



**Veterinary Council
of Ireland**

**Code of
Professional
Conduct for
Veterinary
Practitioners**

Contents

Introduction	6
Glossary	7
Chapters of the Code of Professional Conduct	10
Chapter 1 - Professionalism	11
Declaration	11
Professional Virtues	11
Demonstrating Professionalism	11
Behaviour	12
Wellness and Concerns about Colleagues	12
Teaching, Mentoring and Facilitating Professional Development	12
Veterinary Practitioners in Education, Research, Regulation, Government and Industry	12
Legislation and Standards	13
Conduct of Non-Registered Staff in Veterinary Practices	13
Conflicts of Interest	13
Preventing and Addressing Adverse Events	13
Professional Indemnity Insurance	13
Professional Misconduct	13
Chapter 2 - Competent and Appropriate Veterinary Care	14
Animals Under Veterinary Care	14
Competence	17
Continuing Veterinary Education	17
Resources and Equipment	17
Clinical Governance	17
Control of Veterinary Clinical Matters	18
Giving Advice about Preventing, Managing and Treating Conditions	18
Complementary and Alternative Therapies	18
Telemedicine	19
Delegating to Veterinary Nurses	19
Maintenance and Monitoring of Anaesthesia	20
Delegating to Students of Veterinary Medicine and Veterinary Nursing	20
Delegating to Non-Registered Staff	20
Offence to Employ a Non-Registered Person to Practise Veterinary Medicine	20
Closing Down a Practice Premises	20

Chapter 3- Animal Health and Welfare	21
Advocacy	21
Special Responsibility of Veterinary Practitioner for Animal Welfare	21
24-Hour Emergency Cover	21
Guidance to Co-workers and Clients Regarding Relevant Animal Welfare Standards	22
Handling and Management of Animals	22
Welfare Implications of Treatments and Procedures	22
Analgesia and Anaesthesia for Procedures	23
Advanced Treatments/Procedures	23
Chronic Cases and Prolonged Care	23
Responsible Research and Teaching Involving Animals	23
Management of Breeding Animals	24
Hereditary Diseases and Breed-Related Disorders	24
Mutilations	24
Euthanasia	25
Animal Slaughter and Humane Culling	26
Acutely Injured Animals on Farm	26
Suspected Cases of Animal Cruelty and Compromised Animal Welfare	26
Lost or Stray Domestic Small Animals	28
Trap, Neuter and Return of Feral and Stray Cats	28
Wildlife	28
Chapter 4- Protection of Society	30
One Health	30
One Welfare	31
Educating Animal Owners about their Responsibilities to Society	31
Reporting Issues of Concern	31
Firearms, Controlled Drugs, Ionising Radiation, and Waste Disposal	32
Illegally Imported Animals	33

Chapter 5 - Responsible Use of Medicinal Products in Animals	34
Conditions of Use	34
Prudent Prescribing and Dispensing	34
Content of Veterinary Prescription	36
Maintain Up-to-date Knowledge on Current Best Practice	36
Appropriate Storage, Security and Disposal of Medicinal Products	36
Records of Medicinal Product Transactions	37
Advice to Clients on Administration, Storage and Disposal of Medicinal Products	37
Reporting Adverse Events or Reduced Efficacy	37
Reporting Prescription Misuse	38
Use of the 'Cascade'	38
Use of Medicinal Products in Animals Used in Competition	39
Antimicrobials and Antiparasitics	39
Controlled Drugs	39
Cytotoxic Drugs	40
Chapter 6 - Respect, Fairness, and Cooperation	41
Respect and Fairness	41
Speaking or Writing about Other Veterinary Professionals	42
Professional Co-operation	42
Second Opinions Requested by an Attending Veterinary Practitioner	42
Second Opinions Sought by a Client Independent of the Attending Veterinary Practitioner	43
Taking Over a Colleague's Case	44
Chapter 7 - Communication, Confidentiality, and Consent	45
Communication	45
Confidentiality	46
Exceptions to the Requirement for Confidentiality	46
Presenting Evidence in Court	46
Doubts About Ownership of Animals	46
Client and Clinical Records	47
Informed Consent	47
Practice Premises Information	48
Fees and Estimates	48
Complaints	48
Marketing	48
Websites	48
Social Media	49

Chapter 8 - Integrity of Veterinary Certification	50
Definition of Veterinary Certificate	50
The 11 Principles of Veterinary Certification	50
Electronic Certification and Signatures	52
Specific Instances of Certification	52
Appendices	53
Appendix I: Relevant Legislation and Standards	53
Appendix II: Guidance Note: The Role and Scope of Practice of the Veterinary Nurse	59
Appendix III: Statement on Elective Reproductive Surgery	101
Appendix IV: One Welfare Guidance Note: Child Abuse, Domestic Violence and Mental Health	102
Appendix V: Guidance for Registrants: Mastitis Control	104
Appendix VI: Guidance for Registrants: Antiparasitic Veterinary Medicinal Products	106
Appendix VII: Guidance on Specific Instances of Certification	108
Appendix VIII: Veterinary Council of Ireland Continuing Veterinary Education for Veterinary Practitioners Regulations 2020	110
Appendix IX: Veterinary Council of Ireland Indemnity Insurance Regulations 2020	124



Introduction

The primary concern of veterinary practitioners is animal health and welfare.

From the inception of their profession in 1761 to modern times, veterinary practitioners have come to be regarded as highly educated animal health professionals and have developed skills that are now integral to promoting and safeguarding animal, human and environmental health and welfare within the One Health and One Welfare approach.

Due to their knowledge and training, as well as the public importance of their work, veterinary practitioners occupy a trusted, privileged position in society. Such privilege brings its own responsibilities, including higher and more demanding standards than are demanded by law or than could be expected from non-registrants. Therefore, it is necessary that veterinary practitioners be regulated as a profession and comply with professional rules.

Veterinary practitioners have been regulated by the VCI since 1931. The production and updating of this Code of Professional Conduct is a mandatory function of the VCI, the statutory body established under the Veterinary Practice Act to regulate the practice of veterinary medicine and nursing.

This Code updates the standards of professional conduct that all veterinary practitioners must meet, regardless of their area of veterinary practice. The Code itself is binding on all veterinary practitioners. In addition, guidance relating to a number of specific areas of the Code is included in the Appendices and is there to assist veterinary practitioners.

This Code recognises the diversity of veterinary sectors, occupations and specialties in addition to the traditional delivery of a clinical veterinary service to members of the animal-owning public. Such roles include environmental protection, biodiversity conservation, research, education, food safety, public safety, local and national government, sport, the pharmaceutical industry, and health product regulation.

The ever-increasing challenges and pressures of professional practice as a veterinary practitioner is acknowledged. Veterinary practitioners encounter more stresses and demands than most other professions. Above all, veterinary practitioners must at all times be mindful that they must follow and adhere to this Code of Professional Conduct for the benefit of the animals they care for, their clients, themselves, their colleagues, and the public.

In this Code the word 'must' is used where there is an absolute duty on a veterinary practitioner to comply with the standard that follows. The word 'should' is used to describe best practice in most circumstances, accepting that it may not always be practical to comply with the standard or that another approach may be appropriate in certain circumstances. Veterinary practitioners must exercise sound professional judgment in such cases. In some parts of this Code, for convenience, links to webpages which may be of assistance have been provided. However, these webpages may not always necessarily provide the relevant up-to-date position. Therefore, veterinary practitioners should keep themselves abreast of any related developments that are relevant to their area of practice.

Glossary

Animal abuse/cruelty/mistreatment: This refers to any act or omission that causes unnecessary suffering to or endangers the health or welfare of an animal. It also encompasses neglect or recklessness regarding the health or welfare of an animal.

Animal Keeper: Any natural person responsible for animals whether on a permanent or temporary basis.

Animal Owner: A person who owns at least one animal. Animals may be owned privately such as companion animals, or commercially such as farm animals, competition animals or animals in breeding establishments.

Animal welfare: This refers to how an animal is coping with the conditions in which they live. An animal is in a good state of welfare if (as indicated by scientific evidence) they are healthy, comfortable, well nourished, safe, able to express innate behaviour and are not suffering from unpleasant states such as pain, fear, and distress.

Cascade: A mechanism provided for in legislation designed to deal with situations where there is no authorised product to treat a particular condition in an animal.

Certificate of Suitability (COS): The official certificate which confirms that the premises is registered with the VCI under its mandatory Premises Accreditation Scheme ("PAS") in accordance with section 109 of the Veterinary Practice Act. The COS identifies the classification of premises to which the Certificate applies, period of its validity and the name of the Certificate Holder. The COS holder is the registered person (a person registered under Part 4 or Part 8 of the Act), to whom the COS is granted. The COS holder is the VCI's point of contact in respect of the PAS.

Client: The owner or designated keeper of the animal.

Client-Patient-Practice Relationship (CPPR): An agreement between an animal owner (or designated keeper) and a veterinary practitioner(s) within a veterinary practice to provide veterinary services that demonstrate real and ongoing clinical veterinary practitioner/animal contact.

Continuing Veterinary Education (CVE): Any further education or training which is intended to further develop or to refresh a registrant's professional knowledge, skills and abilities in relation to their practice of veterinary medicine or veterinary nursing.

Kept Animal: This refers to an animal:

- (a) kept for farming, recreational, domestic or sporting purposes in the State,
- (b) when it is in the possession or under the control of a human being whether permanently or on a temporary basis, or
- (c) that is not living in a wild state

Medicinal Product: This refers to:

- (i) Any substance or combination of substances presented as having properties for treating or preventing disease in animals and/or human beings; or
- (ii) Any substance or combination of substances which may be used in or administered to animals and/or human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.
- (iii) Any substance or combination of substances whose purpose is to be used for euthanasia of animals.

Must: This word is used where there is an absolute duty on a veterinary practitioner to comply with the standard that follows.

One Health: An approach that recognises that the health of people is closely connected to the health of animals and our shared environment. It aims to unite veterinary practitioners, veterinary nurses, physicians and other science, health and environmental professionals, as well as farmers and/or custodians of the land, in a collaborative effort.

One Welfare: An extension of the One Health approach that recognises the interconnection between animal welfare, human wellbeing, and the environment.

Patient: The animal.

POM: Prescription Only Medicine.

Practice of Veterinary Medicine: Any act or function as set out in section 53 of the Veterinary Practice Act.

Practice of Veterinary Nursing: Any act or function as set out in section 91 of the Veterinary Practice Act.

Premises Accreditation Scheme (PAS): A mandatory scheme introduced to regulate veterinary premises in the State in accordance with Part 9 of the Veterinary Practice Act. Under the PAS, all veterinary premises in the State must be registered and certified by the Veterinary Council. Through the PAS, the VCI regulates and maintains standards of veterinary premises in the State in the public interest by carrying out premises inspections and by requiring registered veterinary practitioners and registered veterinary nurses to comply with the requirements of the Scheme in their day-to-day practice.

Reasonable: Rational, appropriate and in accordance with accepted standards of conduct, given the circumstances of the case.

Registered Person/ Registrant: A person registered under Part 4 or Part 8 of the Veterinary Practice Amendment Act.

Should: This word is used to describe best practice in most circumstances, accepting that it may not always be practical to comply with the standard or that another approach may be appropriate in certain circumstances. Veterinary practitioners must exercise sound professional judgment in such cases.

SPC: Summary of Product Characteristics. This is a document which describes the properties and the officially approved conditions of use of a medicine.

VCI: The Veterinary Council of Ireland.

Veterinary Nurse: A person whose name is entered and maintained on any part of the Register of Veterinary Nurses maintained by the Veterinary Council of Ireland pursuant to Part 8 of the Veterinary Practice Act.

Veterinary Practice Act: The Veterinary Practice Act 2005, as amended by the Veterinary Practice (Amendment) Act 2012.

Veterinary Practice Premises: A premises, which has been granted a Certificate of Suitability by the VCI, where the practice of veterinary medicine takes place at and/or from.

Veterinary Practitioner: A person whose name is entered and maintained on any part of the Register of Veterinary Practitioners maintained by the Veterinary Council of Ireland pursuant to Part 4 of the Veterinary Practice Act.

Attending Veterinary Practitioner:

A veterinary practitioner (or group of veterinary practitioners) who has been given responsibility for the primary care of a patient/herd/flock by the animal owner (or designated keeper). A client-patient-practice relationship (CPPR) is established.

Consulting Veterinary Practitioner:

A veterinary practitioner (or group of veterinary practitioners) who agrees to advise an attending veterinary practitioner on the care and management of a case/herd/flock. In this situation, the professional relationship is entirely between the consultant veterinary practitioner and the attending veterinary practitioner, with the consulting veterinary practitioner providing the attending veterinary practitioner with advice and guidance without referring the case. Therefore, the CPPR remains the responsibility of the attending veterinary practitioner.

Referral Veterinary Practitioner:

A veterinary practitioner (or group of veterinary practitioners) who agrees to provide requested veterinary services on foot of a referral from an attending veterinary practitioner. Referral involves the transfer of responsibility of diagnosis and treatment of a particular case from the attending veterinary practitioner to the referral veterinary practitioner with the expectation that the animal will subsequently be returned to the care of the attending veterinary practitioner. A new CPPR is established.

Superseding Attending Veterinary Practitioner:

A veterinary practitioner (or group of veterinary practitioners) who has taken over responsibility for the primary care of a patient/herd/flock from the previous attending veterinary practitioner on foot of a request from the animal owner (or designated keeper). A new CPPR is established and the CPPR involving the previous attending veterinary practitioner is terminated.

Veterinary Specialist:

A veterinary practitioner who is on the VCI's Register of Veterinary Specialists.

Chapters of the Code of Professional Conduct

The Code has been structured around 8 chapters based on the values at the core of the profession. These values for veterinary practitioners are:

1 *Maintaining public trust and confidence in the veterinary professions by acting with integrity in all professional interactions*

2 *Providing competent and appropriate veterinary care*

3 *Enhancing animal health and welfare*

4 *Promoting measures to protect public health and safety, animal health and welfare in society, the environment, and food supply*

5 *Acting prudently to ensure the responsible use of medicinal products in animals*

6 *Demonstrating respect, fairness and co-operation towards clients, colleagues and society*

7 *Communicating effectively with clients, colleagues, team members and the public, recognising their wishes, ensuring adequate consent, and protecting confidentiality*

8 *Upholding the integrity of veterinary certification*



Chapter 1:

Professionalism

“Maintaining public trust and confidence in the veterinary professions by acting with integrity in all professional interactions”

Declaration

In order to be admitted to the Register of Veterinary Practitioners of Ireland, veterinary practitioners must make the following declaration:

“I solemnly and sincerely declare that I will, to the best of my ability, uphold the honour, dignity and integrity of the veterinary professions, that I will promote the welfare of animals entrusted to my care and that I will abide by the rulings of the Veterinary Council.”

Professional Virtues

Veterinary practitioners must act with compassion, discernment, trustworthiness, integrity and conscientiousness in all professional interactions so that the public can have trust and confidence in the veterinary professions. It is of fundamental importance that people are able to trust that veterinary practitioners will carry out their role in a way that reflects the values of the veterinary professions.

Demonstrating Professionalism

For veterinary practitioners, the demonstration of professionalism is evidenced by the fulfilling of their legal and ethical¹ obligations to the animals under their care, their clients, their colleagues, and society.

