



# Self assessment of veterinary practices

## Preamble

### Statutory responsibilities of Northern Territory registered veterinarians

Clause 1(1)(b) of the Code of Conduct prescribed in the Northern Territory Veterinarians Regulations provides that **it is the duty of registered veterinarians “to be familiar with and abide by all relevant legislation affecting their professional activity and behaviour.”**

In addition, the prescribed Code of Conduct requires *inter alia* that **Northern Territory registered veterinarians and veterinary specialists must:**

- **maintain knowledge of the current standards of veterinary practice** and “always carry out veterinary services in accordance with those current standards and in accordance with the Board’s guidelines (which are published under section 6(e) of the *Veterinarians Act*) - clause 4(1)(a) and (b) of the Code of Conduct;
- **keep detailed records** of any consultation, procedure or treatment, which must contain sufficient detail to enable another registered veterinarian to continue treatment of the animal, and include the results of any diagnostic tests, analysis and treatments – clause 16 (1), 16(3)(a) and (b); (Note: Clause 16(2) of Code of Conduct provides that “**The Board has the power to audit records.**”)
- **ensure** that any **premises** at which he or she provides veterinary services **and all equipment** that he or she has for use in the carrying out of veterinary procedures, **are kept in a safe and clean condition** – clause 25;
- **ensure that the all persons assisting** in the provision of veterinary services **have the skills, knowledge and available equipment** to enable the performance of their duties according to current standards of veterinary practice – clause 14 of the Code of Conduct;
- **ensure** to the best of their ability that the **non-veterinary staff** they employ or are responsible for supervising, **carry out the duties of their employment effectively** and in compliance with any law relating to the provision of veterinary services - clauses 5 and (a) and (b);
- **maintain the confidentiality** of information obtained in the course of professional practice – clause 13.

**Contravention of, or failure to comply with the Code of Conduct constitutes misconduct within the meaning of section 28 of the *Veterinarians Act* and can result in disciplinary action.**

A sound defence against complaints and allegations of misconduct is best supported by:

- the establishment of, and adherence to practice protocols and operational procedures that comply with the Code of Conduct and facilitate observance of contemporary veterinary standards in the delivery of veterinary services; and
- ensuring staff awareness, training, compliance and access to these practice conventions and all Northern Territory legislation relating to veterinary practice.

**The attached checklist is intended to provide a self-assessment guide.**

## Checklist for self-assessment of veterinary practices

	Code of Conduct Clause/ Guideline	Acceptable Yes/No	Comments
<b>General</b>			
<b>Premises and equipment</b> <ul style="list-style-type: none"> <li>- kept in clean and safe condition</li> <li>- equipment sufficient to enable staff to perform duties according to current practice standards</li> <li>- adequate cooling or heating and ventilation where animals are kept</li> <li>- kennels or cages comply with veterinary standards (e.g. easy to clean, secure, appropriate size)</li> <li>- isolation facilities for animals with suspected infectious diseases</li> <li>- isolation facilities for animals treated with substances that may be harmful to staff</li> <li>- consulting room has a basin with running water and fixed drainage</li> <li>- facilities that allow for prevention of the spread of contagious disease</li> <li>- sterilisation equipment or storage for sterilised equipment (where surgery is provided)</li> <li>- facilities to weigh small animal patients</li> <li>- consulting table with impervious surfaces</li> <li>- provision for the maintenance of thorough patient records</li> <li>- lockable storage for drugs</li> <li>- storage facilities for excreta, waste, soiled bedding and carcasses and disposal at appropriate intervals</li> <li>- facilities for correct collection and disposal of sharps</li> <li>- where radiographic services are provided, confirm compliance with OH&amp;S and other relevant legislation</li> </ul>	C of C Clause 14 Clause 25 and Board Guidelines		
<b>Waiting room/client reception</b> <ul style="list-style-type: none"> <li>- separate area for a waiting room and client reception constructed for easy cleaning</li> </ul>			
<b>Records and forms</b>			
<b>Consent forms</b> <ul style="list-style-type: none"> <li>- surgery and anaesthesia</li> <li>- euthanasia</li> </ul>	C of C Clause 8 and Board Guidelines		
<b>Other forms</b> <ul style="list-style-type: none"> <li>- hospital admission form</li> <li>- procedures' lists (including estimates)</li> <li>- anaesthetics monitoring form</li> <li>- medication and fluids monitoring form</li> </ul>	C of C Clause 17 and Board Guidelines		

