

The Registrar
Veterinary Board of Tasmania
PO Box 909
SANDY BAY TAS 7006

Dear Sir or Madam

Re: Public Consultation Veterinary Service Standards

We appreciate the opportunity to make comment with respect to the proposed changes to the Veterinary Service Standards, as outlined in the public consultation review paper.

Over recent years, there have been many changes in community expectations with respect to the care of animals. This has had obvious impacts on the way in which animal welfare organisations (including the RSPCA), shelters, and sanctuaries deliver a range of services.

Of particular note in this context is the changing face of veterinary service provision in these organisations, most of which operate on a charitable and not-for-profit basis.

Much of the substance covered in consultation review is beyond our scope of expertise.

However, we welcome this opportunity to provide comments for consideration in this Review with respect to veterinary activities within not-for-profit animal welfare environments.

Shelter Veterinary Facilities

It is becoming increasingly common for animal welfare organisations and shelters to provide limited in-house veterinary services for animals in their care. These services are generally restricted to relatively straightforward procedures such as desexing, vaccinations, euthanasia, and health checks. More complicated matters are then referred to external veterinarians. In most cases, these services are provided free of charge, as part of the process of rehoming the animals involved.

The current Standards do not make provision for this type of limited-service operation. The standards for veterinary premises outlined herein (section 6.7, pages 24-27) assume that these facilities will service members of the public and require compliance with conditions that are not relevant eg waiting rooms etc.

To recognise these unique circumstances, we believe that the Standards should include a separate category that reflects more appropriate requirements for this type of animal care practice. This could be similar to the provisions for equine and farm/production animal practices, which recognise the special and specific circumstances that occur in these environments.

Such a provision would permit not-for-profit animal welfare organisations to have accredited facilities where vets can undertake basic activities for animals in the organisation's care without having to comply with the much more comprehensive requirements for a full-service practice caring for the animals owned by members of the public on a fee-paying basis. These services would generally be limited to desexing, euthanasia, vaccinations, and health checks.

Responsibility for care of stray and feral animals

There is a lack of clarity in the Standards relating to a veterinarian's duty of care with respect to stray and feral animals.

The Guidance Note: Emergency provision of Treatment (p11) states that:

“Under Section 8(1) of the Animal Welfare Act 1993, a person must not do any act, or omit to do any duty, which causes or is likely to cause unreasonable and unjustifiable pain or suffering to an animal.

Consistent with this legal obligation, a veterinary practitioner must provide first aid and pain relief to minimise or alleviate the unreasonable and unnecessary pain or suffering of an animal presented to them for emergency attention, with or without prior arrangement

The obligation to treat in an emergency through the provision of first aid and pain relief exists irrespective of whether:

- (a) the person bringing the animal to the veterinary practitioner is its owner
- (b) the person bringing the animal to the veterinary practitioner has an established relationship with the veterinary practitioner and/or has previously attended their veterinary facilities
- (c) the animal is a stray, is lost or the owner is unknown, or
- (d) the animal is an undomesticated or exotic species but not a declared pest animal.”

The FAQs accompanying the Standard state that, if an animal is found on the doorstep, it should be taken into care so that the vet can prevent or relieve unreasonable and unjustifiable pain or suffering to the animal.

Section 4.9 of the Standard (page 18) states that “a veterinary practitioner must obtain appropriate informed consent from the client before proceeding with a proposed procedure, treatment, or course of action. Where informed consent is provided verbally, a veterinary practitioner records the informed consent in the veterinary medical record”.

However, in practice, this is often not what is happening in the case of organisations such as the RSPCA. Stray or unowned injured animals are often brought to us by members of the public. As we do not have an employed vet, we must then transfer the animal to a veterinary clinic for emergency care. Often, we are charged for this care, even though we are not the owner of the animal in question. In some cases, vets have made decisions to undertake emergency surgery on an injured animal brought into their care by a member of the public - and subsequently billed us for these costs – even though we were not the owner and had not been consulted about the proposed care strategy.

