SUBMISSION - RSPCA NSW

DATE 03/07/2026

Consultation on the *Veterinary Practice Act 2003*: RSPCA NSW

Background

The NSW Government is progressing reforms to the *Veterinary Practice Act 2003* (**Act**) following the Parliamentary Inquiry into the Veterinary Workforce Shortage in NSW (**Inquiry**), which made 34 recommendations [1].

The proposed reform to the legislation has five themes:

Theme 1: Greater access to veterinary care across NSW

Theme 2: Increase workforce capacity

Theme 3: Protect the mental health and wellbeing of the veterinary workforce

Theme 4: Implement clear, risk-based regulation

Theme 5: Modernise regulatory settings to reflect contemporary practice and community expectations

RSPCA NSW supports the review of the Act to address the findings of the Inquiry. However, we note that it has been 23 years since the Act was reviewed and consider it important to take the opportunity to address the range of necessary updates to the Act. It should also be noted that the recommendations adopted recommendations out of the Parliamentary Inquiry into Pounds in NSW. That inquiry highlighted veterinary pressures within animal welfare amongst other recommendations to reduce the number of animals rehomed and improve the operation of pounds across NSW.

Further, while we accept that the scope of this consultation process is the relevant regulatory framework, we emphasise the importance of acknowledging that the objectives these proposals seek to meet, largely, require Government responses unrelated to the regulatory framework. Barriers to accessing veterinary care, veterinary professional wellbeing and increasing workforce capacity are strongly influenced by variables that sit outside the Act. Meaningful improvements in these areas cannot be

expected from these regulatory proposals without concomitant action in training, workplace wellbeing, and a broader educational effort regarding pet ownership. It is noteable that the high rate of animal ownership in Australia has not been experienced with similar rates of education, training, or capacity enhancement of animal owners [1].

This action must particularly focus on solutions to address the most significant barrier to accessing veterinary care – financial constraints. Burnout and compassion fatigue associated with this problem are reported as the greatest issues impacting veterinary wellbeing and, consequently, influences attrition from the profession. Therefore, a response to Inquiry recommendations 31 and 32, is key if there is an expectation that progress is made with respect to the themes raised in this reform piece

workforce.

While our feedback on the concepts presented in the consultation paper is provided, it is not possible to provide an accurate position on the reforms without considering the detail of a bill or the content of an applicable code of practice, including standards and guidelines.

It is understood that a five-year statutory review period is proposed, and we support this inclusion. However, to further ensure the necessary flexibility in future, consideration should be given to what detail is best contained within the regulation to allow for timely amendments in response to evolving community and animal welfare needs.

Theme 1: Greater access to veterinary care across NSW

Consultation questions

1a. Do you support the licencing of mobile and telehealth services in line with a Standard established by the Board?

Yes, RSPCA NSW appreciates the benefits of clearly defining, as well as reviewing the licencing and conduct of, mobile and telehealth veterinary services. These services are currently delivered in NSW and so clarifying how these are to be delivered to protect animal welfare and the consumer is overdue.

We remain cautious though, that support for the licencing of mobile and telehealth services assumes that a licensing and standards process for these services effectively addresses the veterinary access issue including in remote and regional areas. That is because access implies a capacity to properly treat animals the subject of a consultation, but also capacity to respond to emergency situations, which does not necessarily flow from digital, virtual or irregular mobile servicing.

We are aware of the potential barriers to performing general anaesthesia and surgery in a mobile set up, not associated with a premises, and understand that these reforms would seek to make this possible. However, there seems to be an assumption that this

will significantly increase the delivery of regular veterinary services in remote and regional areas.

The establishment of a mobile veterinary business of sufficient quality and scale to meet needs in rural and remote areas is associated with significant expense and would need to be profitable to be sustainable. It is likely that any new private veterinary enterprise will encounter the same issues that currently prevent bricks and mortar veterinary hospitals from operating sustainably in these locations. It also ignores the issues associated with affordability of the services even if they are present in the location. That is, at the rate of animal ownership in NSW, the extent of the inability of owners to afford veterinary services is concomitantly high.