<p><b>Recording methods</b> Records retained on computer or hand-written (must be legible) and stored or filed safely and securely.</p>	<p>C of C Clause 16 and Board Guidelines</p>		
<p><b>Processes for updating records</b> Systems should be in place for:</p> <ul style="list-style-type: none"> <li>- patient reports, letters and results to be checked, actioned and filed</li> <li>- ensuring that all information is seen and actioned by appropriate staff</li> <li>- checking whether significant results have arrived and have been actioned.</li> <li>- notifying clients of all important results (positive or negative)</li> <li>- accurate records of vaccinations</li> <li>- a recall process for vaccinations</li> <li>- keeping the client's regular veterinarian informed in the event of emergency consultations, second opinions and referrals.</li> </ul>	<p>C of C Clause 16 (Records) Clause 10 (Second Opinions)</p>		
<p><b>Clinical notes</b></p>			
<p><b>Case Records are to:</b></p> <ul style="list-style-type: none"> <li>- be kept on each consultation, procedure or treatment</li> <li>- be retained for three years</li> <li>- be transferred with the client's consent</li> <li>- be comprehensive enough to stand alone</li> <li>- to justify treatment</li> <li>- contain sufficient detail to enable another veterinarian to continue the treatment of the animal at any time</li> <li>- include work by veterinary nurses</li> <li>- include the owner's decisions</li> </ul> <p><b>Appendix 1 provides guidance on the Board's expectations</b> when evaluating compliance with legislation and guidelines and contemporary standards of veterinary practice.</p>	<p>C of C Clause 16 (Records) and Board Guidelines</p>		
<p><b>Compliance with Board's Guidelines on Record Keeping:</b> Details to include:</p> <ul style="list-style-type: none"> <li>- any condition or injury</li> <li>- any examination, procedure, treatment</li> <li>- any provisional or definitive diagnosis</li> <li>- the results of any diagnostic tests</li> <li>- estimates on likely extent and cost of treatment, given prior to treatment (as required by clause 7 of Code of Conduct)</li> <li>- any drugs prescribed and directions provided</li> <li>- instructions given when the animal is discharged</li> <li>- any drugs administered (including amount and route)</li> </ul>	<p>C of C Clause 16 (Records) Clause 17 (Estimates) Clause 22 (Supply of Drugs) Clause 28 (Compliance with other Legislation) and Board Guidelines</p>		

- anaesthetics given.			
<b>Compliance with Board Guidelines on Anaesthesia</b> <ul style="list-style-type: none"> <li>- anaesthetics are to be monitored eg heart rate, respiration rate, gum colour, palpable reflex</li> <li>- for routine procedures requiring anaesthetics an assistant is required</li> <li>- the drug, time and route given, should be recorded</li> <li>- where general anaesthetics are provided, should have facilities for inhalation anaesthesia and resuscitation of patients</li> </ul>	C of C Clause 16 (Records) and Board Guidelines		
<b>Operational procedures</b>			
<b>Communication</b> Vet to vet, vet to clinic, vet to client Inter-play of roles	C of C Clause 4 (Maintaining Current Practice Standards)  C of C Clause 5 (Staff supervision and guidance)  C of C Clause 13 (Confidentiality) and Board Guidelines		
<b>Staffing and staff training</b>			
<b>Recommended inclusions:</b> All staff to be trained for tasks performed and have written employment agreements. Induction program for all new staff (veterinary and support staff) including local vets and vet nurses on practices policies and protocols, office administration systems and operational processes and OH&S procedures. The roles of the veterinary nurses in the practice should be clarified at induction. Practice policy should (1) state that staff must comply with the Northern Territory Veterinarians Act and Regulations (including Code of Conduct prescribed in the Northern Territory Veterinarians Regulations) and the Board's Guidelines and all legislation impacting on veterinary practice in the Northern Territory; and (2) provide advice on access to these via the Veterinary Board website.  Provision should be made for on-going professional development to ensure maintenance of contemporary standards of veterinary science (eg through in-house case reviews and facilitating attendance at conferences and participation in post-graduate training/refresher initiatives).	C of C Clause 4 (Maintaining Current Practice Standards)  C of C Clause 5 (Staff)  Clause 14 (Staff Skills and Knowledge) and Board Guidelines		