¹ Principles governed by individual or legal, professional and social norms

Where these obligations are in conflict, it is the responsibility of veterinary practitioners to balance their obligations, having regard firstly to animal welfare and behaving in a way that would be regarded as reasonable in the light of current scientific knowledge. All veterinary practitioners must visibly endeavour to achieve optimal outcomes for animals, clients, colleagues and society in all of their professional interactions.

In all cases they must not act in their own personal interest to the detriment of, nor bow to external influences that would compromise, animal health or welfare, or public health.

Behaviour

The veterinary professions' position in society, their honour and dignity are all dependent on the behaviour of each veterinary registrant within their sphere of veterinary activity. Veterinary practitioners should be role models within their profession and make a positive contribution to their communities and society in general.

Wellness and Concerns about Colleagues

Veterinary practitioners should take reasonable steps to maintain their personal health and wellbeing. Where possible, they should recognise when they are not well enough to fulfil their professional responsibilities and ensure that they do not cause harm. They should seek and follow medical or any other appropriate advice promptly when they have signs of ill health of any kind.

Veterinary practitioners should recognise that their stress levels can be affected by many factors in both their professional and personal lives and they should try to find appropriate coping strategies. The VCI has published a SAFEVET SMART Handbook which has useful information about health, wellbeing and resilience for veterinary practitioners.

If veterinary practitioners have concerns about a colleague's health or professional competence, they must take reasonable steps to ensure that animals are not put at risk and that the interests of the public are protected.

Teaching, Mentoring and Facilitating Professional Development

Veterinary practitioners should contribute to the formal or informal teaching, training and support for veterinary students and other veterinary professionals who have commenced working in a new role as this is vital to the future provision of veterinary care. Veterinary practitioners who have commenced working in a new role should seek induction training to enable them to properly carry out their functions in that role.

Newly qualified veterinary practitioners, veterinary practitioners returning to work after a career break and veterinary practitioners commencing work in a new and different area of practice require special support for a period of time in their new job. It is important that these veterinary practitioners are facilitated and supported so that they can develop further their day 1 graduation competences in a structured and progressive manner. They should look for and accept the support offered in a meaningful way, engage fully with any support and mentoring processes that are available and be aware of the limitations and boundaries of these processes and schemes.

Experienced veterinary practitioners should encourage the continual improvement of the professional knowledge of all veterinary practitioners and veterinary nurses that are managed by them and must ensure that they are given ample opportunity to partake in Continuing Veterinary Education (CVE) and to obtain their mandatory CVE points as necessary.

Experienced veterinary practitioners should also encourage and make reasonable efforts to facilitate the professional development of all non-registered staff that are managed by them.

Experienced veterinary practitioners should promote a culture amongst the staff of sharing relevant knowledge, skills and expertise and feeding back on useful information learned from CVE and other professional development courses.

Veterinary Practitioners in Education, Research, Regulation, Government and Industry

Veterinary practitioners who are involved in education, research, regulation, government and industry can have a particularly pivotal influence on the health and welfare of animals and people, extending to global food security and trade. Such veterinary practitioners should ensure that the outcomes of such influence are risk assessed to ensure that the benefits of the actions outweigh the risks.

Veterinary practitioners employed in or advising non-registered persons, bodies or committees are obliged to comply with the Code of Professional Conduct regardless of their obligation to these entities. Veterinary practitioners have a responsibility to advise these entities on all professional matters, including ethics.

Legislation and Standards

Veterinary practitioners should familiarise themselves with the requirements of legislation and standards that are relevant to their area of practice. In order to assist veterinary practitioners in this regard, a list of relevant legislation and standards can be found in [Appendix I](#) of this Code. This non-exhaustive list was compiled in 2021. Veterinary practitioners should keep themselves abreast of any amendments to or updating of the legislation and standards that are relevant to their area of practice.

Conduct of Non-Registered Staff in Veterinary Practices

A veterinary practitioner should, as far as is reasonably possible, ensure that non-registered staff do not do anything that might compromise that veterinary practitioner's obligations under this Code of Professional Conduct. Particular attention should be paid to staff role descriptions, training and familiarity with practice protocols.

Conflicts of Interest

Veterinary practitioners must recognise, declare and resolve conflicts between their own interests and those of others, in order to clearly show that they are acting with impartiality and independence. A conflict of interest exists when the actual, potential or perceived interest of a veterinary practitioner may undermine the impartiality or perception of impartiality of that veterinary practitioner. If a veterinary practitioner becomes aware of the existence of a conflict of interest, they should promptly explain the situation to anyone who may be affected and obtain their informed consent to proceed, provided that, in the veterinary practitioner's professional judgement it is appropriate. They should document the decision-making process of any situation where a possible conflict of interest is identified.

Veterinary practitioners must not ask for, or accept, gifts or inducements that may affect or be perceived to affect their professional judgment.

If a veterinary practitioner is involved in any way in promoting or endorsing specific products or services that are applicable to animals, they must declare any beneficial gain that might accrue to them as a result.

Preventing and Addressing Adverse Events

Veterinary practitioners must take reasonable steps to prevent harm to both the animals under their care, and to society. If an adverse event occurs that causes or has the potential to cause serious harm, they must inform the client, explain how it happened, investigate the cause of the event and take appropriate measures to prevent recurrence.

Veterinary practitioners should satisfy themselves that all practice management procedures support a high standard of veterinary care. They must raise any safety concerns they have with an appropriate person or line of authority and help to find solutions.

Professional Indemnity Insurance

It is a legal requirement for any person who is registered on the Register of Veterinary Practitioners and practises as such, to be covered by a policy of professional indemnity insurance which provides appropriate cover. 'Appropriate cover' means a level of professional indemnity insurance cover against liabilities that may be incurred arising from the practice of veterinary medicine, taking into account the nature and extent of the risks associated with the practice, that is sufficient to meet all liabilities that may be incurred if a successful claim is made.

Professional Misconduct

Section 76(10) of the Veterinary Practice Act defines professional misconduct in relation to a registered person as any act, omission or pattern of conduct that:

- (a) is connected with the practice of veterinary medicine or veterinary nursing and represents a serious falling short of the standard that could reasonably be expected of a registered person,
- (b) is infamous or disgraceful in a professional respect (notwithstanding that, if the same or like act, omission or pattern of conduct were committed by a member of another profession it would not be professional misconduct in respect of that profession), or
- (c) involves fraud or dishonesty of a nature or degree which bears on the carrying on of the profession of a registered person.

Irrespective of their area of practice, any conduct by a veterinary practitioner that is contrary to this Code may constitute professional misconduct and may lead to the imposition of a sanction by the VCI in the event of allegations being proven.



Chapter 2:

Competent and Appropriate Veterinary Care

“Providing competent and appropriate veterinary care”

Animals Under Veterinary Care

Animal owners are the primary custodians of all aspects of animal management, welfare and health. They should have confidence that all veterinary care they procure for their animal(s) addresses the needs of their animals' welfare, their own requirements as clients, and also protects public health. Veterinary Practitioners must have a threshold of knowledge of the animal(s), their history and environment to enable the safe and informed delivery of treatment and care, in the interests of animal health and welfare, and public health.

Definitions

- (1) **Animal Owner/Keeper:** An animal owner is a person who owns at least one animal. Animals may be owned privately such as companion animals, or commercially such as farm animals, competition animals or animals in breeding establishments. An owner may delegate responsibility for their animal(s) to an authorised person, who may also be called a designated keeper.
- (2) **Client-Patient-Practice Relationship (CPPR):** An agreement between an animal owner (or designated keeper) and a veterinary practitioner(s) within a veterinary practice to provide veterinary services that demonstrate real and ongoing clinical veterinary practitioner/animal contact.

- (3) **Veterinary Practice Premises:** A premises, which has been granted a Certificate of Suitability by the VCI, where the practice of veterinary medicine takes place at and/or from.
- (4) **Attending Veterinary Practitioner:** A veterinary practitioner (or group of veterinary practitioners) who has been given responsibility for the primary care of a patient/herd/flock by the animal owner (or designated keeper). A client-patient-practice relationship (CPPR) is established.
- (5) **Consulting Veterinary Practitioner:** A veterinary practitioner (or group of veterinary practitioners) who agrees to advise an attending veterinary practitioner on the care and management of a case/herd/flock. In this situation, the professional relationship is entirely between the consultant veterinary practitioner and the attending veterinary practitioner, with the consulting veterinary practitioner providing the attending veterinary practitioner with advice and guidance without referring the case. Therefore, the CPPR remains the responsibility of the attending veterinary practitioner.
- (6) **Referral Veterinary Practitioner:** A veterinary practitioner (or group of veterinary practitioners) who agrees to provide requested veterinary services on foot of a referral from an attending veterinary practitioner. Referral involves the transfer of responsibility of diagnosis and treatment of a particular case from the attending veterinary practitioner to the referral veterinary practitioner with the expectation that the animal will subsequently be returned to the care of the attending veterinary practitioner. A new CPPR is established.
- (7) **Superseding Attending Veterinary Practitioner:** A veterinary practitioner (or group of veterinary practitioners) who has taken over responsibility for the primary care of a patient/herd/flock from the previous attending veterinary practitioner on foot of a request from the animal owner (or designated keeper). A new CPPR is established and the CPPR involving the previous attending veterinary practitioner is terminated.

Attending Veterinary Practitioner

The VCI considers animals to be ‘under veterinary care’ where the veterinary care of an animal has been entrusted by the owner (or designated keeper) to a veterinary practitioner (or group of veterinary practitioners) (also called the “attending veterinary practitioner”) providing a primary veterinary service to the animal, herd or flock. Once this care has been entrusted, a client-patient-practice relationship (CPPR) is established. The attending veterinary practitioner/practice must be able to provide verifiable records of direct clinical contact with the animals within the CPPR as defined by the VCI.

When appropriate, attending veterinary practitioners are encouraged to seek assistance in the form of consultations and referrals. A decision to consult or refer is made jointly by the attending veterinary practitioner and the client.

(Guidance in respect of the relationships between attending, consulting, referral and superseding veterinary practitioners and their respective responsibilities can be found in [Chapter 6](#).)

Client-Patient-Practice Relationship (CPPR)

Save in an emergency situation, all animals ‘under veterinary care’ must fall within a CPPR. There may be more than one CPPR in existence at the same time in relation to any animal. A veterinary practitioner may carry out acts of veterinary medicine on animals only where the CPPR fulfils the following conditions:

- (1) The veterinary practitioner (or another veterinary practitioner of the group veterinary practice of which they are a member) has been given responsibility for the professional veterinary care of the animal(s), herd or flock by the owner (or designated keeper) following a clinical examination of the individual animal or animals.
- (2) The veterinary practitioner (or another veterinary practitioner of the group veterinary practice of which they are a member) is readily available for follow up consultation, monitoring of the condition and evaluation of the therapy.
- (3) The veterinary practitioner (or another veterinary practitioner of the group veterinary practice of which they are a member) is also available to respond to requests to provide urgent services of veterinary medicine and surgery and clinical procedures on the animal (or for a herd or flock), including the provision of an emergency after hours clinical service relating to the treatment provided.

- (4) The practice has access to veterinary opinion outside its own area of expertise should it be deemed necessary by the practice or at the request of the owner (or designated keeper).
- (5) Prior to performing an act of veterinary medicine, a veterinary practitioner (or another veterinary practitioner of the group veterinary practice of which they are a member) must have sufficient knowledge of the animal(s), herd or flock in question to form an opinion of the current health, welfare and disease status of the animal(s). Such knowledge and opinion must be based on on-going direct clinical contact. Ancillary test results, record analysis and epidemiological investigations may be used to augment clinical contact.
- (6) The records kept by the veterinary practitioner must make it evident that the professional veterinary responsibility for the animal(s), herd or flock in question is real and not merely nominal. Such records must demonstrate appropriate direct clinical contact and document any treatments prescribed for the animal(s).
- (7) Irrespective of the legal route of supply, the use and prescribing of all medicinal products by veterinary practitioners should demonstrate prudent practice, which is evidenced in the clinical records, in the interests of animal health, welfare and public health. What constitutes prudent prescribing practice can vary depending on the medicinal product, the species, the number of animals and the environment in which they are treated. Veterinary practitioners should be mindful of the privilege extended to them and the legal requirements that they must comply with where 'Prescription only Medicines' animal remedies are concerned.

Referral and newly appointed attending veterinary practitioners must carry out a clinical examination of animal(s) immediately prior to advising on or prescribing a medicinal product to an animal owner (or designated keeper).

Only attending veterinary practitioners, acting within a pre-existing CPPR, may deviate from the requirement of an immediate clinical examination prior to prescribing any treatment, including medicinal products.

In such circumstances, the duration between the direct clinical examination of animal(s) and the prescribing of a medicinal product must be appropriate to the case and the veterinary practitioner must ensure that they have sufficient clinical knowledge of the animal(s)' current health status in order to prescribe accurately.

In light of the risk to public health from antimicrobial resistance, veterinary practitioners must be able to justify all prescribing of antimicrobial medicinal products.

In all instances, the VCI reserves the right to decide whether specific instances or patterns of prescribing/supplying medicinal products is prudent based on the scientific assessment of the risks to animal health & welfare and public health. (Further guidance on medicinal products is given in [Chapter 5](#).)

- (8) The client may terminate the CPPR at any time. The practice may terminate the CPPR with notice and where animal welfare is not compromised. Such notice should be given in writing, by way of recorded delivery, and a copy of the communication should be kept.
- (9) Veterinary practitioners are not expected to engage with abusive or threatening clients. This may include immediate termination of the CPPR.
- (10) Where a client terminates a CPPR with one practice and engages another practice then a new CPPR is established as described in 1 above, in which case, the clinical records of the patient/s must be transferred.
- (11) Where a referral is sought by the primary practice, a new CPPR is established only for the animals that are clinically examined. The referral practice must notify the primary practice of all procedures and treatments on such animals promptly.
- (12) Where a practice provides a veterinary service that is limited in the range of service offered, then the CPPR only exists for an animal that has been clinically examined immediately prior to the provision of any veterinary treatment or procedure being carried out. Such a practice shall be obliged to have a prior arrangement in place to coordinate its service with the practice with whom the CPPR described in 1 above has been established.

Competence

All work performed by veterinary practitioners must be of a standard of competence that is acceptable to their peers. They must use due care and diligence and should, as far as is reasonable, base their practice on evidence.

Veterinary practitioners must possess the following knowledge and skills:

- (a) adequate knowledge of the sciences on which the activities of a veterinary practitioner are based and of the law relating to those activities;
- (b) adequate knowledge of the structure, functions, behaviour and physiological needs of animals, as well as the skills and competences needed for their husbandry, feeding, welfare, reproduction and hygiene in general;
- (c) the clinical, epidemiological and analytical skills and competences required for the prevention, diagnosis and treatment of the diseases of animals, including anaesthesia, aseptic surgery and painless death, whether considered individually or in groups, including specific knowledge of the diseases which may be transmitted to humans;
- (d) adequate knowledge, skills and competences for preventive medicine, including competences related to disease investigation and adequate knowledge of the principles underlying veterinary certification related to animal health and welfare, the environment and veterinary public health;
- (e) adequate knowledge of the hygiene and technology involved in the production, manufacture and putting into circulation of animal feedstuffs or foodstuffs of animal origin intended for human consumption, including the skills and competences required to understand and explain good practice in this regard;
- (f) the knowledge, skills and competences required for the responsible use of veterinary medicinal products, in order to treat the animals and to ensure the safety of the food chain and the protection of the environment.