If the expectation is that the charities currently operating mobile services will fill the veterinary services gap, it remains unclear how this will be funded to have the impact across the state that is required to meet the reform objective.

RSPCA NSW currently delivers mobile services to underserved communities. Our data often show that around half the patients attending have not previously accessed routine veterinary care. While transport is a relevant barrier to accessing veterinary treatment, which could be assisted by telehealth and mobile services, finances remain the single greatest barrier and will remain, regardless of licensing reform, unless a more holistic approach to the problem is adopted. In addition, the planning required, access to a supply of schedule drugs and vaccines, and the associated infrastructure and asset requirements including vehicles and personnel mean that whichever entity fulfills this function is going to need an established supply chain and planning capability to operate in remote and regional NSW. It is likely that only larger charitable entities would be in a position to regularly assist in this endeavour.

Mobile veterinary services

Standards developed for mobile services should consider the following:

- The current requirements for provision of follow-up care and referral pathways should remain in place. Without appropriate follow-up, animals may experience delayed recognition of post-operative complications or incomplete treatment, potentially compromising their welfare. Consideration should be given to how standalone mobile services coordinate ongoing care, including whether integration with telehealth or local veterinary providers could support continuity of care. Where telehealth is contemplated as an available follow-up option, arrangements must be in place locally for those patients that require in person ongoing treatment, which is a need that cannot be met by providing access to telehealth. As such, in any area where a mobile veterinary service is offered, an after-hours service through that business must be in place, or access to another veterinary practice providing after-hours services must be available.

- Where charity mobile services are delivered, consultation with local veterinarians, where they exist, is critical to establishing how the local veterinarians can best be supported to safeguard animal welfare in their communities.
- Mobile services must have protocols for managing common complications. Mobile services must ensure timely referral to licensed veterinary hospitals when ongoing or emergency treatment (including hospitalisation) is required. There cannot be an assumption in this context that the animal owner has the capacity to transfer the animal from the mobile provider or home to appropriate after-hours care. It must be understood that there is a high rate of homelessness and impecuniosity in these communities.
- The Standards must clearly define which procedures can be safely undertaken in a mobile setting. Some procedures require specialised equipment, facilities and infection control measures that may not be achievable in all mobile clinics.
- Mobile veterinary services must be required to meet minimum standards for equipment, infection prevention and control, anaesthesia, hygiene and waste disposal and drug management to ensure appropriate animal welfare standards are upheld.
- Under the current Act, major surgery may only be performed at a licensed veterinary hospital. A licensed veterinary hospital is defined as including "premises" or land. Currently, all licensed veterinary hospitals in NSW must include provision for secondary containment for patients to reduce the risk of escape. This will be difficult to address in the mobile setting, but Standards must be sufficiently robust to ensure patient safety.

1b. What are some of the minimum standards which should apply to telehealth services to safeguard animal health and complement existing veterinary practices?

RSPCA NSW supports the development of minimum standards for veterinary telehealth to ensure these services improve access to care while maintaining high standards of animal welfare.

Standards need to address the main risks associated with telehealth practice. We would consider that the risk assessment would include some increased risk of misdiagnosis, incorrect prescribing, client frustration when they have paid for a service that cannot adequately address the health complaint, and ambiguity regarding whether an animal owner has sought necessary treatment for their animal.

RSPCA NSW frequently prosecutes cases of failing to provide necessary veterinary treatment under the *Prevention of Cruelty to Animals Act 1979*. There is the potential for a defendant, who has sought telehealth advice but requires in clinic care for the necessary treatment of their animal, to use their interaction with a telehealth service as a defence. Whether that defence is successful or not is one issue, but potentially more importantly, is the welfare compromise associated with animals that receive some, but

not sufficient veterinary treatment. For example, animals who do not receive adequate ongoing post-operative care, rehabilitation, wound management or infection control are all regularly referred to the RSPCA NSW Inspectorate.

