



DECISION AND SECTION 43 STATEMENT TO THE VETERINARY COUNCIL BY THE COMPLAINTS ASSESSMENT COMMITTEE: CAC17-09

Dr Alfa

Complaint from Mr and Mrs Sierra

Introduction

1. A Complaints Assessment Committee (CAC) of the Veterinary Council of New Zealand (VCNZ) has investigated a complaint about Dr Alfa. The CAC has concluded that it will be taking no further action in relation to Dr Alfa for the reasons set out below.

Summary of complaint

2. Dr Alfa works as a small animal veterinarian.
3. Mr and Mrs Sierra's 3 year old bitch, Delta, went into early stage labour in the evening of 27 June 2017. According to Mrs Sierra she laboured through the day on 28 June. As she never progressed to having contractions, Mrs Sierra was concerned about uterine inertia. (She was alerted to this by a breeder on a Facebook page.)
4. Mrs Sierra phoned the clinic where Dr Alfa works at 10.54pm on 28 June, leaving a message with the afterhours service. Dr Alfa phoned her back within 10 minutes and arranged to meet her at the practice at 11.45pm (allowing for the 20 minute drive for both parties).
5. When Mrs Sierra arrived at the clinic at 11.40pm, Dr Alfa was waiting and let her in. Mrs Sierra reported that there was no change in Delta's demeanour and that Dr Alfa:
 - *'did an internal check of Delta and told [her] that she was fully dilated and she could feel something at the end of the birth canal but nothing within it'. (According to Mrs Sierra, she confirmed with Dr Alfa that Delta was fully dilated and was told that Delta 'just has to start pushing' and that this would happen when 'the puppies release a hormone that tells mum to push')*
 - checked Delta's temperature and said that it was 37 degrees
 - scanned Delta and was able to detect heartbeats and told Mrs Sierra that one pup's heartbeat was well over 155 beats *'so they were not under stress'*. Mrs Sierra wrote that she asked how Dr Alfa knew this from just one heartbeat and was told that when one gets stressed they communicate it with the others and they all get stressed. According to Mrs Sierra, Dr Alfa initially struggled to get the ultrasound machine to go, having told her that it was a loan one. After phoning for help and making some adjustments to the cord placement on the machine, she managed to get it working.
6. Mrs Sierra asked whether Delta could be suffering from uterine inertia as she said Delta had been in labour for at least 30 hours. She said that Dr Alfa went to the back room (Mrs Sierra followed) where she consulted a book and read out to Mrs Sierra that uterine inertia doesn't usually happen in bitches under 4 years old.

7. After returning to the consult room, Mrs Sierra said she asked what she should do and Dr Alfa told her *'if you want me to order a cesarean (sic) I can, but I would struggle to get a vet nurse at this hour'*. Mrs Sierra wrote that she told Dr Alfa that if she (Dr Alfa) didn't think it was urgent then it could wait. She wrote that Dr Alfa said 'yes', walked her to the door and told her she should phone if she had any concerns.
8. Mrs Sierra took Delta home and sat up all night with her waiting for her to start pushing however this didn't happen. At 7.51am she phoned the clinic again and got the after hours service who told her that they would be opening in 10 minutes and to phone back. She phoned back at 8am, explained the situation, said she thought it was now an emergency and that she had been in at 1am.
9. Mrs Sierra said that she was told by the receptionist to bring Delta in. While in the waiting room Delta lost some blood on the floor. They were taken into a side room where a vet nurse spoke to them about caesarean sections (costs and risks) and had them sign a consent form.
10. Another veterinarian, Dr Oscar, met with the Sierras and discussed the operation. He explained that he had a couple of consults booked and would perform the surgery later in the morning.
11. The caesarean section was performed on Delta. Nine puppies were delivered, of which only the four male puppies survived (five female puppies died). The Sierras laid a separate complaint about Dr Oscar in relation to the surgery.
12. The Sierras met with Dr Oscar following the surgery. Mrs Sierra discussed the fact that she had been concerned about Delta at 1am and had brought her in to the surgery. She queried why she had been told by Dr Alfa that things were ok. Dr Oscar said that Dr Alfa had told him that, when she saw Delta in the early hours of the morning, Delta was 3cms dilated and that it was a *'matter of time'*.
13. Mrs Sierra refuted the fact that Dr Alfa had told her that Delta was 3cms dilated as she recalled being told that Delta was fully dilated (and also recalled 'double-checking' this with Dr Alfa).
14. Throughout Delta's labour, Mrs Sierra posted on the facebook page, updating members and seeking advice. At 1.03am she wrote *'Just got home from the vet. 1am. Cervix is fully dilated, did a scan, puppies heartbeats are great so no distressed. Temperature is 37. So we just waiting (sic) on puppies to give the hormonal signal. We are both camped out in the whelping box'*.
15. Mr and Mrs Sierra's concerns were that Dr Alfa allegedly:
 - told Mrs Sierra that Delta was fully dilated and then *'lied when she told Dr Oscar that she had told Mrs Sierra that Delta was only 3cm dilated'*
 - *'knew that Delta was fully dilated and had already been in early labor (sic) for 30 hours'* yet didn't consider the need to take action
 - *'had to look up what Uterine Inertia was'* and said that that it only happens in bitches over 4 years old
 - told Mrs Sierra that it would be hard to get a vet nurse out to assist in a caesarean section at this time of the night.
 - told Mrs Sierra that there was no emergency and left any decision about the course of action up to her.