We understand that when a vet takes steps to relieve pain and suffering in an emergency, this does not confer ownership of the animal to the vet. We also understand that, where an owner cannot be identified or refuses to accept responsibility for emergency costs, the vet will ultimately be responsible for covering the costs of whatever care decisions are made. Whether or not that is a reasonable expectation is a moot point which is addressed elsewhere in this submission.

However, a charity such as the RSPCA cannot be expected to fund often significant costs for treatment of animals that have not been in our care and so are not our responsibility. It is even more unacceptable for care costs to be passed on to us when we are not only not the owner of an animal, but have not been consulted at all about the situation.

This experience extends to the situation with respect to dealing with feral cats which are captured by members of the public and taken to a vet clinic. In most cases, these animals will be euthanised, as there is no chance of them becoming sufficiently socialised to be domestic pets. Whilst the RSPCA is a recognised cat management facility under the Cat Management Act 2009, we receive no funding to cover costs such as this – and cannot reasonably be expected to pick up the tab for what is a community responsibility.

Further, Section 3.7 of the Standard (page 15) states that “the local municipality or relevant authorised facility must be contacted by the veterinary practitioner or delegate regarding transfer of any stray dog or cat on the veterinary premises to the municipality’s or other authorised facility’s care.”

Charitable organisations such as the RSPCA should at least be accorded similar expectations with respect to emergency care costs for stray animals and costs of dealing with feral animals. The Standards should therefore make it unequivocally clear that such costs are not under any circumstances to be passed on to any third party without their specific and written consent – whether that be a charity such as RSPCA or a ‘good Samaritan’ member of the public.

The situation regarding ‘good Samaritan’ members of the public is also confusing. Section B(f) of the Guidance Note covering the veterinary practitioner-owner-animal (VOA) relationship (page 16) states that “in the case of unpermitted wildlife species or domesticated stray animals, the person presenting the animal to the veterinary practitioner for the provision of veterinary services is deemed to be the owner unless they relinquish the duty of care for that animal to the veterinary practitioner”.

This would seem to contradict the advice in the Guidance Note cited above.

Putting that aside, it is impossible to work out just what animals would be captured by this clause. A feral cat would not in any other context be defined as ‘wildlife’; but nor is it a ‘domesticated stray animal’. This highlights issues with definitions within the Standard, which are outlined below.

Clarity of definitions

- Section B(b) of the Guidance Note covering the VOA relationship (page 15) states that “the basis of the relationship between the owner and the animal/animals receiving veterinary services may be primarily for companionship or commercial reasons”. Neither of these reasons apply to the RSPCA (and similar welfare groups) which take ownership of animals to ensure their welfare and, ideally, to rehome them.
- Section A(a) of the VOA Guidance Note (page 16) stipulates that “the main responsibilities of the veterinary practitioner in the VOA relationship are to: directly observe and examine the animal and/or their production system and facilities when requested to do so by the owner or when necessary (at least once per year), to acquire, from personal knowledge or contemporary case records, an accurate picture of the current health status of the animals ...”. Once again, this is not a relevant requirement for animals in care of a welfare organisation.

Noting the comments above, it would seem prudent to expand the definitions of ‘client’ and ‘owner’ to recognise the roles played by animal welfare organisations, and also to include a definition to cover ‘good Samaritan’ situations.

- There is no definition of ‘wildlife’, which renders the definitions of ‘permitted’ and ‘unpermitted’ wildlife confusing.
- The Guidance Note (p11) refers a situation where an animal is ‘an undomesticated or exotic species but not a declared pest animal’. However, there are no definitions of undomesticated, exotic or declared pest animals. Are these terms synonymous (respectively) with feral animals and invasive species? Could these be considered wildlife? How can one check what are ‘declared pest animals’?
- The Guidance Note (p11) refers a situation where an ‘animal is a stray, is lost, or the owner is unknown’. However, there is no definition of ‘stray’ animals and, if animal is microchipped, it is arguable that it is ‘lost’ rather than ‘stray’.

These loose definitions pose challenges in ensuring compliance with other legislation.