Standards should consider:

- Provision of consultation or treatment notes in conjunction with written advice as to ongoing care: a requirement to provide the client with a written copy of advice provides evidence that a client was advised to seek in-clinic veterinary treatment for their animal.
- Clinical records should be forwarded as a matter of practice to the regular treating veterinarian if one exists at the end of the consult.
- Existing relationship: the nature of the relationship between the client and the telehealth service may be a relevant factor in the extent of services that are available via telehealth. Consideration should be given to whether a broader range of telehealth services would be available to those with a prior existing practice/client/ patient relationships compared to those who are new clients seeking initial assistance via telehealth services. This will be especially important when the prescription of S8 medications is contemplated.
- Scope: whilst the current Act regulates only the conduct of veterinarians, we note that this review contemplates the licensing of veterinary technicians and nurses. As such, any regulatory provisions in relation to telehealth services must take a position on whether veterinary technicians or nurses can provide telehealth services, the scope of these services, and the extent of supervision by a veterinarian.
- Video capability: Telehealth consultations should be by video, as visual assessment of the patient is important for clinical triage. Observing factors such as demeanour, respiratory effort, mobility, level of consciousness and visible injuries enables veterinarians to better assess the urgency of the case and determine whether an in-person examination is required. It is understood that a video requirement may unintentionally exclude those who would benefit most from telehealth, including older people, individuals with limited digital literacy, or those living in areas with poor internet connectivity [2]. Flexibility should therefore be maintained where video is not feasible. However, where prescribing is contemplated, verifying the existence of the patient by visual confirmation seems like an important mandatory component.
- Clear communication regarding the limitations of telehealth: Clients should be informed prior to the consultation about the scope and limitations of telehealth, including that some conditions cannot be adequately assessed remotely and may require referral for an in-person examination. This informed consent process should ensure clients understand that telehealth complements, rather than replaces, physical veterinary care.

- Veterinarians should be required to refer animals for an in-person consultation where a physical examination, diagnostic testing, surgery or emergency treatment is necessary. Consideration on how veterinarians and clients can be supported to manage these cases appropriately, where a range of barriers frustrate this process, is essential.
- Standards should promote appropriate follow-up arrangements, including referral to the animal's regular veterinarian or another local veterinary service where ongoing diagnostics, treatment or monitoring are required.
- Standards should encourage the use of reputable, regulated pharmacies (including online pharmacies) to ensure medication is supplied safely.
- The regulatory framework should recognise that telehealth consultations which subsequently require an in-person consultation may create additional financial barriers for caregivers. Where possible, measures should be explored to reduce duplicate consultation costs, particularly where these may discourage owners from seeking timely veterinary care or proceeding with recommended treatment.
- Requirements should exist for in-clinic attendance where telehealth consultation or prescribing is sought repeatedly for an animal's condition. This includes where medication is being prescribed for livestock enterprises.

1c. Are there any other factors to consider when permitting persons who are not registered veterinarian to perform restricted acts of veterinary science

Before accreditations are provided it is important to evaluate why it is considered necessary that a restricted act of veterinary science is undertaken by a non-veterinarian. Where there is no compelling risk-benefit analysis then the accreditation should not be offered.

The type of restricted act is also a relevant consideration. Where the act could cause an animal to be fearful, uncomfortable or painful, necessitating the administration of sedatives, anaesthetics or analgesics then this must be available to the animal.

The consultation paper describes many of the necessary inclusions in an accreditation framework. To ensure good animal welfare, the accreditation pathway should include the following minimum safeguards:

- Individuals performing restricted acts of veterinary science should complete training through an appropriately accredited education provider and demonstrate competency before accreditation is granted.
- Accredited persons should be required to undertake ongoing continuing professional development, commensurate with that required for veterinarians, to ensure their knowledge and skills remain current.

- Clear requirements should be established regarding the level of veterinary oversight and supervision required for accredited persons performing restricted acts of veterinary science.
- The framework should clearly define accountability for the performance of restricted acts. The legislation should specify where professional responsibility lies to ensure accountability and the Act must allow for a complaint pathway and enforcement action where an accredited person fails to comply with their obligations or causes harm.