16. After viewing a copy of the clinical records, Mrs Sierra raised concerns that the entry made by Dr Alfa was dated 28 June at 17.15 however the dog wasn't seen until 11.45pm that night.

Veterinarian's response

17. Dr Alfa responded to the complaint, giving her account of the events of the night Delta was brought in to see her, and also answering specific questions put to her by the CAC.
18. She wrote that, when she examined Delta, she noted that her cervix was starting to open. She described it as being *'a couple of centimetres open but not fully'* and wrote that she told Mrs Sierra that Delta was probably *'getting ready to go, but wasn't quite there yet'*. A vaginal examination found no discharge within the canal and nothing on the glove to indicate placental separation. She found no foetus in the canal.
19. Dr Alfa recorded Delta's temperature as 37 degrees. She explained to Mrs Sierra that usually an anxious dog visiting the vets would have an elevation in temperature so a lower temperature would likely mean the onset of labour in the next 24 hours. (She noted that Mrs Sierra was aware of the temperature drop that occurs prior to labour although she had not been monitoring this herself at home.)
20. Dr Alfa confirmed that she had had difficulty getting the ultrasound machine to function properly (this was new to the clinic) and so phoned for help. She wrote that she gave *'a quick verbal update on the situation'*, as the veterinarian she called was aware it was a *'potential emergency surgery and knew he may be called upon to help if necessary'*.
21. Dr Alfa wrote that she was able to get the ultrasound machine working (she found that she had failed to engage a lever where the probe connects with the main unit) and scanned Delta. She *'found movement in the puppies scanned and established a good view of one of the puppy's hearts'*. She put the Doppler on so that *'Mrs Sierra could appreciate what [she] was looking at'*. She then turned it off again to count the heart rate and estimated the heart rate of one of the puppies to be between 150 and 180bpm. From this she concluded that the pups were not in distress at this time.
22. In response to Mrs Sierra's allegations that she (Dr Alfa) didn't know what uterine inertia was, Dr Alfa wrote that she has managed large numbers of cases of uterine inertia during her 14 years as a veterinarian and has a *'full and complete understanding of what it is and how to manage it'*. In order to explain it to Mrs Sierra during the consultation, she used a *'Clinical Decision making in Canine Dystocia Protocol'* chart to clearly communicate the process she was following and also to demonstrate the risk factors that accompanied uterine inertia.
23. Dr Alfa responded to Mrs Sierra's concern that the decision for management had been left up to her. She wrote that she believes that *'all owners have a right to make an informed choice where an option of treatment is available'* and that she had made clear recommendations to Mrs Sierra and answered her questions fully. She considered she had expressed clearly what she believed were the factors involved in making an informed choice for Delta's pregnancy treatment.
24. Dr Alfa didn't consider that an emergency caesarean was indicated at that time and *'if we were to proceed with one it would be an elective one'*. In her response she noted the risks of this action at that time of night given a litter size of around nine. It would not have been possible to gather a

full complement of staff at that time of night (and certainly not to have had 5 nurses devoted entirely to puppy resuscitation as was available the following day).

