



BOARD GUIDELINES TO PROFESSIONAL CONDUCT

SECTION 1 INTRODUCTION

The *Veterinary Surgeons Act* 1960 does not provide for enforceable codes of professional conduct. Nonetheless these Guidelines could be used as a basis of determining whether a veterinary surgeon's conduct is appropriate, and a veterinary surgeon could be required to provide an explanation for a standard of practice substantially below those described in these Guidelines. It should be noted that some items within the Guidelines are covered by the Act and in relation to those specific matters, lack of compliance could amount to a breach of the Act.

Persons registered with the Veterinary Surgeons' Board of Western Australia are expected to abide by the following basic principles when carrying out their professional duties.

- The primary concern of the profession is for the welfare of animals.
- At no time does the responsibility of a veterinary surgeon to relieve animals of suffering and provide for the health and welfare of animals relieve the veterinary surgeon of the overriding requirement to comply with the legislation governing the practice of veterinary surgery.
- All work performed by veterinary surgeons is to a standard of competence acceptable to their peers.
- Veterinary surgeons, individually, act to promote cohesion within the profession and the trust of the profession by the general public.
- No personal advantage is sought to the detriment of a professional colleague.

SECTION 2 GUIDELINES FOR PROFESSIONAL CONDUCT

- 1 Veterinary surgeons have a special duty towards animal welfare and to alleviate animal suffering. They must be conversant with the provisions of the *Animal Welfare Act* 2002 and its Regulations and any codes of animal welfare relevant to their fields of endeavour.
- 2 Veterinary surgeons must communicate effectively and treat all with whom they come into contact, with respect, consideration, courtesy and openness.
- 3 Veterinary surgeons must conduct themselves in a manner that will maintain or enhance the reputation of the profession.
- 4 Veterinary surgeons should not show disrespect for colleagues. They should uphold a working environment in which colleagues can freely exchange information to the benefit of patients, and society in general.
- 5 Veterinary surgeons must be conversant with and abide by all statutory requirements affecting them individually in their various professional roles and take every reasonable step to ensure their observance by others.
- 6 Veterinary surgeons must keep abreast of knowledge and skills in their field of endeavour, and accept the obligation to continue their education and so further their professional knowledge and competence.
- 7 Except in an emergency where immediate relief of suffering is paramount, veterinary surgeons have a duty to operate only in fields in which they are competent to do so unless supervised by a colleague with competence in the field.

- 8 Notwithstanding the above, a veterinary surgeon is not obliged to treat an animal if there is a risk to the safety of staff or the veterinary surgeon in treating that animal.

SECTION 3 GENERAL GUIDELINES

1. General Practice

- a. A registered person must not practise veterinary surgery in a manner that would be likely to bring the veterinary profession into disrepute.
- b. A registered person must not assume a name or description that would be taken by a reasonable person as meaning that the registered person holds a qualification, or has experience in, veterinary science, surgery or medicine unless the registered person actually holds that qualification or has that experience.
- c. A registered person who gives a public speech relating to the practice of veterinary surgery or publishes by newspaper, radio or television or social media, a report or notice relating to the practice of veterinary surgery or advertisement must ensure that the speech, report, notice or advertisement in any medium:
 - i. is not false or misleading;
 - ii. does not compare the competence of any registered person with that of any other;
 - iii. is not vulgar or sensational;
 - iv. would not tend to bring the practice of veterinary surgery into disrepute.

In this context 'newspaper' includes magazine, journal or any other written publication.

- d. A registered veterinary surgeon shall not carry on practice in any place, whether at his main practice or a branch thereof, unless he or some other veterinary surgeon duly registered under the provisions of the Act is in charge of that place and gives substantial attendance thereat during the advertised hours of his practice at that place (regulation 33).
- e. A registered person must not practise veterinary surgery in a name other than the person's own name or a name approved by the Board.
- f. If a registered person was a practising veterinary surgeon at the time of his or her death, the practice may be carried on in the name of the deceased person by another registered person for a period not exceeding 12 months from the date of death with the written consent of the Board (section 26B).