Beyond first aid, veterinary practitioners should only provide veterinary services in respect of those areas of practice where they possess adequate knowledge, skills, competence and resources.

Continuing Veterinary Education

Veterinary practitioners must maintain and enhance their knowledge and skills relating to veterinary medicine and ensure that they keep abreast of developments in their field of practice and of relevant guidelines on best practice.

Veterinary practitioners must participate regularly in Continuing Veterinary Education (CVE) and ensure that they comply with the requirements set out in current CVE Regulations.

Resources and Equipment

Veterinary practitioners who are Certificate of Suitability holders should ensure that all relevant equipment, technology and resources as set out in the Premises Accreditation Scheme Regulations and Standards Document are available at their veterinary practice. Veterinary practitioners must ensure that they are competent in the use of such resources.

Clinical Governance

Veterinary practitioners should ensure that clinical governance forms part of their professional activities. Clinical governance is a continuing process of reflection, analysis and improvement in professional practice for the benefit of the animal patient and the client owner. It encompasses the areas of animal safety, clinical effectiveness and animal and client experience. An approach to clinical governance would include, where appropriate:

- Holding regular practice meetings to discuss clinical outcomes of cases
- Procedures for drafting and agreeing practice protocols
- Procedures for reviewing significant events
- Procedures for conducting clinical audits. A clinical audit is the systematic critical analysis of the quality of veterinary care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient
- Procedures for assessing and improving both animal and client experiences of the practice
- Clarifying practice team roles, responsibilities and development



Control of Veterinary Clinical Matters

The provision of veterinary services, the performance of which forms part of the practice of veterinary medicine, must be provided by a registered veterinary practitioner(s) practising veterinary medicine at or from a premises in respect of which there is a Certificate of Suitability granted by the VCI.

The clinical discretion of a veterinary practitioner is paramount and must be exercised independently of the influence of any non-registered person, and in the best interests of animal health and welfare, and public health.

A veterinary practitioner must be satisfied that they retain control over clinical matters. Where a veterinary practitioner consults with a colleague, that veterinary practitioner still retains responsibility for the clinical decisions they make. No veterinary practitioner should influence another veterinary practitioner to act in an unprofessional manner.

Giving Advice about Preventing, Managing and Treating Conditions

Veterinary practitioners in clinical practice should recommend appropriate preventive measures, provide guidance in respect of body condition, and advise on suitable management, and treatment for medical conditions. The primary consideration when giving advice should be the welfare of the animal under care.

Complementary and Alternative Therapies

If a veterinary practitioner wishes to use any form of complementary or alternative therapy as part of a treatment plan, or to refer an animal for such therapy, they may only do so in the context of a pre-existing CPPR, with the benefit of the threshold of knowledge necessary to enable the delivery of informed clinical care to an animal(s). A veterinary practitioner has a responsibility to consider the evidence and be satisfied that, on balance, the therapy is likely to be of benefit to the animal and will not adversely affect its health or welfare. In addition, they have an obligation to monitor the effectiveness of the therapy. If a veterinary practitioner is carrying out the therapy themselves, they must ensure that they are competent in its use. If the veterinary practitioner is referring an animal for such therapy, they must ensure that the person to whom they are referring the animal is appropriately qualified.

Telemedicine

Veterinary telemedicine is the exchange and use of animals' health information through technological platforms between a veterinary practitioner and a recipient (client, veterinary practitioner or other health professional). In the absence of a CPPR, veterinary telemedicine can only be used for triage or for providing generic advice, and not for diagnostic or prescribing purposes.

However, attending veterinary practitioners, acting within a pre-existing CPPR, with the benefit of the threshold of knowledge necessary to enable the delivery of informed clinical care to an animal(s), may use telemedicine in order to diagnose and/or prescribe a treatment plan including the prescription of medicinal products. In such circumstances, a proper veterinary assessment which is based on first-hand knowledge of the historical and current risks to the health of the animal(s) must be carried out. Relevant information includes records of management and health history along with results of ancillary tests, postmortems, epidemiological investigations along with any other information deemed necessary by the attending veterinary practitioner.

The duration between the most recent direct clinical examination of the animal(s) and the diagnosis and/or prescribing using telemedicine must be appropriate to the case and the veterinary practitioner must ensure that they have sufficient knowledge of the animal(s)' current health status in order to diagnose and/or prescribe accurately.

The veterinary practitioner must be in a position to justify any such diagnosis and/or advice/treatments prescribed and, to this end, should ensure that contemporaneous clinical records that demonstrate on-going direct clinical contact with the animal(s) are in existence, together with the ancillary information outlined above, as well as any other information that they deem appropriate.

(See further the section on [Animals Under Veterinary Care](#) in this Chapter and the section on [Prudent Prescribing and Dispensing](#) in Chapter 5.)

Veterinary nurses, acting under the direction of a veterinary practitioner, where there is a pre-existing CPPR, with the benefit of the threshold of knowledge necessary to enable the delivery of informed veterinary nursing care to an animal(s), may, where appropriate, use telemedicine in order to carry out follow-ups and ongoing patient monitoring, as well as nutrition and behaviour consultations.

Delegating to Veterinary Nurses

Section 91 of the Veterinary Practice Act provides that veterinary nurses can carry out the following procedures on an animal, while assisting and in the presence of a veterinary practitioner. These are:

- holding and handling tissue during performance of surgical procedures,
- induction, maintenance and termination of general anaesthesia, including performance of endotracheal intubation,
- assisting at the performance of surgical procedures that are not minor,
- assisting at the performance on an animal of a caesarean section operation or other surgery to assist her to give birth to her young.

The VCI has interpreted 'while assisting and in the presence' to mean that the veterinary practitioner should be physically present while the task is being performed.

Section 91 of the Veterinary Practice Act further provides that veterinary nurses can carry out the following procedures on an animal, under the direction of a veterinary practitioner. These are:

- administration of medication enterically, intraosseously or intravenously,
- catheterisation, surgical treatment of abscesses and ulcers,
- application of external casts and cutaneous suturing,
- the taking of images by x-ray,
- the carrying out of minor medical procedures or minor surgery. 'Minor' relates to a procedure or surgery that does not involve entry beneath the skin, mucosa or into the cornea.

The VCI has interpreted 'under the direction' to mean that the veterinary practitioner instructs the veterinary nurse as to the tasks to be performed but is not necessarily present.

When a veterinary practitioner delegates any of the above procedures to a veterinary nurse, they must be satisfied that the veterinary nurse has sufficient competence and experience to perform the procedure, taking into account the case at hand, and to react appropriately in the event of complications.

The VCI has published a guidance note entitled *The Role and Scope of Practice of the Veterinary Nurse* (see [Appendix II](#) of this Code). Veterinary practitioners should consult this document for further information on the topic.

Maintenance and Monitoring of Anaesthesia

The induction of anaesthesia may be carried out by a veterinary practitioner, or by a veterinary nurse while assisting and in the presence of a veterinary practitioner. The specific quantity of medicine to be administered by a veterinary nurse must be directed by a veterinary practitioner.

The maintenance and monitoring of anaesthesia is the responsibility of a veterinary practitioner. A veterinary nurse may maintain anaesthesia while assisting and in the presence of a veterinary practitioner. The monitoring of an animal during the recovery period is the responsibility of the veterinary practitioner but may be carried out by a veterinary nurse under the direction of the delegating veterinary practitioner.

Delegating to Students of Veterinary Medicine and Veterinary Nursing

When deciding whether to delegate a task to a student veterinary practitioner or student veterinary nurse, a veterinary practitioner must consider how difficult the task is and whether it is appropriate to the knowledge, skill and competence of the student. They must also take into account any risks that might be associated with the task, as well as whether the student understands these risks and has the necessary experience, knowledge, skill and competence to react appropriately if any problem should arise. They must also ensure that students under their supervision are appropriately supervised when carrying out a task.

Delegating to Non-Registered Staff

Veterinary practitioners must neither delegate nor permit any act of veterinary medicine or veterinary nursing to be performed by non-registered staff. There is no specific legal dispensation in the Veterinary Practice Act for a veterinary practitioner to delegate to a non-registered person employed in a veterinary practice. This means that no other person (no matter what their job title in practice may be) has a legal dispensation to undertake delegated medical treatments or minor surgical procedures, irrespective of their training or experience.

Veterinary practitioners must reasonably ensure that any non-registered staff member to whom they delegate a task has the knowledge, skills and competence necessary to undertake that task effectively and efficiently. However, the veterinary practitioner must maintain overall responsibility and give appropriate supervision.

Offence to Employ a Non-Registered Person to Practise Veterinary Medicine

All registrants must be aware that under section 57 of the Veterinary Practice Act it is an offence for a registered person (or an agent or employee acting on their behalf) to employ a person who is not a registered person, to engage in the practice of veterinary medicine on behalf of the registered person.

Closing Down a Practice Premises

A veterinary practitioner who is the Certificate of Suitability holder of a practice premises that is closing down should do the following:

- Notify the VCI.
- Make reasonable efforts, where possible, to notify clients that their practice premises is closing so that the clients have an opportunity to obtain a copy of their records if they choose to do so. This could include placing a notice on the practice's website/social media pages, leaving a pre-recorded message on the practice's answering machine etc. Likewise, provision should be made to respond to requests for other veterinary practitioners to take over the case.
- Ensure that all medicinal products are disposed in accordance with legislation. (See the section on [Appropriate Storage, Security and Disposal of Medicinal Products](#) in Chapter 5 for additional guidance in this regard.)

To ensure continuity of care, veterinary practitioners should ensure that arrangements exist allowing access to clinical records in the event of a practice premises ceasing to trade, or in the event of a veterinary practitioner's incapacity or death.



Chapter 3:

Animal Health and Welfare

“Enhancing animal health and welfare”

Advocacy

Veterinary practitioners must be advocates for the good welfare of animals in a continually evolving society. They must implement existing standards and should also contribute to ensuring continual improvement of those standards. They also have a responsibility to advocate for legislative improvements in the interests of One Health.

Special Responsibility of Veterinary Practitioner for Animal Welfare

Veterinary practitioners have a special responsibility to use their scientific knowledge and skills for the benefit of animal welfare. Veterinary practitioners must always regard animals as sentient beings and treat them in a manner that safeguards their health and welfare.

Veterinary practitioners must take all reasonable steps to relieve an individual animal's pain and suffering. If an animal's condition cannot be adequately treated and is likely to cause unavoidable pain, distress or suffering to the animal, the option of euthanasia should be discussed with the animal's owner (or designated keeper).

24-Hour Emergency Cover

Veterinary practitioners in practice must make proper provision at all times for 24-hour emergency cover for the care of animals that during normal working hours could be considered as being under their care. An emergency, in relation to treatment of an animal, means treatment where the animal is suffering from a condition that requires immediate action or where the failure to act would result in unnecessary suffering to the animal and includes, in appropriate circumstances, euthanasia. A veterinary emergency is considered to exist where a veterinary practitioner has triaged the case and determined that it is an emergency. This triage may take place over the phone, but the veterinary practitioner must have sufficient information to decide that it is or is not an emergency and document the reasons for that decision.

Emergency cover means the provision of, at a minimum, immediate first aid and pain relief with reasonable promptness. It may be organised in co-operation with other veterinary practitioners/practices who are located within a reasonable distance. Particular arrangements should also be made in the case of veterinary practitioners providing specialised services to geographically distant clients, with other veterinary practitioners who are located within a reasonable distance of the clients. Reasonable means rational, appropriate and in accordance with accepted standards of conduct, given the circumstances of the case.

Clients must be made aware of such an arrangement either before or when seeking the assistance of a veterinary practitioner, and information about how to seek emergency treatment should be made readily available to clients.

The referral of emergency cases by any veterinary practitioner or practice to another veterinary practitioner or practice, without the express agreement of the veterinary practitioner or practice that they are being referred to, is unethical.

When providing 24-hour emergency cover, a veterinary practitioner must not unreasonably refuse to provide emergency first aid and pain relief, once safe to do so.

Veterinary practitioners should provide emergency first aid and pain relief as soon as is reasonably possible in the circumstances.

The owner (or designated keeper) of an animal should be prepared to transport or have the animal transported to a veterinary practice to obtain emergency treatment when this would be reasonable in any given set of circumstances.

Where a veterinary practitioner believes that their personal safety might be at risk in conducting house calls, particularly at night, the situation should be explained to the client, the discussion should be documented, and they should be asked to bring the animal to the veterinary practice. In most cases, it is in a companion animal's best interests to be treated at a veterinary practice. If a veterinary practitioner is called out to a farm where handling facilities or conditions are inadequate and potentially dangerous, the veterinary practitioner should raise their concerns with the farmer. If an adequate degree of safety cannot be provided, the work should not commence or continue until a reasonable solution is put in place.

Guidance to Co-workers and Clients Regarding Relevant Animal Welfare Standards

Veterinary practitioners should educate their co-workers about any animal welfare standards and/or legislative provisions that are relevant to their work. Similarly, veterinary practitioners should educate their clients about any animal welfare standards and/or legislative provisions that relate to the animals they own or keep.

Handling and Management of Animals

All veterinary practitioners should educate, inform and influence all categories of animal owners, keepers, and handlers to protect and improve animal welfare.

By their own example, veterinary practitioners should demonstrate to clients and members of the public how to handle animals as gently, quietly and safely as circumstances allow.

To this end, veterinary practitioners should use their best endeavours to eliminate any unnecessary sources of stress during examination and treatment. They should pay close attention to an animal's behaviour, and use responsible, low-stress handling and restraint techniques of proven and functional design.

In the case of wild animals and other animals that are fearful of being handled, veterinary practitioners should only handle or restrain them when it is absolutely necessary and enlist the aid of specialist and/or emergency personnel and services, where appropriate.

Welfare Implications of Treatments and Procedures

Veterinary practitioners must consider the welfare implications of any proposed treatment or procedure involving animals and must act or advise to minimise suffering, including discussing or performing euthanasia where appropriate. (See also the section on [Euthanasia](#) in this chapter.) Likely benefit to the animal should outweigh any likely harm and must transcend personal advantage or monetary gain in decisions concerning therapy, subject to the client's right to make an informed choice regarding the available options.

Veterinary practitioners must act within their area of competence and should not carry out any treatment that is beyond their capacity to perform or provide follow-up veterinary care. They should instead advise the client that the case should be referred to a practice that is in a position to provide adequate care for the animal(s).

Analgesia and Anaesthesia for Procedures

Effective analgesia and / or anaesthesia should be administered to animals undergoing any procedures that are likely to cause pain.

Advanced Treatments/Procedures

Veterinary practitioners, when using novel treatment options, must balance any extension to the length of an animal's life with the risk to a reduction in the quality of that life.

With the exception of certain treatments and procedures which are (a) specifically permitted under legislation and (b) have not expressly been deemed unethical by the VCI, any advanced treatment must meet the following criteria:

- There must not be any already recognised treatment that is likely to cause less harm and suffering while still achieving the intended clinical goal.
- The proposed treatment must be likely to improve the animal's health and quality of life to an animal's satisfaction with their own welfare.
- For all novel treatments, all possible measures must be taken to minimise the potential for harm and suffering.

Chronic Cases and Prolonged Care

If the treatment of an animal is likely to involve prolonged care by the owner (or designated keeper), sufficient guidance should be provided by the veterinary practitioner to that effect. If the provision of the required care is not possible, treatment should not be proceeded with in the interest of animal welfare. Such discussions should be noted on the clinical records.