Additional comment regarding improving access to veterinary care

Although outside the scope of the proposed legislative reforms, financial barriers to veterinary care remain a significant issue that should be recognised as part of any broader strategy to improve access to veterinary services.

A major contributor to stress and burnout within the veterinary profession is the moral distress experienced when clients are unable to afford recommended treatment [3]. Veterinarians are frequently faced with situations where financial constraints prevent them from providing the standard of care they believe is acceptable, requiring them to offer suboptimal treatment, delay care, or perform euthanasia or facilitate surrender for conditions that may otherwise have been treatable. These situations have significant impacts on the wellbeing of veterinary professionals, clients and animal welfare.

The Parliamentary Inquiry into the Veterinary Workforce Shortage in NSW [3] recognised this issue through Recommendation 31, which calls for the NSW Government to investigate strategies to improve the affordability of veterinary care for pet owners, particularly those on low incomes, and Recommendation 32, which recommends investigating subsidised veterinary care for low-income earners, pensioners and animal rescue organisations.

RSPCA NSW strongly supports the implementation of these recommendations. Such support is likely to benefit veterinary businesses, who currently take on the financial burden associated with assisting pet owners in need. Improving the affordability of veterinary care would reduce financial barriers to treatment, improve animal welfare outcomes, strengthen the human–animal bond, and help alleviate the moral distress experienced by veterinary professionals, contributing to a more sustainable veterinary workforce.

Theme 2: Increase workforce capacity

Consultation questions

2a. Do you support the proposed approach to establish registration for veterinary nurses and technologists?

Yes. RSPCA NSW supports the formal recognition of veterinary nurses; however, the detail of the proposed Scope of Practice, training and competency and supervision requirements for restricted acts need to be sufficiently detailed to achieve balance between protecting animal welfare and patient safety and increasing efficiency.

2b. Are there additional implementation/transitional issues that should be considered?

Consideration should be given to which alternative qualifications will be recognised by the Board. For example, there are circumstances where overseas qualified veterinarians are employed as veterinary nurses as well as veterinary students. A determination is required regarding what is appropriate.

Where specific training or competency is required to undertake certain restricted acts, an analysis of the available training courses, recommendations and gaps in availability would be helpful.

RSPCA NSW notes that the introduction of mandatory registration may impose an additional financial burden on veterinary nurses, a component of the workforce that is already affected by comparatively low remuneration and high staff turnover [3]. We recommend that registration fees should be kept to a minimum to avoid creating a financial barrier for veterinary nurses and to support the retention of experienced veterinary nurses.

Theme 3: Protecting the mental health and wellbeing of the veterinary workforce

Consultation questions

3a. Do you support enabling a modern, risk-based approach to complaints management?

Yes, RSPCA NSW supports a modern, risk-based approach to complaints management. Enabling the regulator to identify and promptly dismiss complaints that are frivolous, vexatious or lacking in substance would reduce unnecessary stress and administrative burden on veterinary professionals, while allowing regulatory resources to be focused on matters that pose genuine risks to animal welfare, public confidence and professional standards.

3b. Are there any other ways the regulatory framework should support the mental health of veterinary practitioners outside of the complaints process?

RSPCA NSW fully supports the need to consider ways to support the wellbeing of veterinary professionals and teams. The regulatory framework should be sensitive to the circumstances that negatively impact veterinarians and be designed to avoid unnecessarily contributing to the problem.

However, we accept that the Act, to be successful in its function, must reflect its objects. These are to promote animal welfare, protect consumers and public health. The Act is not in place to address the wellbeing of practitioners and, we would argue, is not an effective mechanism to do so when considering the evidence for the major underlying stressors for veterinarians.

While a more efficient complaints process is likely to reduce unnecessary stress, it does not address many of the underlying factors contributing to poor mental health, burnout and workforce attrition [3].