2. Animal welfare

- a. A veterinary surgeon must at all times consider the welfare of animals when practising veterinary science.
- b. A veterinary surgeon who provides veterinary services directly to the public should not, without good reason, refuse to provide relief of pain or suffering of an animal. Relief may be confined to emergency treatment only which may include euthanasia, or immediate referral to another veterinary surgeon.
- c. Any animal having an invasive procedure performed should be administered an appropriate level of pain relief, that is effective for a reasonable length of time, as part of routine practice.

3. Correction of genetic defects

- a. It is unethical for a veterinary surgeon to perform a surgical operation on, or to provide medical treatment for an animal if the primary purpose of the operation or treatment is to conceal the animal's true genetic status so as to enhance its value for sale, breeding or showing in competition.
- b. A veterinary surgeon who becomes aware that an animal belonging to a client is suffering from a defect or disease that is known to be inheritable must inform the client of the defect or disease and its implications for breeding programs.
- c. It is not unethical for a veterinary surgeon to perform a surgical operation for the correction of an inheritable defect or to provide medical treatment for an inheritable disease, if the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort to the animal. The owner should be counselled on the advisability or otherwise of sterilising the animal to restrict the perpetuation of the inheritable defect.

4. Procedures which should only be performed for therapeutic reasons

The following procedures may only be carried out by registered veterinary surgeons for genuine therapeutic purposes and records must substantiate this:

- a. declawing of cats;
- b. tail docking of dogs and horses;
- c. ear cropping of dogs.

Bark reduction should only be carried out for therapeutic or prophylactic reasons, or as an alternative to euthanasia for a dog that barks persistently. It should not be carried out as a substitute for the proper management and training of a dog. Veterinary surgeons requested to perform bark reduction should be convinced that all reasonable attempts have been made by the owner to modify the dog's behaviour by alternative and humane means.

5. Professional practice

A veterinary surgeon should, at all times, diligently maintain knowledge of current standards of veterinary science.

Professional procedures should always be carried out in accordance with current standards of veterinary science.

Informed decisions

Except in the case of an emergency, a veterinary surgeon should not undertake any veterinary procedure on an animal without ensuring that the owner or person in charge of the animal is made aware of the likely extent and outcome of the procedure and of its probable cost and any ongoing costs. An example of an emergency is a circumstance in which there is an immediate threat to the life of the animal concerned.

Referrals

- a. A veterinary surgeon should refer a client to an appropriately qualified veterinary surgeon whenever a second opinion or a referral is desirable.
- b. A veterinary surgeon should not refuse a request by a client for a referral or second opinion.
- c. A veterinary surgeon to whom a client of another veterinary surgeon is referred or who is asked to provide a second opinion for such a client should act in the best interests of that client and the animal concerned.

- d. A veterinary surgeon who has previously treated an animal must, when asked by another veterinary surgeon to whom the animal has been referred, provide all relevant details of clinical history directly to the other veterinary surgeon.
- e. A veterinary surgeon to whom another veterinary surgeon has referred an animal for treatment or a second opinion should return all documents and other articles provided by the other veterinary surgeon when the animal is finally discharged or is referred back to the other veterinary surgeon if requested.

Vicarious liability

A veterinary surgeon responsible for the professional supervision of lay staff must ensure that the staff carries out their duties effectively and in compliance with relevant legislation.

A veterinary surgeon should ensure that:

- a. support staff treat as confidential, and refrain from divulging, any information relating to clients or their animals acquired during the course of their employment, and
- b. support staff, having in an emergency given first aid to an animal for the purpose of saving life or relieving pain, report and hand over the case to the veterinary surgeon or another veterinary surgeon at the earliest opportunity, and
- c. information relating to a client or a client's animal obtained in the course of examining or treating the animal is not divulged, except when referring the animal to another veterinary surgeon for treatment or a second opinion or with the consent of the client.