The responsibility for the communication of this advice rests with the veterinary practitioner who should also ascertain, as far as is possible, whether or not the owner (or designated keeper) of the animal is in a position to provide the required care and pay for the necessary treatment.

Responsible Research and Teaching Involving Animals

Veterinary practitioners involved in using an animal for scientific or educational purposes, which may cause the animal a level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by the introduction of a needle in accordance with good veterinary practice, must ensure that it is conducted observing the terms and conditions of an authorisation issued pursuant to the European Union (Protection of Animals Used for Scientific Purposes) Regulations 2012 (as amended). Veterinary practitioners should note that they must not engage in such use of live animals unless they are properly authorised to do so by the HPRA and there is a project authorisation in place. Prior to applying for authorisation from the HPRA, veterinary practitioners should apply for and obtain ethical approval from their establishment's ethics committee (if relevant).

Veterinary practitioners involved in any use of animals for scientific or educational purposes must promote and adhere to the principles of the 3 Rs – replacement, reduction and refinement. These principles mean:

- Replacement - wherever possible, a person must use a scientifically satisfactory method or testing strategy which does not entail the use of live animals.
- Reduction - the minimum number of animals possible must be used without compromising the objectives of the project.
- Refinement - the breeding, accommodation and care of animals, and the methods used in procedures, must be refined to eliminate or reduce to the minimum any possible pain, suffering, distress or lasting harm to animals.

Veterinary practitioners involved in using an animal for scientific or educational purposes are responsible for providing sound advice to their employees and/ or co-workers and/or students on all relevant animal welfare matters and should endeavour to proactively improve animal welfare standards so that they are in line with best practice. They should also foster a culture of care in terms of demonstrating a caring and respectful attitude towards animals

Veterinary practitioners involved in training and education are required to balance the need to provide the best training for their students against the advantages/disadvantages of substitution of alternatives such as audio-visual aids for the use of live animals.

All education and training techniques involving the use of live animals should be re-appraised at least once a year and the latest alternatives for replacing, reducing and refining the use of animals must be considered to ensure the most appropriate methods are in current use. In order to ensure that all opportunities for replacement are considered before live animals are used in procedures for the purposes of training, a tiered approach to training should be adopted, whereby students acquire appropriate knowledge, skill and competence through the use of non-animal alternatives, such as theory, observation and audio-visual aids, before they progress to using live animals. Where it is necessary and justified to use live animals, only the minimum number required to deliver training should be used.

Clinical investigation is a recognised veterinary practice. However, before proceeding, a veterinary practitioner should consult the HPRA's *Guide to Practices Outside the Scope of Scientific Animal Protection Legislation*. If it is unclear how a research proposal should be classified (i.e. whether it is a project requiring authorisation under the scientific animal protection legislation, or whether it is a clinical trial investigating a veterinary medicine requiring licensing from the HPRA, or neither), then a classification request should be submitted to the HPRA. Veterinary practitioners involved in the conduct of clinical trials on veterinary medicines must ensure that the trial has been granted a clinical trial licence from the HPRA, and is conducted in accordance with the terms and conditions of that licence. All animals, including any animals in control groups, should receive appropriate veterinary care, and animal welfare and avoidance of suffering must always be the primary consideration. There must be a reasonable expectation that any new treatment or procedure employed will have a better outcome than all corresponding standard treatments and procedures.

Management of Breeding Animals

Veterinary practitioners involved in the management of breeding animals have a responsibility to ensure that their health and welfare is not compromised by breeding practices. Veterinary practitioners should also advise clients about the inadvisability of overproduction, inbreeding or breeding from animals with inherited disorders or diseases, physical features that compromise welfare, or unsuitable temperaments.

The VCI has published a statement on Elective Reproductive Surgery. Veterinary practitioners should consult and familiarise themselves with this statement which can be found at [Appendix III](#) of this Code.

Hereditary Diseases and Breed-Related Disorders

Whenever a veterinary practitioner finds an animal to have a disorder or disease that is known to be heritable, or to have a physical feature that compromises welfare, the client should be informed of the fact and the implications for breeding must be discussed. Therapeutic treatments including surgery are permitted, provided that the primary purpose of the operation or treatment is to relieve or prevent pain or discomfort to the animal. However, a veterinary practitioner must not perform any surgical operation or medical treatment on an animal, the primary purpose of which is to conceal its true genetic status and/ or enhance, by deception its value for sale, breeding or showing in competition.

Mutilations

There are certain non-therapeutic procedures which interfere with the sensitive tissue or the bone structure of an animal that are permissible for reasons such as long-term welfare or animal management benefits, control of reproduction or identification purposes. These procedures are listed in regulations made under the Animal Health and Welfare Act 2013. Veterinary practitioners should consult and familiarise themselves with these regulations to ensure that they are acting in compliance with the law when carrying out non-therapeutic procedures. In addition, the Scientific Advisory Committee on Animal Health and Welfare published an opinion in 2015 on painful procedures which are performed on cattle and sheep. Veterinary practitioners who treat these species should consult and familiarise themselves with this opinion, which can be found on the website of the Farm Animal Welfare Advisory Council.

In all other cases, veterinary practitioners must exercise extreme caution regarding any operation or procedure which involves interference with, or the removal of, the sensitive tissue or the bone structure of an animal and which does not provide any therapeutic benefit to the animal. A procedure of this nature that is primarily for the convenience or cosmetic preferences of the client must not be carried out unless it is expressly allowed under legislation.

Canine Surgical Artificial Insemination

Save where otherwise provided for in law, canine surgical artificial insemination, a non-therapeutic procedure, must not be performed in dogs due to ethical and welfare considerations and given the suitable alternative of transcervical artificial insemination.

Euthanasia

Purpose

Euthanasia is the act of purposely inducing the death of an animal using humane methods that eliminate or minimise pain and distress. Its primary purpose is to relieve suffering.

Considerations

Veterinary practitioners must select the most appropriate and humane method of euthanasia in any given set of circumstances. They must bear in mind that euthanasia of animals can be a traumatic event and should perform the act with compassion and expertise. Where necessary the veterinary practitioner should consider the use of a sedative for the animal prior to the act of euthanasia if it will alleviate distress to the animal. Where possible, it should be conducted out of the sight of other animals and the general public. It must not be delegated to veterinary nurses or non-registered persons.

A veterinary practitioner should discuss with a client, in a compassionate manner, the euthanasia of an animal whose quality of life is compromised. The necessity for euthanasia should be independent of the commercial value of the animal(s). If the client accepts the recommendation that the animal should be euthanised, the relevant method of euthanasia should be explained to them, and their informed consent should be obtained and documented. The animal should be euthanised without unreasonable delay.

Difficulties

Where a client does not accept a veterinary practitioner's recommendation that their animal should be euthanised to relieve suffering, the veterinary practitioner should suggest that a second opinion be sought from another veterinary practitioner.

A veterinary practitioner is not obliged to agree to a request from a client that a healthy animal or an animal with a treatable condition be euthanised. The client should always be asked why they are requesting euthanasia in these situations and reasonable efforts should be made to discuss alternative options. It is permissible to encourage the client to make arrangements to responsibly rehome the animal or to relinquish ownership of the animal to a charitable organisation engaged in providing shelter for animals.

If the client is agreeable to this suggestion but is not prepared to care for the animal until arrangements have been made, the veterinary practitioner can ask the client to sign a document authorising the veterinary practice and/or any of its staff to (a) temporarily care for the animal, (b) make enquiries to facilitate the animal being placed in the care of a charitable organisation engaged in providing shelter for animals or to facilitate the animal being responsibly rehomed elsewhere, and/or (c) pass on the client's contact details to a charitable organisation engaged in providing shelter for animals or to a prospective new owner so that ownership of the animal can formally be relinquished to them. If the client requests the euthanasia of an animal with a treatable condition because they cannot afford to pay for treatment, it may also be appropriate to discuss available options as regards charitable financial assistance or referral for charitable treatment. If the client will not agree to any alternatives to euthanasia, and the veterinary practitioner does not wish to euthanise the animal, they should refer the case to another veterinary practitioner.

Consent

If it is not practicable to identify and/or contact an owner (or designated keeper) within an appropriate period of time and a veterinary practitioner is of the opinion that: (a) an animal is fatally injured, (b) an animal is so severely injured or diseased or in such pain or distress that, for the alleviation of their suffering, they should be euthanised, (c) to prevent further suffering to an animal, it is necessary or expedient, or (d) an animal is a danger to life or property, they may, without having to seek the consent of their owner (or designated keeper), euthanise the animal and may destroy or dispose of the carcass or cause the destruction or disposal of the carcass within a reasonable timeframe. In all other circumstances, a veterinary practitioner is expected to obtain the consent of the owner (or designated keeper) and ensure that the person purporting to be the animal's owner (or designated keeper) is in fact the owner (or designated keeper).

Animal Slaughter and Humane Culling

Veterinary practitioners involved in animal processing industries must use their best endeavours to ensure that: (i) Animals are handled, held, cared for and slaughtered in a manner which is humane and avoids unnecessary or unreasonable pain and distress; (ii) Animals suffering pain or distress at the abattoir through injury or disease are given appropriate attention to eliminate such pain or distress without delay. They should consult and familiarise themselves with the provisions of both the European Union (Protection of Animals at the Time of Killing) Regulations 2013 and Chapter 7.5.-Slaughter of Animals of the OIE Terrestrial Animal Health Code.

Veterinary practitioners should promote considerate management of both wild and domesticated animals. If the culling of animals is necessary, it should be carried out as humanely as possible with due consideration to the individual animal and to the group from which it is drawn.

Acutely Injured Animals on Farm

Management of an acutely injured animal on farm frequently requires the involvement of a veterinary practitioner. Where treatment is not an option, there are three possible ways of managing an acutely injured animal on farm:

1. Transport of the live animal to the nearest abattoir.
2. On-farm emergency slaughter (OFES) and transport of the carcass to the abattoir.
3. Animals that are not deemed suitable for OFES should be slaughtered by a trained person and disposed of by the animal by products and collection service ('knackery').

Having inspected the animal, evaluated the degree of injury and pain which the animal is suffering and, having considered the available options regarding transport and slaughter in the context of proximity of the slaughter outlet, availability of suitable transport vehicle and timelines involved, the veterinary practitioner must decide on the most appropriate action.

- Should options 1 or 2 above be considered, it is the responsibility of the owner (or designated keeper) to arrange for an abattoir to accept the animal. There is however no obligation on any abattoir to accept animals for emergency slaughter or for dressing following slaughter.

- Should it not be possible to find an abattoir prepared to accept the animal or emergency slaughter animal without undue delay and, taking fully into account the welfare of the animal, then option 3 above must be taken.

An animal must not be transported unless they are fit for the journey. An injured animal is considered to be fit for the journey if a veterinary practitioner reasonably believes that their condition can be suitably managed and that the welfare of the animal will not be further compromised during the journey. Any animal that cannot be loaded or unloaded without using force (e.g. unable to walk unassisted), or any animal with severe wounds or protruding viscera must not be transported.

The Farm Animal Welfare Advisory Council has published *Animal Welfare Guidelines for Managing Acutely Injured Livestock on Farm* which include a decision tree. Veterinary practitioners who treat farm animals should consult and familiarise themselves with this document.

Suspected Cases of Animal Cruelty and Compromised Animal Welfare

A veterinary practitioner who becomes aware of (a) an animal that is being or was subjected to unreasonable or unnecessary pain, distress or suffering, or (b) an animal that is not kept in a manner that safeguards their health and welfare, should take action to ensure that the matter is effectively dealt with.

When a veterinary practitioner is presented with a sick or injured animal whose clinical signs could possibly relate to animal abuse or neglect, the veterinary practitioner should take the following actions:

- (i) Carry out a thorough examination of the animal.
- (ii) Review the animal's clinical history.
- (iii) If appropriate, attempt to discuss their concerns with the client and elicit extra information. In doing so, veterinary practitioners should be careful not to imply that the client might be the perpetrator; another person could be responsible for the abuse, and the client might be unaware, or may themselves be a victim of this person. (See [Appendix IV](#) of this Code for guidance in relation to Child Abuse and Domestic Violence.) If a veterinary practitioner has concerns about their own personal safety or that of their staff members or family, they would not be expected to discuss their concerns with the client.

- (iv) If possible and appropriate, admit the animal for observation.
- (v) Document the case by making clear, comprehensive and accurate contemporaneous notes.
- (vi) Discuss the case with another veterinary practitioner, if possible, preferably one that is more senior or experienced. If, after this discussion, the veterinary practitioner is, on balance, of the view that the situation warrants reporting, they should report the case to an appropriate body that can have the case investigated. Competent authorities authorised to investigate such cases include the Department of Agriculture, Food & Marine, An Garda Síochána, Local Authority Veterinary Services, the ISPCA, and the DSPCA.
- (vii) Should an investigation be instigated, the veterinary practitioner should fully co-operate with this investigation.

When a veterinary practitioner becomes aware of a breach of animal welfare legislation which does not involve animal abuse or neglect and which relates to an animal under their care, they should immediately bring this to the attention of the client and do everything within their power to ensure that the issue is addressed². This could involve developing a plan of action in conjunction with the client to address the issue, and monitoring adherence and results to ensure that a satisfactory outcome is achieved. If the client is not agreeable to this or fails to co-operate with the plan, the veterinary practitioner should report the case to an appropriate body that can have the case investigated.

When a veterinary practitioner reasonably believes that their client, due to physical or mental infirmity, addiction to drugs or intoxicants, or a personality disorder, is incapable of taking care of an animal or an animal of a particular class or description or is incapable of carrying out their duties under the Animal Health and Welfare Act 2013, they should document their reasons for this belief and, where appropriate, communicate their concerns to the client.

If the client is not receptive to those concerns, as an alternative to reporting the case to an appropriate body that can have the case investigated, the veterinary practitioner can consider whether it might be appropriate to notify a close family member of the client or the Health Service Executive so that an application for an appropriate order to protect the welfare of any animal concerned could be made under section 61 of the Animal Health and Welfare Act 2013.

On occasion, veterinary practitioners may be asked for their professional help in a situation where it is suspected by another person that a breach of animal welfare legislation may have occurred. If asked to attend such a case, veterinary practitioners should:

- (1) Perform a thorough clinical examination and take samples for laboratory analysis as appropriate. Each animal examined should be accurately identified (labelled photographs can be very useful) and samples labelled appropriately.
- (2) Assess the facilities (including handling facilities) and provision/availability of feed and water, as well as any other factors that could affect the welfare of the animal(s) involved.
- (3) Record their findings in a clear, comprehensive and accurate manner and provide a written copy of their records to the person who requested their attendance.
- (4) In a report it is essential to state an opinion as to whether an animal is being or has been subjected to unreasonable or unnecessary pain, distress or suffering, and/or whether they are not being or have not been kept in a manner that safeguards their health and welfare, and/or whether a breach of animal welfare legislation is occurring or has occurred. It is also essential to record the name of the authorised officer or other persons attending the case.

² This can include instances where an animal's health and welfare are currently in an acceptable state, but they are being kept and treated in a manner that threatens their future health and welfare or that of another animal. See section 11 of the *Animal Health and Welfare Act 2013*.

Lost or Stray Domestic Small Animals

Veterinary practitioners that find or are presented with lost or stray domestic small animals should always check the animal thoroughly for a microchip or other form of identification. If the owner (or designated keeper) of an animal can be established, all reasonable steps should be taken to contact them. However, for the avoidance of doubt, it is permissible to administer first aid or medical assistance to an animal in an emergency, without obtaining the consent of the owner (or designated keeper) of the animal. Similarly, in urgent cases where there are no available means to prevent excessive suffering of an animal, it is permissible to euthanise the animal without obtaining the consent of the owner (or designated keeper).

