

Explanatory Notes Veterinary Services

1. Understanding the Guiding Principle

- (i) Veterinarians are expected to display high standards of expertise and performance in the course of their professional activities.
- (ii) Veterinary procedures and recommendations should be based on sound evidence-based science and practice.
- (iii) 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. Understanding Section 1

- (i) The Veterinary Council's principal purpose is to protect the public interest by ensuring that veterinarians are competent and fit to practise – not just at the time of initial registration, but on an ongoing basis.
- (ii) The public has the right to expect that veterinary services are provided in a competent and contemporary manner. Continuing Professional Development (CPD) is essential to maintain and enhance professional skills and knowledge
- (iii) Clinical standards change over time. Methods of treatment which may be considered acceptable at one time may not be considered acceptable at a later date. Clients have the right to expect that veterinarians will keep their knowledge in their field of practice up to date
- (iv) Veterinarians must comply with the Veterinary Council's requirements for continuing professional development

3. Understanding Section 2

- (i) Veterinarians must comply with the Veterinary Council's prescribed minimum practising standards which include recency of practice and competence requirements.
- (ii) The Council 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.

- (iii) Veterinarians should be familiar with and comply with the Veterinary Council's competency standards and performance indicators for veterinarians.
http://www.vetcouncil.org.nz/documentation/VCNZ_CompetyencyStandardsAndPerformanceMeasuresForVeterinarians.pdf
- (iv) Veterinarians should be familiar with and comply with the Veterinary Council's recency of practice requirements. These state that 'for any person who has not worked as a veterinarian for five consecutive years, or has not worked as a veterinarian for five consecutive years in the area in which they intend to practise, the Council may examine the person and may if it is necessary place conditions on the person's practising certificate
http://www.vetcouncil.org.nz/documentation/Policies/VCNZ_Policy_RecencyOfPractice.pdf

4. Understanding Section 3

- (i) The Council has a statutory responsibility to ensure that veterinarians are competent to practice. Under the Veterinarians Act, Council's functions include the promotion and encouragement of high standards of conduct among veterinarians, and the prescribing of minimum standards for practising as a veterinarian.
- (ii) Within a veterinary practice there must be a designated veterinarian(s) who is responsible for the maintenance of the ethical and technical standards. The usual person(s) to be held accountable would be the owner(s) of the practice. However, not all practices are owned by veterinarians. The Veterinary Council does not have jurisdiction over persons who are not veterinarians. Irrespective of the ownership structure one or more of the veterinarians in the practice must be identified to be responsible for ensuring standards are maintained.
- (iii) The practice resources must be sufficiently managed in order to meet the minimum standards expected. Resources include but are not limited to: staff, equipment, facility and inventory.
- (iv) Veterinarians are considered to be responsible for the conduct of their employees, and must take steps to ensure that they work within the standards expected.

5. Understanding Section 4

- (i) A person being taught veterinary science at the undergraduate level is authorised to perform significant, restricted and controlled surgical

procedures under the direct supervision of a veterinarian as described in sections 15, 17 and 18 of the Animal Welfare Act 1999.

- (ii) The supervising veterinarian has a legal obligation to be present throughout the procedure and to ensure the animal feels no pain, and an ethical obligation to ensure that the supervision is appropriate and sufficient and to ensure that such actions do not prejudice the welfare of the animal.
- (iii) Veterinarians must not allow a non-veterinarian to perform any procedure where there is a risk of adverse consequences which may lead to the death of an animal or prejudice its future well being, unless adequately supervised.
- (iv) In considering whether a procedure can be delegated to a non-veterinarian the following criteria should be applied:
 - a. there must be no increased risk of pain or stress to the animal or breach of animal welfare legislation or code;
 - b. standards and public confidence in safeguards relating to animal health and welfare, public health, and fitness for purpose of animal products must not be jeopardised;
 - c. legal requirements and ethical obligations involved in certification must not be breached;
 - d. agricultural compounds and veterinary medicines legislation or codes of practice must not be breached;
 - e. the training required to satisfy the above must be specified, courses of instruction should be available and should have been satisfactorily completed by persons carrying out each procedure;
 - f. the veterinary control required should be specified and be appropriate for each procedure, taking account of the qualifications and competence of the person permitted to carry it out;
 - g. adequate arrangements to secure and enforce the above must be established.
 - h. The consent of the owner knowing that the procedure will be carried out by a person who is not a veterinarian.
- (v) The veterinarian, whether present or not, is held ultimately responsible for the technical competence of any non-veterinarian to whom he/she has delegated veterinary procedures or other duties and may be held accountable in the event of adverse outcomes.