Certification

When a veterinary surgeon provides a certificate, it must be prepared with care and accuracy, and be legible, bear the date of examination or procedure carried out, what the certificate actually attests to, the date of issue of the certificate, and the name, address and signature of the issuing veterinary surgeon.

A veterinary surgeon should not sign a certificate relating to the performance of a veterinary service unless:

- a. the certificate is accurately completed to the best of the veterinary surgeon's knowledge, and
- b. the surgeon has personally performed or supervised the performance of the service (regulation 33D).

Record keeping

Veterinary surgeons must maintain adequate records of treatment carried out. As soon as practicable after treating an animal or consulting with a client, a veterinary surgeon should ensure that a detailed record of the treatment or consultation is made. This record should include: description of the problem, differential diagnoses, treatment carried out, any x-ray film, radiograph or ultrasound image relating to the treatment of an animal. The veterinary surgeon should ensure that the record is kept in safe custody for at least 7 years after the relevant treatment or consultation.

Records of any case should be of such detail that any veterinary surgeon could take over management of the case at any time. Records should be sufficient to stand alone to justify treatment and procedure.

It should be noted that regulations 29, 29A, 29B, 29C and 30 of the *Veterinary Surgeons Regulations* 1979 relating to the dispensing of restricted medications (see below) have specific requirements for the recording of all medications prescribed and/or dispensed.

Consent Forms

The use of consent forms is strongly recommended.

6. Medications, antibiotics and other chemical or biological substances

- a. A veterinary surgeon must ensure that conditions imposed by other legislation (such as the *Poisons Act 1964*) relating to dispensing, handling or storing of restricted or dangerous medications are strictly complied with.
- 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 (regulation 29).
- d. An exemption to paragraph c. above is contained in regulations 29A, 29B and 29C of the *Veterinary Surgeons Regulations 1979*. Specified medications for emergency use, may be prescribed and supplied for storage on certain properties in the pastoral region of WA when it would be impractical for the animal's owner to obtain the medications in an emergency. The medications can only be administered based on the veterinary surgeon's instructions. The regulations detail the circumstances and actions required of a veterinary surgeon who prescribes medications for this purpose. The medications which can be dispensed include:
 - adrenalin
 - antibiotics
 - antihistamine
 - atropine
 - local anaesthetic
 - non steroidal anti-inflammatory
 - short-acting cortico-steroid
 - snake antivenom
 - tranquilliser or sedative.
- e. The veterinary surgeon must be satisfied that the owner is competent and has any equipment and facilities necessary to safely and effectively handle, store, transport and administer the medications.
- f. A veterinary surgeon must not supply or prescribe more of the restricted medication than is reasonably required to treat the animal.
- g. A clinical record of the supply or prescription of scheduled medications must be made (regulation 30) and include:
 - (a) the name and address of the owner of the animal; and
 - (b) sufficient details to identify the animal; and
 - (c) the clinical history of the animal including the results of any examination of, or diagnostic tests carried out on the animal; and

- (d) the name of the poison; and
- (e) the quantity of the poison supplied or prescribed.

7. Legislative responsibilities

To ensure that a veterinary surgeon is able to practise veterinary science in a safe and competent manner, the surgeon must acquire and maintain a sufficient knowledge of all laws that affect the practice of veterinary science, including:

- a. legislation regulating the supply, dispensing and storage of poisons and therapeutic substances;
- b. legislation regulating and controlling the use, keeping and disposal of radioactive substances and radioactive apparatus for therapeutic purposes;
- c. legislation regulating the use of radiographic equipment or any other equipment used in their premises that may pose a health or safety risk to staff or the general public; and
- d. legislation relating to animal welfare laws.

8. Special interest areas

Before undertaking practice in a special interest area of veterinary science with which the veterinary surgeon is not familiar, a veterinary surgeon should ensure that he or she has the knowledge and competence necessary to practise in that area.