25. Dr Alfa wrote that she believed that her decision not to proceed with a caesarean was vindicated the next day when Dr Oscar assessed Delta. She noted that *'he found her cervix to then be open with no puppy stuck in the canal'* and he also *'found no indication for an emergency caesarean even at that stage about 7 hours later'*. Dr Alfa understood that Dr Oscar had agreed to proceed with a *'semi-elective caesarean mainly at the client's behest'*.
26. Dr Alfa wrote that *'contrary to her advice to leave Delta quiet and undisturbed'*, it was apparent from the screenshots of the Facebook posts that Mrs Sierra had elected to spend the night in the whelping box with Delta and that *'this may have adversely affected Delta's whelping'*.
27. Dr Alfa wrote that her final words to Mrs Sierra were *'Please ring me at 8.30 in the morning either way – if nothing is happening we will make a new plan. And if you are worried in the night, please just call me'*. Given this, she was surprised to find, when she arrived at work the next morning, that Delta's caesarean had already been booked in.
28. Regarding the notes, Dr Alfa advised that she had attempted to write up the clinical notes after Mrs Sierra and Delta left the building in the early hours of the morning however the computer had frozen and she was unable to type up any record. She therefore decided to write up her notes in the morning. This was done at around 9am on 29 June.
29. The notes were annotated by Dr Alfa to indicate that they had been made retrospectively however the software auto-dated the entry 17.15 on 28 June. Dr Alfa queried this discrepancy with the software provider and was advised that on the clinic's diary screen, there are no appointment slots available for any animal seen after 6pm. Therefore if a consultation occurs after 6pm, it gets logged into the first available time slot for that day. In this instance, that appointment was 17.15 on 28 June. When Dr Alfa entered the notes the following day, the time inserted by the computer was the time when the diary entry had been made, not when the notes were written.

The CAC's investigation

30. The CAC obtained and reviewed the clinical records. It also sought a response from Dr Alfa which was then forwarded to Mr and Mrs Sierra for comment. The CAC carefully considered Dr Alfa's response and the Sierra's comments before reaching its decision.

The Code of Professional Conduct for Veterinarians

31. The CAC referred to the requirements of the Code of Professional Conduct for Veterinarians (the Code). The sections of the Code which are relevant to this complaint are attached as appendix 1.

CAC considerations

32. The CAC recognises that in this case, there were no independent witnesses present during the afterhours consultation between Dr Alfa and Mrs Sierra, and the allegation and defence has come down to a 'he said - she said' situation.

33. Given this, the CAC has reached its decision, based on clinical reasoning and the information available to it.
34. The Sierras alleged that Dr Alfa lied to her colleague Dr Oscar and inaccurately wrote in her notes that Delta's cervix was 3 cm dilated, having told Mrs Sierra that Delta was fully dilated. The CAC didn't have any evidence to either prove or disprove this.
35. The CAC examined Dr Alfa's clinical records and noted that no oxytocin (a drug that causes the uterus to contract and expel the unborn pups into the birth canal) was given to Delta. The CAC considers that not giving the oxytocin is accepted as appropriate practice for a bitch with a closed or narrow cervix, and so on the balance of probability accepts Dr Alfa's clinical notes as truthful.
36. The CAC notes that Dr Alfa's ultrasound findings of the foetal heart rates do not indicate foetal stress. This supports her clinical decision that there was no need for an emergency caesarean section. It is well recognised that in both human and veterinary emergencies, the complication rate is higher during night and weekend cover than during normal working hours. Specifically, in this case, there was a reduced ability to source adequate nursing expertise to assist in a non-emergency caesarean in an afterhours situation and as such there was a greater risk of complication.
37. Given the lack of vaginal discharge, the fact that Delta's waters hadn't broken, and the clinical notes stating that there was no birth canal obstruction, the CAC accepts Dr Alfa's explanation for her actions.
38. Mrs Sierra claimed that Dr Alfa didn't know what uterine inertia was, and had to look it up in a book. The CAC notes Dr Alfa's experience and accepts that she used the book to better communicate her clinical thinking to Mrs Sierra.
39. In regard to the discrepancy between the clinical record software time stamps and when the consultation actually took place, the CAC accepts the technical explanation provided by Dr Alfa.