<p><b>General Evidence of Awareness of and Compliance with Board Guidelines on Staff</b>, which state as follows:</p> <p><b>(1) Employees</b>  Employed veterinarians should be aware of their competencies and encouraged to seek assistance within the practice whenever they find themselves at the limit of their own experience and knowledge.</p> <p><b>(2) Employers</b>  Employers have a key role in ensuring the competency of their employees. This is particularly important in relation to newly registered or inexperienced veterinarians. Employers have an obligation to ensure that their employees have sufficient surgical, medical and communication skills to meet contemporary professional standards.  The practice culture should facilitate and encourage:</p> <ul style="list-style-type: none"> <li>- formal and informal discussion and feedback on cases and</li> <li>- the expectations of clients;</li> <li>- guidance on adherence to established practice protocols</li> <li>- and procedures; and</li> <li>- general compliance with all governing legislation (including the scope of practice permitted by non-veterinary staff).</li> </ul> <p>Performance management systems may need to be put in place in situations where a veterinary employee continues to make errors or demonstrates poor practice such as a lack of skill or knowledge or poor judgement.</p> <p><b>(3) Vicarious Liability</b>  Employers may be responsible for the acts or omissions of their employees. Under common law, an employer may be vicariously liable for negligent acts carried out by employees in the course of their employment if the acts are authorised or seen as a mode of doing something that is authorised.  It is the employer's responsibility to ensure that the requirements of the Act and regulations, and all legislation impacting on veterinary practice, are complied with.  Employers should recognise that they have an obligation to guide and assist the veterinarians they employ, particularly recent graduates."</p>			
---	--	--	--

House call practices			
<p><b>Availability and Access</b></p> <ul style="list-style-type: none"> <li>- provision of ready communication for the public with the house call veterinarian(s), including arrangements for out-of-hours and/or emergency cases.</li> <li>- access to a fixed veterinary premise which complies with Guidelines on Minimum Standards for Veterinary Premises.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>- limitations on procedures performed are based on suitability of available facilities and equipment and are limited to those that do not require general anaesthetic</li> </ul> <p><b>Vehicle used for house calls</b></p> <ul style="list-style-type: none"> <li>- is clean and hygienic</li> <li>- has secure storage for carrying drugs as required by the Poisons and Dangerous Drugs Act (or its soon to be enacted replacement Act, the Medicines, <i>Poisons and Therapeutic Goods Act</i>) and Regulations and the Agricultural and <i>Veterinary Chemicals (Control of Use) Act</i> and Regulations (or any subsequent amendment to these regulations)</li> <li>- carries adequate measures to ensure that full and accurate contemporaneous medical records are able to be completed</li> <li>- provides the necessary facilities for the safe transportation of patients when required;</li> <li>- carries sufficient instruments and equipment for a thorough clinical examination</li> <li>- is capable of being locked and meets the requirements of all government regulations, including the Poisons and Dangerous Drugs Act or its soon to be enacted replacement Act and Regulations, and local government regulations</li> <li>- provides facilities that allow for the prevention of the spread of infectious disease between patients and premises.</li> </ul>	<p>C or C Clause 9 (Availability to Care for Animal) and Board Guidelines</p>		
General comments			

Recommendations and feedback

Signed:.....

Date:.....

## Appendix 1

	Code of Conduct Clause/ Guideline	Acceptable Yes/No	Comments
<p><b>Random Sample of Records</b></p> <p>If conducting an audit of practice records, (as part of its investigation of a complaint, for example), the Veterinary Board audit team would randomly select for evaluation, 5 or 6 cases recently treated by the practice. It is expected that these records would be examined for inclusion of the following details:</p> <ul style="list-style-type: none"> <li>- current medical and surgical history (including medications)</li> <li>- vaccination history</li> <li>- all visits, failures, cancellations</li> <li>- attending veterinarian identified in the record</li> <li>- records appear time bound (not altered)</li> <li>- significant telephone consultations and follow-up recorded</li> <li>- clinical management decisions made outside consultations are recorded</li> <li>- radiographs and images are of adequate diagnostic quality</li> <li>- reason for most recent visit clear</li> <li>- history of presenting complaint documented</li> <li>- physical examination findings documented</li> <li>- vital signs documented if appropriate</li> <li>- diagnosis recorded</li> <li>- options and treatment plan recorded</li> <li>- treatment recorded</li> <li>- treatment refused recorded</li> <li>- fee estimate included</li> <li>- consent recorded</li> <li>- post-treatment expectations detailed</li> </ul>	<p>C of C Clause 16 (Records) Clause 16(2) Board power to audit records Board Guidelines Contemporary veterinary practice standards Board power under the <i>Veterinarians Act</i> to investigate complaints and matters relating to the provision of veterinary services</p>		

Version Control	V1
Approved By	Veterinary Board
Last Reviewed	February 2020
Next Review Date	February 2022