If a veterinary practitioner finds or is presented with a lost or stray domestic small animal that does not have a microchip or other form of identification, they should take reasonable steps to reunite the animal with its owner (or designated keeper). This might include posting information and a photograph about the animal on the practice's noticeboard and social media pages. If no owner (or designated keeper) comes forward after a reasonable search, veterinary practitioners should consider contacting charitable organisations engaged in providing shelter for animals with a view to the animal being rehomed. However, in the case of dogs, veterinary practitioners should make themselves aware of and advise others of the relevant provisions contained in sections 11 and 13 of the Control of Dogs Act 1986 (as amended) and ensure that they themselves are in compliance.

Veterinary practitioners should document any actions they take in respect of lost or stray domestic small animals.

Trap, Neuter and Return of Feral and Stray Cats

If a veterinary practitioner is presented with a cat as part of a Trap, Neuter and Return (TNR) scheme, they should always scan the cat for a microchip and check for any immediately obvious indications that the cat may have a current owner, such as a collar or tattoo. If the cat has a microchip or any other clear signs of ownership, the veterinary practitioner should not immediately proceed with any treatment, other than emergency first aid and pain relief, and should instead take reasonable steps to try and reunite the cat with the owner (or designated keeper).

There may be situations where, despite the presence of a microchip or other forms of identification, the owner (or designated keeper) cannot be located. In these circumstances, having considered all the factors and any relevant information provided in relation to the cat, it is permissible for the veterinary practitioner to treat the cat as part of the TNR scheme if they determine that it is in the cat's best interests to do so.

Wildlife

There are a number of reasons why veterinary practitioners should attend to wildlife. These include animal welfare, conservation, environmental protection, public health, and disease surveillance. A veterinary practitioner has a responsibility to provide first aid and pain relief to any species of animal to relieve suffering. This includes providing emergency care out of hours. Whenever veterinary practitioners are presented with a species that is categorised as threatened or endemic, care of that individual animal also plays a role in the conservation of that species.

Wildlife casualties are commonly presented to veterinary practitioners in general practice and should be triaged and provided with emergency treatment without delay to avoid unnecessary suffering. Essential information to be obtained when a wildlife casualty is presented includes:

- Exactly when and where the animal was found
- Any history of trauma or obvious clues for cause of injury
- Any treatment or food given so far
- Contact details of the finder.

It is useful to have a standard form kept at the reception desk for the person presenting the animal to fill out. This ensures no details are missed.

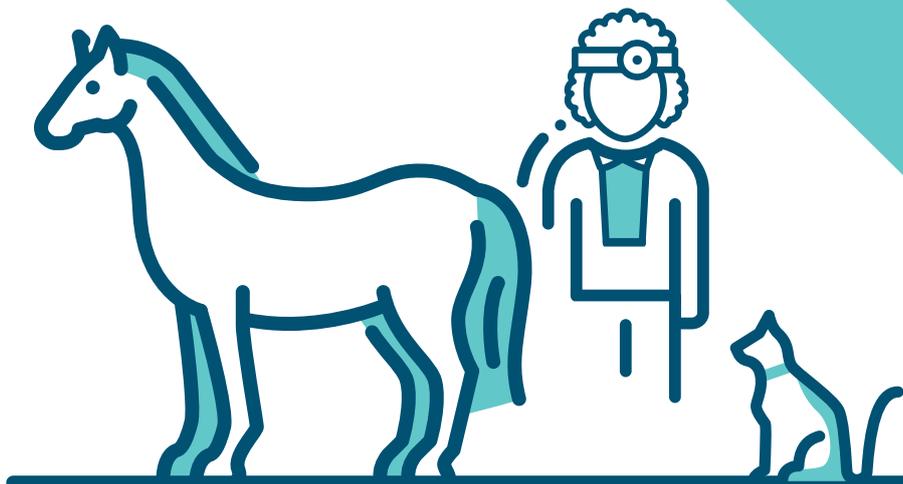
An understanding of the basic biology, physiology and ecology of the commonly presented species is necessary for the veterinary practitioner to provide appropriate emergency care and make decisions regarding the chances of successful rehabilitation and release. All factors should be considered in the triage decision including availability of facilities, licensed and trained wildlife rehabilitators, veterinary services, sufficient funding, suitable release sites and anticipated quality of life.

Other than in cases where the veterinary practitioner is satisfied that euthanasia is warranted in order to alleviate suffering, decisions regarding the chances of successful rehabilitation and release should be made in conjunction with the National Parks & Wildlife Service (NPWS) or, where appropriate, with a wildlife rehabilitator that is licensed by the NPWS. As per section 49 of the European Communities (Birds and Natural Habitats) Regulations 2011, invasive species must not be released from confinement.

On occasion, veterinary practitioners might conclude that the wildlife casualties they have attended to were adversely affected by environmental issues such as water pollution or habitat destruction. They should, in these instances, raise these problems with the relevant authorities, so that they can, where possible, be addressed or mitigated.

The reporting of wildlife diseases can play an important role in national disease surveillance. Therefore, in circumstances where an infectious disease in wildlife casualties is confirmed or suspected, veterinary practitioners should always consider whether it is appropriate to report this finding to the relevant authorities. Notifiable diseases and the identification of a novel pathogen in a particular species must always be reported.

Veterinary practitioners should be mindful of the risks of dealing with wildlife casualties. Many wildlife species are liable to bite, kick or scratch people, and can also be potential sources of zoonotic diseases. They also pose a risk of transmitting disease to domestic species within the veterinary practice. Therefore, veterinary practitioners should ensure that suitable standard operating procedures, relevant health and safety training and adequate risk assessments are in place to mitigate these risks.





Chapter 4:

Protection of Society

“Promoting measures to protect public health and safety, animal health and welfare in society, the environment, and food supply”

One Health

One Health is an approach that recognises that the health of people is closely connected to the health of animals and our shared environment. It aims to unite veterinary practitioners, veterinary nurses, physicians and other science, health and environmental professionals, as well as farmers and/or custodians of the land, in a collaborative effort.

Veterinary practitioners act as One Health professionals. They should hold the knowledge, skills, professional competences and attitudes necessary to successfully contribute to the One Health system. They should think globally and facilitate a collaborative One Health approach to improve the health of animals, the health of humans and to protect the environment.

Veterinary practitioners should also communicate and collaborate effectively with other health professionals, the public and the private sector. They should be able to identify health needs, population health threats, public health issues and be able to apply the principles of epidemiology and surveillance. As well as noting disease symptoms in animals, they should also pay attention to underlying public health and environmental threats coming from animal husbandry. In addition, veterinary practitioners should be able to apply the principles of crisis and risk communication.

One Welfare

One Welfare is an extension of the One Health approach that recognises the interconnection between animal welfare, human wellbeing, and the environment.

As part of One Welfare, veterinary practitioners must consider the environmental impact of their actions. Veterinary practitioners should use resources such as energy, water, disinfectants, medicinal products, and other chemicals in a responsible manner in order to minimise any negative impact on the environment.

The VCI is mindful of the links between domestic violence, child abuse and animal abuse, as well as the ways in which human mental health can be connected with animal welfare. The responsibility of a veterinary practitioner is to the animal. However, in order to assist veterinary practitioners, the VCI has published a One Welfare Guidance Note which deals with (a) Child Abuse & Domestic Violence and (b) Mental Health (see [Appendix IV](#) of this Code.) Veterinary Practitioners may consult this Guidance Note for further information on dealing with these issues.

Educating Animal Owners about their Responsibilities to Society

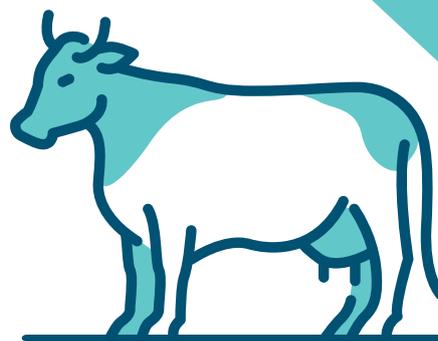
Veterinary practitioners should make animal owners aware of their responsibilities to public health, animal health and welfare, and the environment.

Veterinary practitioners should advise their clients about measures to minimise the risk of zoonotic agents, food-borne pathogens, residues, contaminants (biological and chemical agents) and antimicrobial resistance.

Reporting Issues of Concern

Veterinary practitioners should report the following issues to the appropriate authority:

- Any suspicion of a notifiable disease or zoonotic outbreak
 - *Notify the Department of Agriculture, Food and the Marine via the nearest Regional Veterinary Office or, outside of office hours, email the National Disease Emergency: NDCC@agriculture.gov.ie*
- Any suspicion of animal mistreatment
 - *Make a report to the Department of Agriculture, Food and the Marine via their animal welfare helpline: 01 607 2379 or 0761 064 408.*



- *Between them, the ISPCA and DSPCA have animal welfare inspectors in most (but not all) counties who deal with cases of cruelty to animals other than farm animals. A report can be made to the ISPCA via their helpline: 0818 515 515. A report can be made to the DSPCA at (01) 4994700.*
- *Members of An Garda Síochána are authorised officers under the Animal Health and Welfare Act 2013 and, in certain scenarios, particularly where time is of the essence, contacting the nearest Garda station might be the preferred option.*
- Unexplained extraordinary episodes of animal mortality
 - *Submit animal carcasses and/or specimens for diagnostic testing to the nearest Department of Agriculture, Food and the Marine Regional Veterinary Laboratory.*
- Contamination or potential contamination of food or feed, as well as any other issues related to food or feed that could pose a danger to public or animal health
 - *Report the issue to the relevant Department of Agriculture, Food and the Marine veterinary inspector, or local authority veterinary office, as appropriate. In cases of uncertainty as to who exactly the issue should be reported to, contact the Food Safety Authority of Ireland's advice-line on 0818 336677.*
- Episodes of environmental pollution related to the functions and competencies of the veterinary profession
 - *Report the pollution incident to the local authority in whose area the incident occurred.*

Veterinary practitioners who wish to make a protected disclosure (also known as whistleblowing) in relation to the regulation and management of the practice of veterinary medicine and veterinary nursing can contact the VCI, which is a prescribed body under the Protected Disclosures Act 2014. Further information can be found at the following link: <http://www.vci.ie/Services-for-the-Public/Protected-Disclosures>

Firearms, Controlled Drugs, Ionising Radiation, and Waste Disposal

It will be necessary for many veterinary practitioners to use items that can pose a danger to members of the public. The utmost care must be taken when using, storing and otherwise dealing with these items.

(i) Firearms

A veterinary practitioner may need to use a firearm in the course of their work in order to humanely kill sick or injured animals. Any such firearm requires a firearm certificate. A veterinary practitioner who is granted a firearm certificate must at all times act in a responsible manner and fully comply with any conditions attached to the grant of the certificate. Veterinary practitioners have an obligation to ensure that any firearm that they hold a certificate for is stored safely and securely and is not loaded when not in use. Ammunition should be stored in a separate location from the firearm. If a veterinary practitioner is travelling with a firearm in their vehicle, the firearm must be kept out of sight and locked in the boot of the vehicle. The doors of the vehicle must also be kept locked and there must be no obvious sign that there is a firearm inside it. A veterinary practitioner who uses firearms must observe firearms legislation. They should contact the Garda Síochána in situations where euthanasia by firearm is necessary and the veterinary practitioner perceives a risk to public health – other options for euthanasia should be considered in these instances.

A list of legislation and publications relating to firearms can be found at the following link: <https://www.justice.ie/en/JELR/Pages/LegislationPublication>

(ii) Controlled Drugs

A controlled drug is any substance, product or preparation that is subject to control under the Misuse of Drugs Acts. Controlled drugs are closely regulated because they are susceptible to being misused or diverted and can cause harm. A veterinary practitioner should only ever supply and/or prescribe controlled drugs for animals. They are not permitted to supply and/or prescribe controlled drugs for human use. If a veterinary practitioner becomes aware of the misuse or diversion of controlled drugs that were prescribed or supplied by them or stored in a premises or vehicle used by them, they should take action appropriate to the circumstances, which might include improving security arrangements and / or reporting the matter to An Garda Síochána. (See also the section on [Controlled Drugs](#) in Chapter 5.)

(iii) Ionising Radiation

Any use of ionising radiation carries intrinsic risks and hence its use is regulated to ensure the safety of people. To this end, veterinary practitioners must consult and adhere to the Environmental Protection Agency's *Code of Practice on the Application of the Ionising Radiation Regulations (IRR19) in Veterinary Medicine*.

(iv) Waste Disposal

Waste must be dealt with in accordance with the requirements of the VCI's Premises Accreditation Scheme and in compliance with relevant legislation.

Sharps must be placed directly in an approved container and disposed of in an appropriate manner by an appropriately registered contractor. Veterinary practitioners who travel and carry sharps in the course of their work should ensure that sharps are always stored safely and securely. Any sharps that they use, should be disposed immediately afterwards in a container that is suitable for transport.

Veterinary practitioners should ensure that the manner of storage and disposal of a dead animal does not pose a risk to public health and/or is not likely to cause public offence. Other than in cases where it is not practicable to do so due to urgent public health or safety considerations, veterinary practitioners should seek informed consent from the client in relation to the disposal of the carcass. Veterinary practitioners should act in compliance with the European Union (Animal By-Products) Regulations 2014 and Disposal of Carcasses (Prohibition) Regulations 2015 and advise clients to ensure that they similarly act in compliance. If an animal has been given euthanasia medication, their remains must not be used as pet food.

Illegally Imported Animals

General Considerations

If a veterinary practitioner has a reasonable suspicion that an animal has been illegally imported, they will need to balance the requirement for confidentiality to their client with their responsibilities to protect animal health and welfare and to be mindful of the interests of society.

Wildlife Trafficking

If a veterinary practitioner is presented with a non-native live animal species that is endangered and/or requires an import permit for reasons of wildlife conservation, and they have a reasonable suspicion that the necessary import permit was not obtained, they should report their concerns to the National Parks & Wildlife Service. There is an overriding public interest in protecting international biodiversity by combatting wildlife trafficking, there could be a risk to public health and, in the case of many clients, it is unlikely that they will be adequately trained and equipped to meet the welfare needs of a wild animal.

Other Animals

If a veterinary practitioner is presented with any other type of animal, they have a reasonable suspicion that it was illegally imported, and that the animal itself, or the circumstances of its importation present a significant risk to the health, safety, or welfare of the public or other animals, they should report their concerns to the Department of Agriculture, Food and the Marine. If the veterinary practitioner does not believe that the animal or the circumstances of its importation present a significant risk, they should still consider reporting any concerns that they have if they believe that the animal's welfare needs are not being met or that it is in the overriding public interest to do so.



Chapter 5:

Responsible Use of Medicinal Products in Animals

“Acting prudently to ensure the responsible use of medicinal products in animals”

Conditions of Use

Veterinary practitioners must familiarise themselves with the conditions of use of medicinal products that they are using. This includes periodically reviewing the package leaflet and/or summary of product characteristics (SPC) of the medicinal product, as this may be amended or updated over time.

Prudent Prescribing and Dispensing

Veterinary practitioners who dispense medicinal products must obtain them in compliance with legislation. Irrespective of the legal route of supply, the use and prescribing of all medicinal products by veterinary practitioners should demonstrate prudent practice, which is evidenced in the clinical records, in the interests of animal health, welfare and public health.