6. Understanding Section 5

- (i) Veterinary medical records document the veterinary services provided to clients over time and chronicle the various treatments given to animal patients. These records are an integral part of veterinary care and are a

legal requirement in order to record the use of restricted veterinary medicines. Medical records include radiographs or other imaging records, laboratory results, in patient treatment summaries, consent forms and any other ancillary records relevant to the case history.

- (ii) Veterinary medical records are owned by the practice owner and must be retained as required to comply with legal requirements. For further discussion on the ownership of medical records refer to Explanatory Notes Professional Relationships section.
- (iii) A number of government bodies (e.g. IRD) may set statutory requirements for how long practice records are kept. The Statute of Limitations Act 1950 sets a period of six years for claims of contract or tort. There is no time limit for complaints to be brought against veterinarians for disciplinary reasons, and pre-emptive destruction of records in the face of a forthcoming complaint would be considered unethical.

In general terms veterinarians are advised to keep patient medical records as long as the information has use or relevance, and in order to comply with statutory expectations. On that basis and more specifically, veterinarians should keep patient medical records while the client's animal is still alive and still a patient of the practice, from the date of the first consultation onwards, and for a period of seven years after the date of the last consultation.

Any recommendation in this code on the length of time to keep patient records is subject to any other statutory requirements and it may be prudent for veterinarians to keep records longer if they are known to have continued relevance beyond the recommended period.

- (iv) The information contained within the medical record is considered confidential and must not be released unless by the consent of the owner of the animal, or if there is a legal reason to do so (<http://www.privacy.org.nz/a-thumbnailed-sketch-of-the-privacy-principles/>)
- (v) Veterinarians have an ethical obligation to maintain medical records which contain enough information to allow another veterinarian to easily take over the case. The medical history should be able to be organised and retrieved efficiently, and documented in a legible form. The medical record facilitates communication between veterinarians providing treatment.
- (vi) Records should contain relevant clinical history and findings, decisions made, treatments provided and information provided to clients. The

record should document all communication between veterinarian and client.

- (vii) Medical records should be created at the time of the events being recorded or shortly after. Medical records must not be altered retrospectively unless the changes are tracked chronologically on the record.
- (viii) Where current veterinary medical records exist but the veterinarian who owns them is no longer practising those records should be made available where possible to the owners of the animals. The expectation is not that the records will be kept and maintained, but that the owners are given the opportunity to uplift the record if they choose to.

7. Understanding Section 6

- (i) The ethical obligations identified in this Code apply to veterinarians employed by government and in industry and education institutions.

8. Understanding Section 7

- (i) 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. While there is no legal obligation, veterinarians in clinical practice have an ethical responsibility to provide emergency services in order to protect the welfare of animals.
- (ii) A veterinary emergency is defined as “*a 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.
- (iii) A veterinary emergency is not considered to exist and therefore does not need to be attended by a veterinarian if:

- a) Following veterinary assessment the veterinarian decides that in their professional judgement the situation is not a veterinary emergency.
 - b) Following discussion between the caller and the veterinarian mutual agreement is reached that veterinary treatment is not required to manage the situation and protect the welfare of the animal.
- (iv) 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 (xvi)). 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.
- (v) 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, if the particular clinical skills required are outside the veterinarian's competence, this must be identified to the person in charge of the animal(s). In these situations obtaining the informed consent of the person in charge of the animal 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.
- (vi) 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.