Section 25 of the *Cat Management Act 2009* states that “unidentified, unclaimed, and surrendered cats must be held by a cat management authority (or, by inference, other responsible agency/person including a vet) for 3 days if microchipped, or 5 days if not”.

Section 35 of the *Dog Control Act 2000* states that an authorised person may seize or detain any dog at large. If the owner is identifiable, then they must be notified in writing that the dog has been seized and the animal must be held for 5 days after that. If the owner is not identifiable, then the animal must be held for 3 days.

It would be sensible to ensure consistency in the definitions across the various pieces of legislation in order to minimise both confusion and the risk of non-compliance.

Microchipping

This Review also provides an opportunity to address an apparent anomaly between these Standards and the *Cat Management Act 2009*.

These Standards indicate that microchipping can only be undertaken by a veterinary surgeon or a veterinary nurse. Yet the Cat Management Act 2009 makes provision for ‘authorised persons’ to undertake microchipping.

The Standards should recognise microchipping as a service that can be provided by appropriately qualified ‘authorised persons’ as defined in the Cat Management Act.

Record keeping protocols

Section 7.5 of the Standards (page 29) states that “veterinary practitioners and veterinary service entities must keep medical records in the form and manner approved by the Board under section 34(1)(a) of the Act”.

Yet the Guidance Note: Veterinary Medical Records states on page 30 that records “may be kept in a manner to suit the practice, for example, computer based, handwritten cards or books, or any combination, but must be readily retrievable, legible, and secure”.

Does this mean that each veterinary practice must seek approval from the Board for the specific form in which they wish to keep records? That would certainly be our understanding in light of past experience with a Board inspection which indicated our national electronic database system (Sheltermate) was not sufficient to meet the required standards.

Some record-keeping protocols outlined within those standards are not practical for shelter environments.

For example, we were advised that we must formally record full ownership details for every animal in our care. As we are the ‘owners’ of these animals, the details are common in all cases and there is little point in repeating the information in each entry.

This ambiguity should be appropriately addressed in this review.

Implications for veterinary service provision

Standard Note 12: Provision of Veterinary Services Outside Normal Business Hours (page 47) is confusing.

This infers that veterinary practices should provide out of hours emergency services. Whilst that will be possible in many more populated centres, small veterinary practices in remote areas are not going to be able to meet this expectation

They are certainly not going to be able to do this and still meet the expectations outlined in Guidance Note: Veterinary Practitioner and Veterinary Team Wellbeing (page 33), which emphasises the need for practice owners to look after their own health and well-being, as well as that of their staff members.

There could well be unintended consequences even for larger veterinary clinics in urban areas. If some clinics do not provide out-of-hours services, then those that do will be subject to demand pressures that will compromise their ability to deliver appropriate standards of care to both the animals they treat and also their own staff members.

These issues highlight the significant burdens increasing community expectations and regulatory requirements are placing on those working in the veterinary industry,

Recent research has shown that veterinarians have almost four times the suicide rate of the Australian population. This equates to a veterinarian taking their own life on average every 12 weeks in Australia. On in every four people in the industry reports suffering work-related burnout.

Among the key causes of mental distress are snide remarks about the cost of care (including from those who can well afford it), expectations that vets can find and solve all problems immediately, and conflict with owners who can become aggressive. There is an urgent need to address these issues in order to meet workforce needs for the future.

The costs of higher animal welfare standards and of meeting community expectations for public-good services are increasing rapidly – and are essentially unfunded.

It is time government considers how it can play a role in making vet services economically sustainable and accessible to everyone in the community to ensure the best possible outcomes for all animals.

Finally, we note there is an editorial error on page 32 of the Standards. In the reference to the RSPCA, the word Prevention needs to be capitalised: “An example would be Royal Society for the prevention of Cruelty to Animals (RSPCA) inspectors who are authorised as officers under the *Animal Welfare Act 1993*”.

We will of course be pleased to provide any further comment that should be required.

Yours sincerely

A handwritten signature in black ink, consisting of a large, stylized initial 'J' followed by a series of connected loops and a final horizontal stroke ending in a dot.

Jan Davis CEO

20th December 2022