What constitutes prudent prescribing practice can vary depending on the medicinal product, the species, the number of animals and the environment in which they are treated. Veterinary practitioners should be mindful of the privilege extended to them where ‘Prescription Only Medicines’ are concerned.

When providing a prescription for medicinal products for animals, veterinary practitioners must only prescribe such products after a clinical examination, or any other proper assessment of the health status of the animal or group of animals has been carried out.

Article 105 (1) of Regulation (EU) 2019/6 states that *“A veterinary prescription for an antimicrobial medicinal product for metaphylaxis shall only be issued after a diagnosis of the infectious disease by a veterinarian.”*

Article 105(2) of Regulation (EU) 2019/6 states that *“The veterinarian shall be able to provide justification for a veterinary prescription of antimicrobial medicinal products, in particular for metaphylaxis and for prophylaxis.”*

Article 105(3) of Regulation (EU) 2019/6 states that *“A veterinary prescription shall be issued only after a clinical examination or any other proper assessment of the health status of the animal or group of animals by a veterinarian.”*

‘Veterinarian’ means a veterinary practitioner registered with the Veterinary Council of Ireland, entitled to practise in the Republic of Ireland, and operating within the terms of the Veterinary Practice Act and the definition of Animals under Veterinary Care in this Code (see the section on [Animals Under Veterinary Care](#) in Chapter 2).

‘Diagnosis of the infectious disease’ – diagnosis performed by a veterinary practitioner and based on information gleaned from a variety of sources including:

- 1) Findings from a clinical examination
- 2) Interview with the owner or custodian of the animal
- 3) Veterinary history of the patient and its cohorts
- 4) Paraclinical findings as reported by pertinent laboratory tests and radiological studies.

(Definition of veterinary diagnosis contained in the *Saunders Comprehensive Veterinary Dictionary, Fifth edition – Blood, Studdert & Gay*)

‘Clinical examination by a veterinarian’ – A clinical examination of a patient can include measurement of physiological parameters, palpation, auscultation, and percussion as well as any other methodology at the discretion of the attending veterinary practitioner. The clinical examination is interpreted within the context of the clinical history, examination of the environment and, if necessary, clinico-pathological test results. Any such examination must be undertaken with reasonable care. The VCI regards the carrying out of this procedure as a day one competence of all Registrants.

(Amended definition based on *Saunders Comprehensive Veterinary Dictionary, Fifth edition – Blood, Studdert & Gay*)

‘Any other proper assessment of the health status of the animal(s) by a veterinarian’ - An assessment is a process for obtaining and/or interpreting information relating to the health status of the animal or group of animals by a veterinary practitioner. In the absence of immediate prior clinical examination, any other proper veterinary assessment is only possible within a current Client-Patient-Practice Relationship and where conditions of ethical veterinary practice have been met.

All such assessments must be based on first-hand knowledge of the historical and current risks to the health of the animal(s) entrusted to the care of the veterinary practitioner. Relevant information includes records of management and health history along with results of ancillary tests, post mortems, epidemiological investigations along with any other information deemed necessary by the attending veterinary practitioner. The extent of the information required to make such an assessment for an individual or group of animals is the responsibility of the attending veterinary practitioner and must be undertaken with reasonable care.

All veterinary advice and/or treatments prescribed or carried out on foot of either clinical or other assessments should optimise animal welfare outcomes, clinical success, and public health protection.

Animal remedies designated as ‘Prescription Only Medicines’ shall not be prescribed solely on the basis of an assessment of animal records or diagnostic test results in the absence of a Client-Patient-Practice Relationship.

‘Justification’ - Justification for all veterinary prescriptions and especially antimicrobials rests with the prescribing veterinary practitioner. Whether following a clinical or other proper assessment of the health status of the animal(s) by a veterinary practitioner, there should exist contemporaneous veterinary medical records that demonstrate on-going direct clinical contact with the animal(s). These records, the ancillary information outlined above and any other information deemed appropriate by the veterinary practitioner should provide the rational justification for all prescriptions in keeping with current prudent prescribing guidelines and legislation.

Referral and newly appointed attending veterinary practitioners must carry out a clinical examination of animal(s) immediately prior to advising on or prescribing a medicinal product to an animal owner (or designated keeper).

Only attending veterinary practitioners, acting within a pre-existing CPPR, may deviate from the requirement of an immediate clinical examination prior to prescribing any treatment, including medicinal products. In such circumstances, the duration between the direct clinical examination of animal(s) and the prescribing of a medicinal product must be appropriate to the case and the veterinary practitioner must ensure that they have sufficient knowledge of the animal(s)' current health status in order to prescribe accurately.

The quantity of any medicinal products prescribed by a veterinary practitioner must be limited to the amount required for the treatment or therapy concerned. They must also be satisfied that:

- (a) the veterinary prescription will be used to treat the animal to which the prescription relates,
- (b) use of the medicinal product is justified for the animal,
- (c) administration of the medicinal product is, to the best of their knowledge and belief, not incompatible with a current or previous treatment, (where appropriate, by consulting with any other veterinary practitioner who has responsibility for the care of the animals), and
- (d) there is no contra-indication and there will not be an adverse reaction if other medicinal products have been, or are to be, administered or prescribed.

Content of Veterinary Prescription

A veterinary prescription must be legible and, in accordance with Article 105.5 of Regulation (EU) 2019/6, contain at least the following elements:

- (a) identification of the animal or groups of animals to be treated;
- (b) full name and contact details of the animal owner (or designated keeper);
- (c) issue date;
- (d) full name and contact details of the veterinary practitioner including their registration number
- (e) signature or an equivalent electronic form of identification of the veterinary practitioner;
- (f) name of the prescribed medicinal product, including its active substances;
- (g) pharmaceutical form and strength;

- (h) quantity prescribed, or the number of packs, including pack size;
- (i) dosage regimen;
- (j) for food-producing animal species, withdrawal period even if such period is zero;
- (k) any warnings necessary to ensure the proper use including, where relevant, to ensure prudent use of antimicrobials;
- (l) if a medicinal product is prescribed in accordance with Articles 112, 113 and 114 of Regulation (EU) 2019/6 (the 'cascade'), a statement to that effect;
- (m) if an antimicrobial medicinal product is prescribed for prophylaxis or metaphylaxis in accordance with Article 107(3) and (4) of Regulation (EU) 2019/6, a statement to that effect.

Maintain Up-to-date Knowledge on Current Best Practice

Veterinary practitioners should maintain up-to-date knowledge of current best practice and legislation in all matters pertaining to the use of medicinal products in animals that are related to their area of practice.

Appropriate Storage, Security and Disposal of Medicinal Products

Veterinary practitioners must comply with their legal, professional and technical obligations in relation to the storage, security and disposal of medicinal products.

Veterinary practitioners must store all medicinal products in accordance with the terms of their marketing authorisation, or other relevant standards such as manufacturers' instructions. If a medicinal product has a specified shelf-life after its primary protective packaging has been opened, then, once this action takes place, it must be labelled with the date on which it was first opened. Medicinal products should only be stored in areas and/or equipment designated for their storage and appropriate precautions should be taken to minimise the risk of contamination.

Veterinary practitioners must take appropriate security precautions in respect of all medicinal products that are under their control. They must not cause or permit a person (other than a veterinary practitioner) to have in their possession or under their control a medicinal product which bears a statement on the product labelling or package leaflet or SPC that the product is to be used/administered only by a veterinary practitioner.

Medicinal products that have expired or are otherwise no longer suitable for use should be assessed to ascertain what their disposal requirements are. Waste medicinal products must be disposed of in specialised waste bins. Special precautions should be taken to separate hazardous waste and to dispose of such waste in an appropriate hazardous waste bin.

Records of Medicinal Product Transactions

In accordance with Article 103 of Regulation (EU) 2019/6, where a veterinary practitioner is the retailer of a veterinary medicinal product, they must keep detailed records for a period of five years in respect of each transaction of veterinary medicinal products requiring a veterinary prescription. These records must include the following information:

- (a) date of the transaction;
- (b) name of the veterinary medicinal product including, as appropriate, pharmaceutical form and strength;
- (c) batch number;
- (d) quantity received or supplied;
- (e) name or company name and permanent address or registered place of business of the supplier in the event of purchase, or of the recipient in the event of sale;
- (f) name and contact details of the prescribing veterinary practitioner and, where appropriate, a copy of the veterinary prescription;
- (g) marketing authorisation number.

Veterinary practitioners must satisfy themselves that adequate arrangements are made in respect of keeping records in relation to veterinary medicinal product transactions.

At least once a year, veterinary practitioners who are retailers of veterinary medicinal products must ensure that a detailed audit of the stock is carried out and that the incoming and outgoing veterinary medicinal products recorded are compared with veterinary medicinal products currently held in stock. Any discrepancies found must be recorded. The results of the detailed audit must be kept for a period of five years. Individual arrangements may be made in any given practice between the Certificate of Suitability holder and an individual veterinary practitioner.

Advice to Clients on Administration, Storage and Disposal of Medicinal Products

Veterinary practitioners must advise clients on how medicinal products should be administered to their animals and demonstrate where appropriate. They should also advise on any likely side effects.

Veterinary practitioners should also advise clients on the appropriate storage and disposal of medicinal products.

Reporting Adverse Events or Reduced Efficacy

If a veterinary practitioner becomes aware of a suspected serious or unexpected adverse event related to a veterinary medicinal product or other medicinal product used in an animal, they must report it at the earliest opportunity to either the Health Products Regulatory Authority or the holder of the marketing authorisation of the concerned product. As per Article 73 of Regulation (EU) 2019/6, adverse event reports may relate to any of the following:

- (a) any unfavourable and unintended reaction in any animal to a veterinary medicinal product;
- (b) any observation of a lack of efficacy of a veterinary medicinal product following its administration to an animal, whether or not in accordance with the summary of product characteristics;
- (c) any environmental incidents observed following the administration of a veterinary medicinal product to an animal;
- (d) any noxious reaction in humans exposed to a veterinary medicinal product;
- (e) any finding of a pharmacologically active substance or marker residue in a product of animal origin exceeding the maximum levels of residues established in accordance with Regulation (EC) No 470/2009 after the set withdrawal period has been respected;
- (f) any suspected transmission of an infectious agent via a veterinary medicinal product;
- (g) any unfavourable and unintended reaction in an animal to a medicinal product for human use.

Reporting Prescription Misuse

Prescription misuse can involve (a) the alteration of an existing prescription, or (b) prescription fraud. Examples of prescription fraud include supplying the same prescription to multiple retailers for supply and/or forging the signature of a veterinary practitioner.

If a veterinary practitioner has a reasonable suspicion of prescription misuse, they should report it to An Garda Síochána. It is in the public interest to report prescription misuse and this overrides any obligations related to client confidentiality and data protection.

Use of the 'Cascade'

It is recognised that there is a need for veterinary practitioners in certain circumstances to be able to use medicinal products in accordance with the 'cascade'. The 'cascade' is a mechanism provided for in legislation designed to deal with situations where there is no authorised product to treat a particular condition in an animal. The rules for using medicinal products under the 'cascade' principles are set out in Articles 112-115 of Regulation (EU) 2019/6 and are summarised below.

Where there is no authorised veterinary medicinal product in the Republic of Ireland for an indication concerning the category of animal involved, the veterinary practitioner responsible may, under their direct personal responsibility and in particular to avoid causing unacceptable suffering, exceptionally treat the animals concerned with the following medicinal product:

(a) Category: Non-food-producing Animal Species

- i. a veterinary medicinal product authorised under Regulation (EU) 2019/6 in the Republic of Ireland or in another EU Member State for use in the same species or another animal species for the same indication or for another indication

Category: Food-producing Terrestrial Animal Species

- i. a veterinary medicinal product authorised under Regulation (EU) 2019/6 in the Republic of Ireland or in another EU Member State for use in the same or in another food-producing terrestrial animal species for the same indication, or for another indication

- ii. if there is no veterinary medicinal product as referred to in point i, a veterinary medicinal product authorised under Regulation (EU) 2019/6 in the Republic of Ireland for use in a non-food-producing animal species for the same indication

Category: Food-producing Aquatic Species

- i. a veterinary medicinal product authorised under Regulation (EU) 2019/6 in the Republic of Ireland or in another Member State for use in the same or in another food-producing aquatic species and for the same indication or for another indication
- ii. if there is no veterinary medicinal product as referred to in point i, a veterinary medicinal product authorised under Regulation (EU) 2019/6 in the Republic of Ireland or in another Member State for use with a food-producing terrestrial species. Additional criteria may apply and veterinary practitioners must check the requirements to ensure that they are in compliance.

(b) All Categories

If there is no veterinary medicinal product as referred to in point (a), a medicinal product for human use authorised in accordance with Directive 2001/83/EC or Regulation (EC) No 726/2004. In the case of food-producing aquatic species, additional criteria may apply and veterinary practitioners must check the requirements to ensure that they are in compliance.

(c) All Categories

If there is no medicinal product as referred to in point (a) or (b), a veterinary medicinal product prepared extemporaneously in accordance with the terms of a veterinary prescription.

Except as regards immunological veterinary medicinal products, where there is no medicinal product available as referred to in points (a), (b) and (c), the veterinary practitioner responsible may under their direct responsibility and in particular to avoid causing unacceptable suffering exceptionally treat an animal with a veterinary medicinal product authorised in a third country for the same species and same indication.

The above criteria also apply when an authorised veterinary medicinal product is not available in the Republic of Ireland.

In the case of food-producing animal species, unless a medicinal product used has a withdrawal period provided in its summary of the product characteristics for the animal species in question, a veterinary practitioner must set a withdrawal period in accordance with the criteria set out in Article 115 of Regulation (EU) 2019/6.

If a veterinary practitioner proposes using the 'cascade' to treat an animal, they should inform the client and explain why use of the 'cascade' is required. When prescribing under the 'cascade', veterinary practitioners should ensure they obtain written consent for use of that medicinal product from the client.

The Department of Agriculture, Food & the Marine (DAFM) is the competent authority for giving advice on the use of the 'cascade'. Veterinary practitioners should consult with DAFM if they have any queries in this regard and should note that the information in this section is not exhaustive.

Use of Medicinal Products in Animals Used in Competition

Veterinary practitioners must not prescribe or administer medicinal products purely to enhance or reduce the performance of animals used in competition. Not only is this unethical but it also undermines the basis of fair competition and may have serious adverse consequences for the welfare of the treated animal.

When a veterinary practitioner is treating or giving advice regarding a medical condition in an animal used in competition, the welfare of the animal must take precedence over any other considerations such as clearance times of therapeutic substances and/or the desire to have the animal competing in a particular event.

Antimicrobials and Antiparasitics

In light of the risk to public health from antimicrobial and antiparasitic resistance, it is of the utmost importance that veterinary practitioners are prudent in their prescribing and carefully adhere to any guidance issued or endorsed by the VCI in respect of antimicrobials and antiparasitics. As per Article 105 of Regulation (EU) 2019/6, a veterinary prescription for antimicrobial medicinal products shall only be valid for five days from the date of its issue.