Where it has been established that one of the greatest emotional impacts on vets occurs while trying to negotiate acceptable outcomes for cost constrained clients, investment in systems to provide vets options for providing care can only be expected to have the greatest benefit on veterinary wellbeing. RSPCA NSW research indicates that 79% of vets who have access to a program to support cost constrained clients reported reduced emotional impact by being able to offer more options to their clients.

We would support the expansion of formal peer support and mentoring programs and initiatives that foster connection and reduce isolation, as these are known to improve mental health of veterinary professionals [4, 5]. Consideration should also be given to strengthening mental health and wellbeing education within veterinary training programs.

Although it is outside the scope of this legislation, RSPCA NSW endorses the following Inquiry recommendations [3]:

Recommendation 11: That the NSW Government consider how it can support and promote the establishment of the field of Veterinary Social Work in New South Wales.

Recommendation 13: The Minister for Mental Health, in conjunction with the Minister for Agriculture, take steps to ensure suicide prevention programs are made available which are specifically targeted at veterinarians.

Recommendation 33: That the NSW Government provide funding to animal rescue organisations and the university sector to increase subsidised treatments at their veterinary hospitals and provide increased training opportunities for veterinary science students and others.

The NSW government response is that they support these recommendations in principle but there is no action evident. We believe that actioning these would have a meaningful benefit on the mental health of veterinary practitioners.

Theme 4: Implement clear risk-based regulation

Consultation questions

4a. What implementation/ transitional factors should be considered when establishing a licencing framework for veterinary practices/ other veterinary services businesses?

We note consideration has been given to potential exemptions. It is important to understand the implications for the full scope of veterinary services that may arise and ensure that a licensing process is agile enough to support necessary work. For example, the delivery of mobile veterinary consultation services may occur, not as a regular activity, but at short notice in response to a need such as in an emergency response.

Adequate enforcement capacity is required to ensure this becomes an effective regulatory initiative. These additional 400 businesses should be subject to oversight to ensure they are complaint with licensing requirements.

4b. How could the Board's membership better reflect modern veterinary practice?

RSPCA NSW supports a Board composition that reflects the diversity of contemporary veterinary practice and the range of expertise required to effectively regulate the profession. If veterinary nurses are to be regulated by the Board, their inclusion in the membership is necessary.

There should be a requirement for several members of the veterinary category Board members to be in clinical practice, at least part time. Given that most complaints investigated involve general practitioners, it is especially important that at least one experienced, practicing general practitioner is on the Board.

Noting one of the objects of the Act is promotion of the welfare of animals, we support the inclusion of at least one veterinarian with relevant animal welfare expertise.

Theme 5: Modernise regulatory settings

Objects of the Act

RSPCA NSW has reservations about the proposal to amend the objects of the Act. The Act has a very important function in protecting consumer rights and patient wellbeing and safety. Expecting the Act to do too much only creates problems for interpreting the law and resolving conflicts where objects are not well aligned.

It is unnecessary to refer to supporting the delivery of contemporary veterinary services as this will naturally be required to meet the existing objects and provisions of the Act.

While the sustainability of the workforce is critical, the financial sustainability, growth and wellbeing of the profession is not the role of the regulator to safeguard but rather industry representative bodies. Conflating these roles is not conducive to good regulation.

Amendments to meet contemporary animal welfare and community expectations

- **No refusal of pain relief**

In the consultation paper, the method for modernising the regulatory settings is described as "by providing clarity and certainty for industry and meet contemporary animal welfare and community expectations."

To meet contemporary animal welfare standards and community expectations it is critical to make very explicit a veterinarian's responsibility under clause 3 of Schedule 2 of the Veterinary Practitioner's Code of Professional Conduct.

The clause states that a veterinary practitioner must not refuse to provide relief of pain or suffering to an animal that is in his or her presence. The intent of the clause is unambiguous, there are no grounds for refusing the basic function of relieving an animal's suffering. That is by performing euthanasia to end the animal's suffering. As the practice of veterinary science ordinarily involves the exchange of services for fees, there would be no requirement for the inclusion of this clause if it was not intended that the absence of payment should not be a barrier to performing this basic act to end suffering.