Competence and health

40. The CAC found no concerns during its investigation of this matter about Dr Alfa's competence or her health. There is therefore no need to make any recommendations to VCNZ in this regard.

Decision

41. Based on the considerations set out above, the CAC considers that this case can be closed and no further action needs to be taken.



Dr Philip Watson
Chair
Complaints Assessment Committee

8 September 2017

Date

Appendix 1: Code of Professional Conduct for Veterinarians (the Code)

Professional Integrity

Veterinarians must act in a manner that promotes the public's trust and confidence in the profession.

Understanding the Guiding Statement

- a. *Public trust and confidence in the veterinary profession are vital pre-requisites if veterinarians are to carry out their expected roles and functions in society. Public perceptions about veterinarians are influenced by the actions of veterinarians as well as the standards of integrity and competence that veterinarians are held accountable to.*
- b. *Registration as a veterinarian conveys certain rights and responsibilities but these will only last as long as the exercise of professional duties is carried out with appropriate diligence. Any loss of public confidence could result in removal of the profession's rights and a diminution of responsibilities.*

1. Veterinarians must display high standards of integrity and accountability and must not engage in fraud, misrepresentation or deception.

Understanding Section 1

- a. *Integrity means adherence to professional and ethical standards. It is a personal quality that is characterised by consistency of conduct, honesty and incorruptibility. As such, integrity is an essential and defining element of professionalism.*
- b. *Accountability is the professional obligation on veterinarians to be able to justify and be held responsible for their actions.*

Veterinary Services

Veterinarians must strive to provide a high standard of veterinary practice.

Understanding the Guiding Statement

- a. *Veterinarians are expected to display high standards of expertise and performance in the course of their professional activities.*
 - b. *Veterinary procedures and recommendations should be based on sound evidence-based science and practice.*
 - c. *Facilities and equipment must be of a reasonable standard and appropriate for the veterinarian's type of practice. Staff must have the relevant training to facilitate the delivery of the appropriate veterinary services for the type of practice.*
2. Veterinarians must recognise when either their competence or the resources available to them place limits on their ability to perform to an acceptable standard. All reasonable steps must be taken to avoid exceeding those limits.

Understanding Section 2

- a. *Veterinarians must comply with VCNZ's prescribed minimum practising standards which include recency of practice and competence requirements.*
 - b. *VCNZ considers that a competent veterinarian is one who applies knowledge, skills, attitudes, communication and judgement to the delivery of appropriate veterinary services in accordance with their field of veterinary practice.*
 - c. *Veterinarians should be familiar with and comply with VCNZ's competency standards and performance indicators for veterinarians.*
 - d. *Veterinarians should be familiar with and comply with VCNZ's recency of practice requirements. These state that 'for any person who has not worked as a veterinarian for three consecutive years, or has not worked as a veterinarian for three consecutive years in the area in which they intend to practise', VCNZ may examine the person and may if it is necessary place conditions on the person's practising certificate.*
7. Veterinarians in clinical practice must make an emergency service available at all times. This service is required so that their clients' animals can receive essential veterinary treatment in order to relieve unreasonable or unnecessary pain or distress.

The emergency service must be sufficiently resourced, so that except in extraordinary circumstances all veterinary emergencies involving clients' animals are attended in reasonable time to ensure the welfare of the animals. A decision of what is a reasonable time will take into account the type of practice and the locality.