Veterinary practitioners must be able to justify all prescribing of antimicrobial medicinal products. They should be particularly aware that the various risk categories of antibiotics are subject to specific restrictions and should therefore remain up to date with relevant guidance issued by the European Medicines Agency (EMA) in this respect, being mindful of the possibility that antibiotics may be recategorised from time to time.

https://www.ema.europa.eu/en/documents/report/infographic-categorisation-antibiotics-use-animals-prudent-responsible-use_en.pdf

Specific guidance on mastitis control in dairy herds can be found in [Appendix V](#).

Specific guidance on the use of antiparasitic veterinary medicinal products can be found in [Appendix VI](#).

Controlled Drugs

Definition

A controlled drug is any substance, product or preparation that is subject to control under the Misuse of Drugs Acts. Controlled drugs are closely regulated because they are susceptible to being misused or diverted and can cause harm. Veterinary practitioners should be familiar with the provisions of the Misuse of Drugs Regulations 2017 (as amended) which list substances that are categorised as controlled drugs and set out certain requirements that veterinary practitioners must comply with in relation to such drugs.

Safe Custody Requirements

To meet safe custody requirements, schedule 2 and schedule 3 controlled drugs must be stored in a safe or cabinet which complies with the requirements of the Misuse of Drugs (Safe Custody) Regulations, 1982 and is used solely for the storage of medicinal products. This safe or cabinet must be secured to a wall or floor and must be locked when not in use and kept away from public view. There must be no indication on the outside of the safe or cabinet that it contains controlled drugs. The keys to the safe or cabinet must only be available to authorised members of staff who have appropriate training. The room housing the locked safe or cabinet should be lockable and tidy to avoid drugs being misplaced.

Controlled Drugs Register

Veterinary practitioners must record in their practice premises Controlled Drugs Register, in chronological sequence and in a manner which will show a running stock balance, all schedule 2 controlled drugs that have been obtained and supplied by them. They must use a separate register or separate part of a register for entries made in respect of each class of drug and the entries in the register must be in the form specified in Schedule 6 of the Misuse of Drugs Regulations 2017, or as the case may require, in the form specified in Part 1 or Part 2 of Schedule 7 of the Misuse of Drugs Regulations 2017.

In accordance with Regulation 19 of the Misuse of Drugs Regulations 2017, veterinary practitioners must comply with the following requirements in respect of the controlled drugs register:

- (a) the class of controlled drugs to which the entries on any page of any such register relate must be specified at the head of that page;
- (b) every entry required to be made under the Misuse of Drugs Regulations 2017 in a register must, where it is reasonably practicable to do so, be made on the day on which the controlled drug is obtained or on which the transaction in respect of the supply of the controlled drug by the person required to make the entry takes place or, in any case, on the day next following that day;
- (c) no cancellation, obliteration or alteration of any such entry must be made, and a correction of such an entry must be made only by way of marginal note or footnote which must specify the date on which the correction is made;
- (d) every such entry and every correction of such an entry must be made in ink or otherwise so as to be indelible;
- (e) a register must not be used for any purpose other than the purposes of the Misuse of Drugs Regulations 2017;
- (f) subject to subparagraph (g), not more than one register must be kept at one time in respect of each class of controlled drug in respect of which they are required to keep a separate register;
- (g) a separate register must be kept in respect of each premises at which the person required to keep the register carries on their business or occupation and where the business is carried on in separate departments within a premises a separate register may, with the approval of the Minister, be kept in respect of each such department; and

- (h) every such register in which entries are currently being made must be kept at the premises to which it relates and must be readily available for inspection.

Vehicles

If a veterinary practitioner carries controlled drugs in their vehicle, they must take reasonable steps to prevent unauthorised access. Controlled drugs should be transported in a locked glove compartment or in a lockable container which should be kept locked when not in use. Any such container should be kept out of sight.

Additional Health and Safety Measures

Veterinary practitioners should advise clients about appropriate storage if their animals are being treated with controlled drugs, with an additional focus on preventing human use of controlled drugs, either accidental or intentional. Veterinary practitioners should draw up a safety plan in the event that they encounter a situation involving the diversion or attempted diversion of controlled drugs and should also be alert to the possibility of clients inappropriately seeking controlled drugs under the guise of treating their animals. Controlled drugs must be rendered irretrievable prior to disposal.

(See also the section on [Firearms, Controlled Drugs, Ionising Radiation, and Waste Disposal](#) in Chapter 4.)

Cytotoxic Drugs

Veterinary practitioners must ensure that they comply with relevant health and safety legislation whenever they treat an animal with cytotoxic drugs, and take every reasonable precaution to protect staff members, clients and animals from unnecessary exposure. They must also provide appropriate training to staff members and clients who will be handling cytotoxic drugs and related waste such as animal excreta/body fluids. Cytotoxic drugs must be disposed of in an appropriate hazardous waste bin.



Chapter 6

Respect, Fairness and Co-operation

“Demonstrating respect, fairness and co-operation towards clients, colleagues and society”

Respect and Fairness

As members of a veterinary profession, veterinary practitioners are expected to have opinions on matters related to animal health and welfare. However, veterinary practitioners should deal respectfully with alternative opinions and requests of others, whether they be from colleagues, clients or other members of the public.

Veterinary practitioners must act fairly towards people they deal with and, in particular, must not discriminate against any person on the grounds of gender, civil status, family status, age, disability, sexual orientation, race, religion, or membership of an ethnic minority group.

1. Respect and Fairness – Colleagues

In all situations, veterinary practitioners must not harass, bully or undermine colleagues and team members. Veterinary practitioners should actively promote collegiality in their workplace and be aware of the various sources of assistance available to colleagues who may benefit from such assistance. More senior members should provide guidance and support to more junior members and new employees.

The VCI recommends that each member of a practice should have a contract that specifies matters such as their roles and responsibilities.

2. Respect and Fairness – Clients

Veterinary practitioners must respect their clients' needs and requirements insofar as it is possible to do so, while remaining compliant with the Code.

Owners (or designated keepers) of animals have the right to consult with veterinary practitioners of their choice. Veterinary practitioners are not obliged to accept clients, provided that there is a reasonable explanation for the refusal and animal welfare and contractual considerations have been addressed.

3. Respect and Fairness – General Public

Veterinary practitioners should ensure that any public comment they make on animal health, welfare and veterinary public health is technically accurate and as comprehensible as possible for the general public.

Speaking or Writing about Other Veterinary Professionals

Veterinary practitioners should be respectful at all times when speaking or writing about a fellow veterinary professional to the public. A lack of respect may undermine the standing of the colleague in question in the eyes of the public and may also reduce the public's confidence in the veterinary professions. (This obligation does not cover evidence given in a court of law, which is absolutely privileged. See the section on [Presenting Evidence in Court](#) in Chapter 7.)

(See also the section on [Wellness and Concerns about Colleagues](#) in Chapter 1 for guidance on steps to take in the event that a veterinary practitioner has a legitimate concern about a colleague.)

Professional Co-operation

Professional co-operation between veterinary professionals should be as constructive and informative as possible and should be governed by the highest ethical standards. This applies not only to relations between veterinary professionals engaged in private practice, but also to relations between professionals working in different sections of the profession. If veterinary practitioners are aware that they have mutual clients, they should keep each other informed of any information that is relevant to the veterinary care of any animals that are under the care of both veterinary practitioners.

Veterinary practitioners must similarly co-operate with colleagues from other jurisdictions. When doing so, they must take into account obligations and differences that may exist between countries, national laws and the regulation of the veterinary professions in different countries.

Veterinary practitioners must co-operate with other members of staff in their veterinary practice to coordinate the care of animals and delivery of services.

Veterinary practitioners in government service should keep their colleagues in clinical practice informed of any significant disease or animal health or welfare problems they may encounter in the course of their duties and/or any advice they may give concerning animals normally attended by private practice practitioners.

Second Opinions Requested by an Attending Veterinary Practitioner

(a) Consulting Veterinary Practitioner

A "consulting veterinary practitioner" is a veterinary practitioner (or group of veterinary practitioners) who agrees to advise an attending veterinary practitioner on the care and management of a case/herd/flock. In this situation, the professional relationship is entirely between the consultant veterinary practitioner and the attending veterinary practitioner, with the consulting veterinary practitioner providing the attending veterinary practitioner with advice and guidance without referring the case. Therefore, the CPPR remains the responsibility of the attending veterinary practitioner.

Consultations usually involve the exchange of information or interpretation of test results. However, it may be appropriate or necessary for consulting veterinary practitioners to examine patients.

Consulting veterinary practitioners should communicate their findings and opinions directly to the attending veterinary practitioners.

The care of the patient and client remains the responsibility of the attending veterinary practitioner and no new CPPR is established with the consulting practitioner.

(b) Referral Veterinary Practitioner

A “referral veterinary practitioner” is a veterinary practitioner (or group of veterinary practitioners) who agrees to provide specific veterinary services when requested by an attending veterinary practitioner.

Referral veterinary practitioners may choose to accept or decline clients and patients from attending veterinary practitioners.

Attending veterinary practitioners should refer to a veterinary practitioner who has the appropriate credentials to deal with the case and must neither seek nor accept financial inducements for making referrals. The referral veterinary practitioner must be provided with the animal's case history and there must be full, transparent and timely disclosure of all relevant clinical records.

Where a referral is made, a new CPPR is established only in respect of any animals that are clinically examined by the referral veterinary practitioner and, for the duration of this specific CPPR, the referral veterinary practitioner is responsible for communicating with the client.

Once the referral veterinary practitioner has discharged the animal from their care, their CPPR with the client is terminated, and they should promptly provide the attending veterinary practitioner with a written report which sets out advice concerning the continuing care of the animal or termination of the case. A detailed and complete written report covering diagnosis, treatment and prognosis should follow as soon as possible thereafter.

(See also the section on [Animals Under Veterinary Care](#) in Chapter 2.)

Second Opinions Sought by a Client Independent of the Attending Veterinary Practitioner

When a client seeks a second opinion from a different veterinary practitioner without a referral, it can give rise to a number of scenarios that may impact on clinical outcomes, animal welfare and public health. There is no professional obligation on a veterinary practitioner to provide a second opinion on a case unless a failure to provide an opinion would have poor implications for animal welfare.

(a) The client informs the second veterinary practitioner that they are seeking a second opinion and provides the name of the original practice.

- i. Prior to taking on the case, the second veterinary practitioner must inform the client that they only have a CPPR for the animal being clinically examined.
- ii. The second veterinary practitioner should inform the original attending veterinary practitioner of the case and request relevant clinical records.
- iii. The original attending veterinary practitioner must respond promptly to requests for clinical records.
- iv. The second veterinary practitioner should not seek to take over the case unless the client chooses to change practices.
- v. If the client wishes to continue to engage the second veterinary practitioner for future primary care, then a new CPPR is established with the superseding practice and the CPPR with the first practice is terminated.

(b) The client informs the second veterinary practitioner that they are seeking a second opinion and prefers not to provide the name of the original practice.

- i. In the event that the client wishes to seek a second opinion but does not want the second veterinary practitioner to know the name of the original attending veterinary practitioner, the client should be asked to obtain the records from the original attending veterinary practitioner.
- ii. If the client wishes to continue to engage the second veterinary practitioner for future primary care, then a new CPPR is established with the superseding practice and the CPPR with the first practice is terminated.

(c) The client does not inform the second veterinary practitioner that they are seeking a second opinion and presents the case as a request for a first opinion.

- i. The practice must treat the case as a new CPPR and inform the client of the VCI requirements of a CPPR between an attending veterinary practitioner, a client and a patient.
- ii. Any suspicion by the veterinary practitioner that there has been a previous veterinary diagnosis and/or treatment of the case should be followed up with the client. (e.g. older animals being presented for the first time, or clients with multiple animals.)
- iii. In the event that the veterinary practitioner discovers that the client is, in fact, seeking a second opinion, they should proceed as per scenario (a) or (b) above as appropriate.
- iv. It is at the veterinary practitioner's discretion whether or not to establish a CPPR in light of local circumstances.

(See also the section on [Animals Under Veterinary Care](#) in Chapter 2.)

Taking Over a Colleague's Case

If a veterinary practitioner is called upon to treat an animal that has previously been in the care of another veterinary practitioner, they must ask the owner (or designated keeper) for the details of that veterinary practitioner. If the owner (or designated keeper) refuses to provide details of their animal's previous attending veterinary practitioner or to provide consent to contact that veterinary practitioner for relevant information about the animal or to provide the relevant clinical records, the case may be declined other than to provide emergency first aid and pain relief.

As the welfare of an animal under the care of a veterinary practitioner is of primary concern, a veterinary practitioner who has been asked to take over a colleague's case and has received the consent of the owner (or designated keeper) of the animal to contact that colleague, must enquire of that colleague as to the treatment that has been given and ask for the patient's clinical records. When so requested, it is incumbent on the first veterinary practice to provide this information and there must be full, transparent and timely disclosure of all relevant clinical records to ensure adequate continuity of care. The first veterinary practice should ensure that the client has expressly consented to the release of this information where it includes provision of some of the client's personal data and the second veterinary practice should be in a position to provide proof of this.

(See also the section on [Animals Under Veterinary Care](#) in Chapter 2.)



Chapter 7:

Communication, Confidentiality and Consent

“Communicating effectively with clients, colleagues, team members and the public, recognising their wishes, ensuring adequate consent, and protecting confidentiality”

Communication

Veterinary practitioners should listen carefully to clients and ask relevant questions so that they can advise them appropriately.

Veterinary practitioners must be honest and give all relevant information to clients in a clear and accurate manner, which should include, where applicable, details about the animal’s condition, proposed treatment, and likely outcomes. They may wish to provide clients with information leaflets which may include care plans and any necessary instructions. (See also the section on [Fees and Estimates](#) in this chapter.)

Veterinary practitioners should communicate in a comprehensive manner with colleagues and staff to ensure effective coordination and co-operation while taking care of animals. (See also the section on [Client and Clinical Records](#) in this chapter.)

Veterinary practitioners must have a good command of the English language so that they can communicate effectively with clients and colleagues. In circumstances where a client does not have a good command of the English language, veterinary practitioners should make reasonable efforts to convey their message accurately.

When a veterinary practitioner wishes to give notice to a client that professional services can no longer be provided to that client, it should always be done in writing, by way of recorded delivery, and a copy of the communication should be kept.

When veterinary practitioners give information to members of the public about matters related to animal health and welfare, they should ensure that this information is accurate and communicated in a clear manner.

Confidentiality

Veterinary practitioners must treat all dealings with clients confidentially and ensure that information acquired in the course of providing veterinary services to them is not disclosed to others without their consent.

Veterinary practitioners should protect client confidentiality by storing all their information securely. Precautions should be taken against accidental disclosures.

Veterinary practitioners must ensure that non-registered staff and students are fully aware that client information is confidential and is not to be disclosed by them to third parties.

Exceptions to the Requirement for Confidentiality

The following exceptions apply to the requirement for confidentiality:

- (i) the communication of relevant information to professional colleagues, students and support staff to enable them to properly carry out their role in relation to the client.
- (ii) when disclosure of information is required by law.
- (iii) when disclosure of information is necessary for the investigation and/or control and/or elimination of zoonotic conditions of public health significance.
- (iv) when a veterinary practitioner reasonably believes that there is a serious threat to a person or animal's health, welfare or safety.
- (v) when disclosure of information is necessary for the prevention, detection or prosecution of a crime.
- (vi) when the veterinary practitioner reasonably believes that there is an overriding public interest in making a disclosure.
- (vii) when the client has consented to the disclosure of information.