The detail of subclause 3(2) further supports an interpretation that vets must not refuse to relieve suffering, by limiting the extent of required interventions to those that are reasonable in circumstances where compensation may not be available. While referral to another veterinary practice is one of the options available to discharge one's obligations this must be considered in reference to the term "as appropriate" within the clause.

The reference to "as appropriate" in the conclusion to cl3(2) has work to do in interpreting the veterinarian's obligations above. Read in conjunction with the section 3 objects to the *Veterinary Practice Act 2003* (NSW) which requires the promotion of the welfare of animals, and the standard of practitioners meeting the public interest in acceptable professional conduct, it is conceivable that the legislation intended to prevent circumstances where animals had no options available for humane destruction when required.

RSPCA NSW is aware of several instances where veterinarians have refused to euthanise a suffering animal presented to them because the person was not able to provide immediate payment. This does not meet community expectations, nor does it meet contemporary animal welfare standards.

If a person presents with a suffering animal that requires euthanasia, particularly where the person in charge of the animal requests this procedure, it should be made clear to veterinarians that this is a requirement for meeting their professional obligations.

There is both in its terms, and its order for consideration under the Code of Professional Conduct, a primacy to the obligation for veterinary practitioners to conduct themselves with "a primary concern for the welfare of animals" (cl1a).

RSPCA NSW does not refute the unfair burden on veterinarians attempting to conduct financially viable businesses while faced with these circumstances. It is not the profession's responsibility to solve the veterinary access issue, but it is an issue that will require some effort from all stakeholders to address, and will benefit all stakeholders if there is collaboration, as discussed in the American Animal Hospital Association Community Care Guidelines for Small Animal Practice [6]. RSPCA NSW expects that charities should also be part of the solution, having contributed almost $1million annually to the payment of people's veterinary bills, including those at private practices.

The ethical obligation to render emergency assistance is not unique to veterinarians with doctors also expected to not refuse to assist in an emergency without an expectation of payment.

As veterinary burn-out has been linked to facing circumstances where animals are suffering and financial constraints exist, providing clarity on a vet's obligations to not refuse pain relief (or euthanasia) may well alleviate some the moral distress that exists when there is ambiguity.

- **Recognition of contextualised care**

Consumers of veterinary services have a reasonable expectation that the advice and options provided to them will be responsive to their circumstances and those of their animal. The animal's welfare may well depend on the veterinarian gaining a complete understanding of what is within the capacity of the client and the animal.

Recognising contextualised care within the Veterinary Practitioners' Code of Professional Conduct (Code) would reflect the realities of veterinary decision-making and the importance of flexible approaches, where clinical recommendations must often be tailored to an animal's circumstances, the client's capacity, and broader welfare considerations.

Contextualised care provides proportionate and transparent care that balances animal welfare, client constraints, and professional judgement. Whilst RSPCA NSW acknowledges that the Board has published advice to the profession about this concept in BoardTalk, explicitly incorporating a Code requirement to give regard to the principles of contextualised care would provide regulatory clarity and reassurance to veterinarians that reasonable, well-documented departures from gold-standard treatment pathways would not be considered inappropriate by the Board (when undertaken with good judgement, in good faith and with informed consent).

In doing so, this would support consistency with contemporary animal welfare frameworks, reduce moral distress among practitioners, and foster a regulatory environment that encourages pragmatic, compassionate, and accessible care without fear of disciplinary action by the Board.

5a. Do you support streamlining the registration categories for veterinarians in line with other jurisdictions? What issues should be considered?

Yes, RSPCA supports reducing registration categories for vets. The categories must not present a risk to animal welfare by permitting veterinary practice where qualifications, currency or oversight is not assured.

5b. Do you support extending the code of conduct framework to all registered persons and licence holders of veterinary premises?

Yes.

5c. In establishing a contemporary fees and charges framework, what safeguards or considerations should be included to ensure the framework remains fair, proportionate and sustainable?

RSPCA NSW does not provide a view on fees and charges.

References

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