Those veterinarians on duty and directly responsible for providing the emergency service can refer callers who are not clients to the emergency service provided by the caller's own veterinarian. However, if that alternative service is not available and if the veterinarian has the necessary skills and resources required for the particular emergency, the veterinarian must attend the emergency and provide essential treatment.

Understanding Section 7

- a. *Veterinarians are the health care professionals for animals. The Animal Welfare Act 1999 places legal obligations on the owners and persons in charge of animals requiring them to ensure that ill or injured animals receive, where practicable, treatment that alleviates any unreasonable or unnecessary pain or distress. In order that owners and persons in charge can reasonably meet those requirements they need access to veterinary care.*

- b. *The Animal Welfare Act 1999 definition of the 'person in charge' is very broad and encompasses every person who is seen to have the animal under their care, control or supervision. This definition extends to the animal's veterinarian in situations where the animal is being treated or managed under the specific instructions of the veterinarian, creating a potential legal obligation to respond in an emergency.*

Over and above any legal obligation that might exist, veterinarians have an ethical obligation to provide an emergency service in order to protect the welfare of animals whether those animals are under the veterinarian's care or not.

- c. *A veterinary emergency is defined as 'any sudden, unforeseen injury, illness or complication in an animal, demanding immediate or early veterinary treatment to save life or to provide timely relief from unreasonable or unnecessary pain or distress'. An emergency is considered to exist when described as such by the person in charge of the affected animal(s) until there has been an opportunity for veterinary assessment. Assessment may take place over the phone but the veterinarian must be confident that if they decide that the situation is not an emergency they have sufficient information in order to make that assessment accurately. When the veterinarian determines the situation is not a veterinary emergency, they should document their decision and reasons.*
- d. *A veterinary emergency is not considered to exist and therefore does not need to be attended by a veterinarian if:*
- i. *Following veterinary assessment the veterinarian decides that in their professional judgement the situation is not a veterinary emergency.*
 - ii. *Following discussion between the caller and the veterinarian mutual agreement is reached that emergency veterinary treatment is not required to manage the situation and protect the welfare of the animal.*
- e. *For an emergency service to be sufficiently resourced veterinary emergencies must be able to be attended within a reasonable time frame to ensure that affected animals do not suffer unnecessary or unreasonable pain or distress. There must be an adequate number of veterinarians and support staff to meet the demand for emergency services that could reasonably be expected from the practice's clients taking into account the size and type of practice. For example the number of veterinarians required to be on call in a multi veterinarian dairy practice during calving season might need to be different to what is required in the same practice outside calving season. The locality of the practice might also influence what is expected regarding a reasonable time for the veterinarian to attend to the animal (for further discussion refer to (h) below). Those persons providing the service must be adequately supplied and equipped, and have the necessary competence to be able to attend the types of emergencies that could reasonably be expected to arise involving the species and classes of animals normally treated by the practice.*
- f. *In a veterinary emergency a veterinarian's involvement should be tailored relative to his or her own competence and to the resources available to deal with the particular situation. When a veterinarian personally attends an animal in an emergency, and the particular clinical skills required are outside the veterinarian's competence, this must be identified to the person in charge of the animal(s). If an alternative veterinary service is available which can offer the necessary skills and resources this should be offered. Alternatively, obtaining the appropriate informed consent of the person in charge of the animal before proceeding with treatment will reduce the vulnerability of the veterinarian if the outcome of the emergency is not as expected. In an emergency it may not be appropriate or feasible to document the informed consent process at the time, but veterinarians in this situation are advised to document their involvement and the process by which they gained consent as soon as possible when the circumstances permit.*
- g. *The emergency service provided by a practice may involve the services of appropriately trained persons (for example technicians and veterinary nurses) who are not veterinarians.*

However, a veterinarian must be readily and directly available at all times to provide the necessary veterinary clinical support and undertake the work legally required to be completed by a veterinarian.

- h. When planning an emergency afterhours procedure Council expects veterinarians to consider:
- i. the number of trained support staff, including other veterinarians in the practice, that would normally be needed to assist; and
 - ii. whether they can be available in a sufficient timeframe.