- (vii) 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:
- a) The veterinarian on duty being unexpectedly overloaded with emergency call(s) of a similar or higher priority to the emergency which cannot be attended.
 - b) 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.
 - c) 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.
- (viii) 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.
- (ix) 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.
- (x) 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).
- a) 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.
- Caller breeds dogs and has been using the reproductive services of a particular practice to get a bitch pregnant and manage the pregnancy. The bitch is now whelping. Veterinarian on duty is entitled to refer the caller to the practice who has been providing the reproductive services.

b) 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 (x)a 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 Professional Relationships Explanatory Notes Introduction and Understanding Section 1 paragraphs for more explanation).

c) If the caller is a client and is known to use the services of more than one veterinary practice, but where x(a) and x(b) 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.

d) In all cases if the caller is referred to the emergency service of another veterinary practice (under paragraphs x(a) and x(b) 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.

(xi) 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 ethical 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.

- (xii) 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.
- (xiii) 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.
- (xiv) 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.
- (xv) 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.
- (xvi) 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 other 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.

- (xvii) 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. 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 ethical obligations regarding the provision of emergency veterinary services.

In those districts where this problem is specifically recognised by the Veterinary Council to occur, the following principles apply:

- a) Veterinarians providing clinical services in the district are still expected to provide emergency veterinary services for their clients.
 - b) Veterinarians are not expected to provide emergency services for species of animals that are not normally treated by the veterinarian.
 - c) Attending emergency calls from people who are not clients under these circumstances may potentially compromise the availability of emergency and non-emergency services to clients of the veterinarian on duty. Under these circumstances the veterinarian on duty can reasonably decline to attend those emergency calls from non clients.
 - d) In these circumstances, a veterinarian on duty who declines to attend the veterinary emergency must at least advise the caller appropriately of the ways that the caller can satisfactorily meet their legal requirements under section 11 of the Animal Welfare Act 1999.
- (xviii) 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.
- (xix) 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.

- (xx) 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.
- (xxi) 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.

9. Understanding Section 8

- (i) Section 7 describes the responsibilities of those veterinarians on duty providing an emergency service. Section 8 describes the responsibilities of all other veterinarians – whether they are a clinical practitioner who is not on duty, or a veterinarian not employed in clinical practice.
- (ii) When contacted in a veterinary emergency, those veterinarians in clinical practice and not on duty, and those not in clinical practice, who have the necessary skills and resources and who are willing to attend may choose to attend the affected animals. Paragraph 8(iv) above applies.
- (iii) While there is no legal obligation for veterinarians to respond when called upon in a veterinary emergency, veterinarians in this group choosing not to attend the emergency personally, still have an ethical responsibility to respond professionally and help the caller to find a solution so that the animal is not left to suffer unreasonably. Where possible, the veterinarian must provide reasonable assistance to guide the caller to a suitable and available emergency service.
- (iv) Where there is no other available veterinary service the veterinarian must appropriately advise the person in charge of the animal(s) how best they can meet their obligations under sections 10 and 11 of the [Animal Welfare Act 1999](#). The person ultimately responsible for ensuring that an animal does not suffer is the person in charge of the animal.

10. Understanding Section 9

- (i) In-patients are those animals remaining in the veterinary clinic for the purposes of treatment.

- (ii) Veterinarians have an ongoing ethical responsibility to their patients receiving in-patient care. This responsibility extends outside normal business hours.
- (iii) As well as ethical responsibilities, veterinarians have legal obligations as the person in charge (as defined in the Animal Welfare Act 1999) of their inpatients. More specifically sections 10 and 11 of the Act set out those requirements.
- (ii) Veterinarians must make proper provision to manage their in-patients appropriately for the clinical condition being treated.
- (iii) The owners of in-patients must be informed of the level of supervision and clinical management the in-patients will be receiving out of normal business hours.

11. Understanding Section 10

- (i) Complementary and alternative medicine has been defined as a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.
- (ii) Complementary and alternative therapies do not usually have the weight of scientific proof of their efficacy and therefore the use of these products and/or services is outside the mainstream of conventional therapy.
- (iii) Where a client is making a choice between conventional treatment and alternative or complementary therapies, the veterinarian should present the client with the information that a reasonable client, in that client's circumstances, would expect to receive about the treatment the veterinarian is recommending. This information includes an explanation of the options available including an assessment of the expected risks, side effects, benefits and cost of each option. This allows clients to make an informed choice.