the opinion of the AVA that an authorised person must be under the general supervision of a registered veterinarian; and have successfully completed a relevant training course in pregnancy testing of cattle approved by the Board to undertake pregnancy testing in cattle.

There should be a bonified relationship between the registered veterinarian and the authorised person, such as a sub-contractor or direct employee.

The authorised person cannot certify pregnancy status; must be accountable to the Veterinary Surgeon's Board; and undergo National Training Package accredited training - Pregnancy Test Animals.. It is accepted that an authorised person will develop the technical skills to undertake the procedure of pregnancy testing and recognise unusual presenting signs, however, higher order veterinary knowledge is required to recognise herd reproductive health concerns or abnormal pregnancy testing histograms; determine how these should be investigated; and their significance. For this reason, the authorised person must be working under the general supervision of the registered veterinarian.

Section 3: Regulating options for spaying cattle

Before proceeding, please note that under the proposed Veterinary Practice Regulations, 'direct supervision' means the supervising veterinarian must be on the same property as the person being supervised and provide regular and frequent monitoring and where necessary personal supervision of the person.

39. Choose any **ONE** option that you support for regulating the spaying of cattle.

A person spaying a cow in WA must be:

- a registered veterinarian or an authorised person under the direct supervision of a registered veterinarian.
- a registered veterinarian or an authorised person under the direct supervision of a registered veterinarian **and**/ the authorised person must have successfully completed a relevant training course in spaying of cattle approved by the Board.
- a veterinarian or a person who is authorised by the regulations. The regulations could authorise the spaying if the person has successfully completed a relevant training course in spaying of cattle by a Registered Training Organisation or equivalent.

40. Please outline the reasons for your decision.

It is the opinion of the AVA that a **person spaying a cow in WA must be a** registered veterinarian or an authorised person under the **direct** supervision of a registered veterinarian **and** the authorised person must have successfully completed a relevant training course in spaying of cattle approved by the Board.

There should be a bonified relationship between the registered veterinarian and the authorised person, such as a sub-contractor or direct employee.

The authorised person cannot certify spayed status; must be accountable to the Veterinary Surgeon's Board; and undergo National Training Package accredited training - Conduct dropped ovary technique procedures for spaying cattle.

It is the opinion of the AVA that cattle should be spayed by registered veterinarians or an authorised person using the Willis dropped ovary spay technique (DOT) or per vaginal spaying or webbing where possible., The surgical flank spaying of cattle should only be entertained when the per vaginal approach is deemed unsuitable in individual animals and should only be performed by registered veterinarians with appropriate analgesia. Appropriate anaesthetic includes but is not limited to local/ regional anaesthetic and systemic analgesics, additionally sedation may be indicated.

Spaying is a surgical procedure and should not be performed by non-veterinarians once suitable non-surgical alternatives are developed.

Animals showing signs of disease, weakness or emaciation should not be spayed by any technique.