If deciding to proceed without competent support, the person in charge of the animal needs to be advised of this as part of the informed consent process. Consideration should also be given to whether the animal's welfare warrants referral to another practice which is available and capable of providing the necessary resources.

Practices should consider in advance how these cases will be managed and have a policy in place detailing how appropriate afterhours support can be accessed.

- i. This Code recognises that there will be times when a veterinarian on duty will not be able to attend every emergency in a reasonable time. Extraordinary circumstances which might potentially prevent the veterinarian from attending (or delay attending) an emergency might include but are not limited to:
- i. The veterinarian on duty being unexpectedly overloaded with emergency call(s) of a similar or higher priority to the emergency which cannot be attended.
 - ii. The veterinarian on duty becoming incapacitated by injury, ill health or excessive fatigue while on duty to a level that compromises his or her ability to provide the level of care expected.
 - iii. The veterinarian on duty holding the reasonable belief that attending the particular emergency would place his or her own personal safety or health at risk.
- j. When extraordinary circumstances prevent a veterinarian on duty from being able to attend an emergency, they must assist the caller (or where that is not possible, arrange for someone else to assist the caller) to access an alternative veterinary service.
- k. In an emergency where the caller is not a client, the veterinarian on duty is entitled to refer the caller to the emergency service provided by the caller's own veterinarian. If that service is not readily available and if the veterinarian on duty has the necessary skills and resources required for the particular emergency, they must attend the animal and provide essential treatment. Examples of the types of situations where this might apply include: when the caller's own veterinarian on duty is busy with another emergency or the caller does not already use the services of another veterinarian, or the caller is travelling and out of the district of their own veterinarian.
- l. There will be times when it is known by the veterinarian on duty that the caller uses the services of more than one veterinary practice (including specialist referral practices).
- i. Where the emergency specifically relates to the veterinary services that have been provided by a different practice to that of the veterinarian on duty, the caller can legitimately be referred to the emergency service of that practice. Examples might include:
 - Caller has a dog that had an operation performed by a specialist surgeon and now the dog has developed complications associated with the surgery. Veterinarian on duty can refer the caller to the emergency service of the surgeon.
 - Caller has a horse that has reacted to medication prescribed by a veterinarian. Caller has rung a different practice about the problem. Veterinarian is entitled to refer the call to the veterinarian that prescribed the medication.

- *Caller has a bull calf that was castrated by a veterinarian and the wound is now infected. Veterinarian is entitled to refer the call to the practice that did the surgery.*
- ii. *It is likely that a caller will have one usual veterinarian who can be considered to be the provider of regular veterinary services (the general veterinary practitioner) for an animal or a particular group of animals owned by the caller. The general veterinary practitioner must accept the major responsibility for providing emergency care for those animals. Where (k)(i) above does not apply but where a different practice to that of the veterinarian on duty could reasonably be described as the general veterinary practice of the caller then the veterinarian on duty is entitled to refer the caller to the emergency service of that practice. (Refer to Sections 1 and 2 of the Professional Relationships Explanatory Notes for more explanation).*
- iii. *If the caller is a client and is known to use the services of more than one veterinary practice, but where (k)(i) and (k)(ii) above do not apply, the veterinarian on duty must attend the animal and provide essential treatment. This assumes the call is a veterinary emergency and the veterinarian has the necessary skills and resources.*
- iv. *In all cases if the caller is referred to the emergency service of another veterinary practice (under paragraphs (k)(i) and (k)(ii) above) and that service is not readily available and if the veterinarian on duty has the necessary skills and resources required for the particular emergency, then they must attend the animal(s) and provide essential treatment.*
- m. *In an emergency where the caller identifies that they have economic restraints (or where the client has a poor credit history with the practice), the obligations of the veterinarian remain the same. The welfare of the animal is the first priority. However, attending the welfare needs of the animal does not commit the veterinarian to undertake treatment beyond ensuring the animal is not suffering unreasonable or unnecessary pain or distress.*
- n. *When attending a veterinary emergency, the over-riding concern must be the welfare of the animal and the relief of unreasonable or unnecessary pain or distress. Following initial assessment and first aid, the veterinarian should provide the owner with an assessment of the extent of any problems, a realistic prognosis and the various treatment options available. Further treatment should be agreed upon taking into account the necessary and available resources, as well as the economic and emotional needs of the owner and the particular circumstances of the animal. Veterinarians are not obliged to undertake ongoing treatments that cannot be paid for by the owner/person in charge. Where the necessary ongoing treatment cannot be agreed upon and the animal is deemed to be suffering unreasonably, further treatment may be limited to euthanasia or where appropriate, stabilisation of the animal's clinical condition prior to transport to another source of veterinary care.*
- o. *All veterinarians providing clinical services must make provision for an emergency service. Clients must be informed about the availability of this service by means of a telephone answering service and a notice at the unattended clinic. Other means can also be used, for example notices in newspapers.*
- p. *With the advent of specific emergency after hours clinics it is accepted that some animal owners may have to travel further to receive service. The disadvantages of longer travel may be offset by the advantages (e.g. constant veterinary supervision) associated with the type of veterinary service offered by such clinics. The same issue can apply when veterinary practices work together co-operatively to share the provision of emergency services. When considering referring clients to another clinic for emergencies veterinarians should give thought to what is a reasonable / acceptable time or distance for their clients to travel taking into account local factors and conditions.*
- q. *Veterinarians offering particular services (e.g. embryo transplant) to geographically distant clients must observe the requirement to ensure provision of a continuous emergency service. Where circumstances are such that the veterinarian cannot personally provide this, specific prior arrangements must be made with colleagues who can do so and provide their*

colleagues in the area and the mutual client with a specifically arranged emergency service locally.

- r. *This Code recognises that people living in remote and inaccessible geographic areas are unlikely to receive the same level of emergency veterinary service as people living in more populated areas. In this context remote and inaccessible means areas with low population density where there are few options for veterinary service and where travel may be logistically difficult because of distances required to be travelled, terrain, or weather. The more isolated the client/patient is from the veterinarian, the more impracticable it may be to provide comprehensive 24-hour emergency cover, and the more difficult it may be for a veterinarian on duty providing that cover to attend to the needs of an animal that may require immediate first aid or pain relief.*
- s. *From time to time in certain districts particular types of veterinary service may not be readily available. For example, there may not be enough equine veterinarians in a district to be able to meet the demand for routine equine veterinary services let alone emergency services. Or there might be a sole veterinary practitioner providing the only veterinary services to a particular geographic district. In these circumstances a pragmatic approach is needed in order to protect animal welfare standards and common sense must prevail when interpreting this Code in relation to the local veterinarian's obligations regarding the provision of emergency veterinary services.*

In a district where these problems are specifically recognised by VCNZ to occur and where a veterinarian in that district is not able to comply with this Code in relation to providing emergency services, he/she must seek clarification from VCNZ about how their service might be tailored to the particular circumstances in order to meet acceptable standards.
- t. *For those times when an emergency service cannot be provided, either at night, weekend or other off duty periods, or by reason of holidays, sickness or emergencies of any kind, specific prior arrangements must be made with colleagues for an emergency service to be provided. It is recommended that this is formalised in a written agreement.*
- u. *The obligation on the veterinarian is not therefore, to remain constantly on duty but to ensure that, when off duty, clients are directed to another member of the profession with whom prior arrangements have been made. The redirection of out of hours calls to other veterinarians without their prior knowledge and consent is unacceptable.*
- v. *Veterinarians should when attending veterinary emergencies consider carefully the potential personal risks involved, and take steps to manage those risks. There is no expectation that veterinarians should place their personal safety at risk.*
- w. *Providing an emergency veterinary service outside normal business hours can be more expensive. Those costs may be fairly passed on to the users of the service.*
- x. *The emergency care expectations are summarised in the emergency flow chart below.*

24 hour Emergency Response Flowchart