Whenever any of these exceptions apply, disclosure should, where possible, occur with the informed consent of the client. When informed consent is not possible, or when seeking it would be likely to undermine the purpose of the disclosure, veterinary practitioners should ensure that their reasons for disclosure are properly documented.

Presenting Evidence in Court

When serving as a witness in Court, veterinary practitioners have a responsibility to prepare and present their evidence honestly, accurately, and in a thorough and professional manner. The veterinary practitioner's primary duty is to assist the Court in reaching a conclusion based on a fair and proper interpretation of the facts of the case. When acting as an expert witness, a veterinary practitioner must give their evidence impartially and within their areas of expertise.

Doubts About Ownership of Animals

Veterinary practitioners may have legitimate doubts about ownership if a client presents an animal with a microchip registered in another person's name. If this occurs, the veterinary practitioner should seek the written consent of the client to pass on their personal data and the details of the animal and its location to the database provider. This consent should be kept with the client's clinical records.

In circumstances where the client has not given permission for disclosure, the veterinary practitioner should contact the registered keeper and/or database provider and tell them that the animal has been brought in. However, the client's personal information should not be released at this point. If the registered keeper is unconcerned about the situation, consent will need to be obtained to change the microchip details. If the registered keeper and/or database provider states that the animal has been stolen, the veterinary practitioner should tell them that they will pass on the client's personal details, on request, to An Garda Síochána.

Each case should be determined based on the particular circumstances at hand. If there is any doubt about whether disclosure without consent is justified, the issues should be discussed, where possible, with an experienced colleague before the information is released. Veterinary practitioners should keep a full written record of their concerns, steps taken to advise the client and the justification for any decision to breach confidentiality, in the event of any subsequent challenge.

Client and Clinical Records

Veterinary practitioners should keep a written note of relevant information from each consultation they have relating to a veterinary matter, whether by telephone, in the practice or on a farm or other location. Consultation notes must be clear, legible and accurate and include the date and veterinary practitioner's name.

The records kept by veterinary practitioners must make it evident that the professional veterinary responsibility for the animal in question is real and not merely nominal. Records should include dated examination findings, dated diagnostic test findings, all treatments, anaesthetics and surgeries, and relevant communications with clients. The records must contain enough detail for another veterinary practitioner to take over the management of the case at any time.

An efficient system of recording, filing and retrieving patient records must be maintained for each animal, herd, stud, flock or farm, appropriate to the facility, the equipment and the services provided, with due regard to confidentiality. Records must indicate the person responsible for carrying out the procedure or service. Records may be in written or electronic format and a satisfactory back-up system should be maintained. Authorised Officers may ask to inspect one or more animal/ herd/stud/flock/farm records. Records must be promptly made available to clients on request.

The personal data of clients must be accurate and must only be collected for specified, explicit and legitimate purposes, and must not be kept for longer than is necessary. Veterinary practitioners must carefully consider why they need the data and what they are going to do with it. They must then obtain the client's consent prior to collecting and using the necessary data. The data must be used lawfully, fairly and in a transparent manner.

Veterinary practitioners must ensure that records are secure and are dealt with in compliance with data protection and other legislation.

Veterinary practitioners should retain records for at least seven years.

Informed Consent

Save where it is provided for in legislation or elsewhere in this Code that consent is not required, veterinary practitioners must get the informed consent of the client before proceeding with a proposed treatment or course of action, including a post-mortem examination. For the avoidance of doubt, a veterinary practitioner may administer first aid or medical assistance to an animal in an emergency, without obtaining the consent of the owner (or designated keeper) of the animal. It is also permissible to euthanise an animal without the owner's consent in certain circumstances. (See the section on [Euthanasia](#) in Chapter 3.)

All relevant information must be given to the client to ensure that they can make an informed choice. This information should include the following whenever they are applicable:

- the reason why a particular treatment or course of action is being proposed.
- any risks and common side effects that a person would reasonably expect to be told about.
- any limitations to the proposed treatment or course of action.
- other reasonable courses of action available, and their risks and benefits.
- the potential consequences of refusing the proposed treatment or course of action.
- the level of care that will be given to their animal e.g. continuous monitoring, level of overnight supervision, regular inspection, as appropriate.
- whether follow-up care is likely to be required and what it would consist of.
- an initial estimate of the cost of the proposed treatment or course of action.

Veterinary practitioners should check that clients understand the information that they have been given and give them an opportunity to ask questions and receive answers.

Veterinary practitioners should consider the capacity of the client to give consent and be aware that the law regarding capacity is not straightforward. If a person is under 18 years of age or appears to lack the mental capacity to consent, veterinary practitioners should ensure that an animal's welfare is taken care of in the first instance and then take reasonable steps to obtain informed consent, in respect of any non-urgent interventions, from a competent adult who is legally entitled to consent on that person's behalf. If no such person can be found, veterinary practitioners may need to involve appropriate statutory bodies and/or animal welfare organisations.

Veterinary practitioners should ensure that the informed consent process is properly documented and are responsible for drafting any consent forms used.

It is permissible to delegate the administration of the consent process to other members of staff provided that the proposed treatment is not complex and is routinely performed, the relevant staff members have been appropriately trained, and protocols are in place and followed. In such circumstances, veterinary practitioners remain responsible for ensuring that the client has given their consent.

Practice Premises Information

Veterinary practitioners must provide their clients with all relevant information about the practice premises as per the requirements of the VCI's Premises Accreditation Scheme.

Fees and Estimates

Veterinary practitioners are entitled to charge a fee for their professional services. The fees they charge should be appropriate to the service they provide. A sign indicating basic on-site consultation and call-out fees must be publicly displayed and clients should be given a reasonable initial estimate of the fees associated with any proposed treatment as well as the cost of any diagnostic or laboratory tests that are advised. If it becomes evident that the initial estimate or a limit set by the client is likely to be exceeded, the client should be contacted as soon as it is practicable to do so and informed, and their additional consent obtained. This should be recorded by the veterinary practitioner.

Complaints

Veterinary practitioners should inform clients of their practice's complaints handling policy. This should clearly outline how to make a complaint and the process that is followed to deal with it.

Veterinary practitioners should respond promptly, comprehensively and courteously to complaints and criticism, in accordance with their practice's complaints handling policy. The complaint should be documented, along with the process followed to deal with it, how it was ultimately addressed, and the complainant's response.

Marketing

Veterinary practitioners may use marketing communications to inform the public of products and services that they offer. A marketing communication includes, but is not limited to, advertising, as well as other techniques such as promotions, sponsorships and direct marketing.

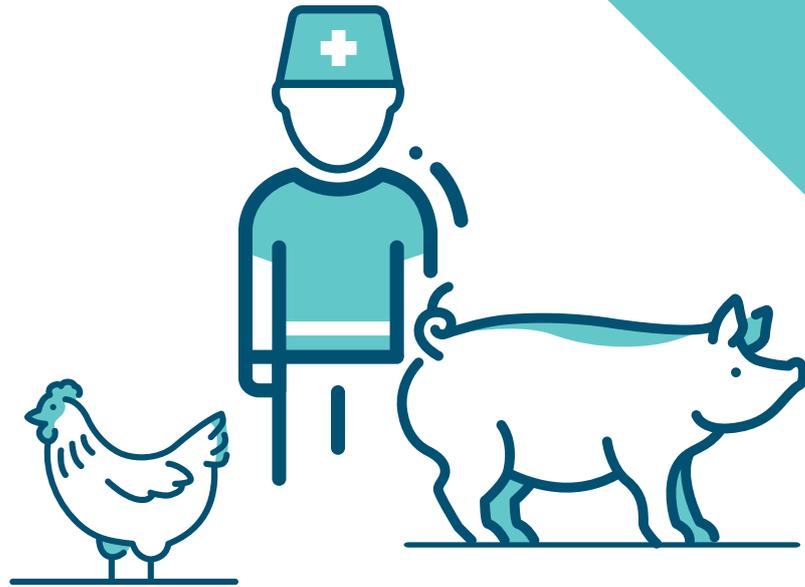
Veterinary practitioners must ensure that all marketing communications in respect of their services are legal, decent, honest and truthful. A marketing communication should not mislead, or be likely to mislead, by inaccuracy, ambiguity, exaggeration, omission or otherwise.

Marketing communications must not describe veterinary practitioners as specialists unless they are on the VCI's Register of Veterinary Specialists.

Veterinary practitioners must ensure that all of their marketing communications are in compliance with data protection legislation and national advertising standards.

Websites

The VCI recognises that practice websites can provide valuable services to the general public and clients. Veterinary practitioners must take responsibility for the content of their sites and for keeping them up-to-date. The content of the site must be accurate and in compliance with data protection legislation and national advertising standards. Particular care must be exercised with links to other websites and veterinary practitioners should ensure that such links do not contain information or promote products that are contrary to good veterinary practice.



Social Media

Social media has become a mainstream part of the private lives of many veterinary practitioners and is in widespread use to promote businesses and services, including veterinary practices. Any veterinary practitioner that uses social media should maintain the professional standards expected in other forms of communication. When they post about matters related to animal health and welfare, they should ensure that this information is accurate and presented in a clear manner.

Social media sites cannot guarantee confidentiality, regardless of what privacy settings are used. Therefore, veterinary practitioners should only post information and images that they are happy for everyone to see. In this regard, they should carefully consider the potential impact on clients, colleagues and the public if any material they post were to become more widely available.

In order to maintain client confidentiality, veterinary practitioners must not post information about, or images of, a client or a client's animal, which could identify them on social media, without the client's prior consent.

Veterinary practitioners must always obtain consent to use material that is not their own and is not freely and publicly available online.

Veterinary practitioners must not post anything that could be considered abusive, unsustainable, or defamatory, or that harms the reputation of the veterinary professions.

Veterinary practitioners must not post material that is illegal or that condones or encourages unlawful behaviour by others.



Chapter 8

Integrity of Veterinary Certification

“Upholding the integrity of veterinary certification”

Definition of Veterinary Certificate

A certificate is a hand-written, printed or electronic statement of fact made with authority and signed by the person making the statement, regardless of whether it contains the word ‘certificate’. (See also the section on [Electronic Certification and Signatures](#) in this chapter.)

Veterinary certification includes, for example, certifying the health status and/or welfare of animals and/or certifying the safety of products of animal origin (e.g. notifiable and zoonotic diseases, rabies control, pets’ health and movement, food safety, etc.).

The 11 Principles of Veterinary Certification

Veterinary practitioners must ensure the integrity of any veterinary certificate that they are responsible for. To this end, they should be guided by the 11 Principles of Veterinary Certification set out below. Additional guidance regarding these principles is in italics.

1. Veterinary practitioners should certify only those matters which are within their own knowledge, can be ascertained or attested personally, or are the subject of supporting certification by another veterinary practitioner who has personal knowledge of the matters in question and is authorised to provide the certificate.
 - *Matters not within the knowledge of a veterinary practitioner, and not the subject of such a supporting certificate by another veterinary practitioner, but known to other persons, e.g. farmers, breeders, or any other non-registered persons, should be the subject of a declaration by those persons only.*
 - *Untrue or incorrect certification is unacceptable and can result in animal health and welfare and public health being compromised.*

- Whenever a veterinary practitioner is required to draft a certificate, it must be prepared with care and accuracy, after all the necessary steps have been taken to ascertain that the matters to be certified are in fact true.
 - Whenever a client or third party asks a veterinary practitioner to sign a certificate that has been drafted by a person other than that veterinary practitioner, the veterinary practitioner must read it and any accompanying instructions or guidelines thoroughly, and carefully consider all the implications of signing it.
 - A veterinary practitioner must fulfil the requirements that are specified on a certificate. Where a clinical examination has been supplemented by laboratory tests or by other ancillary diagnostic procedures, this should be stated on the certificate.
 - A veterinary practitioner must not sign any certificate which relates to events which will or are due to take place in the future and are outside their direct control.
2. Veterinary practitioners should not issue a certificate which might raise a reasonable question of a conflict of interest.
- A conflict of interest exists when the actual, potential or perceived interest of a veterinary practitioner may undermine the impartiality or perception of impartiality of that veterinary practitioner.
 - Veterinary practitioners must not allow commercial, financial or other pressures to compromise their impartiality.
 - See the section on [Conflicts of Interest](#) in Chapter 1 for further guidance.
3. Veterinary practitioners should only sign certificates written in a language they understand.
- If a certificate in a third language is required, an Irish or English version, as appropriate, attested as being an accurate translation of the certificate must be obtained. The veterinary practitioner must then complete and sign the original certificate, endorsing thereon that they do so on the basis of the translation which they must attach to the original. The veterinary practitioner must retain copies of the original and the translation.
 - See the section on [Communication](#) in Chapter 7 for further guidance.
4. Certificates should be written in simple terms which are easy to understand.
- To conform with this principle, certificates must be clearly legible.
5. Certificates should not use words or phrases which are capable of more than one interpretation.
- Veterinary practitioners should pay careful attention to vocabulary, grammar, spelling and punctuation in order to ensure that they comply with this principle.
6. Certificates should be:
- a) clear and concise;
 - b) integrated, whole and indivisible;
 - c) given a unique identifier; and
 - d) copied and retained with all relevant records.
7. Certificates should clearly identify the subjects of certification.
- All certificates should include the name and full address of the owner and / or their agent and the certificate should also include clear and reliable identification of the animal(s) or product to which it relates.
 - When issuing a certificate, a veterinary practitioner should give as full a description as is reasonably possible of the animal concerned. This must include some form of permanent identification such as tattoo, freeze brand, tag, microchip or marking form certified by a veterinary practitioner. Where there is no clear permanent identification mark or if an alleged identification mark is not legible at the time of inspection or test or sampling, the veterinary practitioner should refuse to issue a certificate until the animal has been re- marked or otherwise adequately identified.
 - To secure identification the following features should be noted: species and breed of the animal, declared age, sex, colour, pattern of colour or markings, silhouette, and name of the owner.
 - Where it is not possible to identify individual animals in a herd or flock then a qualifying statement to that effect should be incorporated in the certificate.

8. For systems-based set-format veterinary certification and certification of disease-free status, notes or guidance must be provided by a veterinary practitioner on behalf of an issuing authority to the certifying veterinary practitioner indicating the extent of the enquiries they are expected to make, the examinations they are required to carry out, or to clarify any details of the certificate which may require further interpretation.
- *Taking into account OIE guidance on certification of disease-free status where a trade agreement exists between two or more countries, then guidance for certification must be provided at a national level by a veterinary practitioner within the competent authority. Compliance with this guidance in completion of the certificate is acceptable. Where a veterinary practitioner is required to certify disease-free status in animals on a countrywide or on an area basis, they must only do so in respect of notifiable diseases, and the relevant facts must always be ascertained from the relevant Government services prior to certification.*
 - *Systems-Based Set-Format Veterinary Certification must be supported by robust and verifiable procedures which demonstrate adherence to internationally accepted norms and practice. Guidance for certification must be provided at a national level by a veterinary practitioner within the competent authority. Compliance with this guidance in completion of the certificate is acceptable.*
9. A veterinary practitioner should only certify that there has been compliance with the law of another country or jurisdiction when the provisions of that law are clearly set out on the certificate or where guidance in writing has been provided to them by the issuing authority.
10. Veterinary practitioners should only sign original certificates. Where there is a legal or official requirement for a copy or duplicate of the certificate (marked as such) it can be provided.
- *In the event that a replacement certificate is being provided, a veterinary practitioner should take reasonable steps to ensure that the certificate being replaced is cancelled and, where possible, returned to them. A replacement certificate should be clearly marked to indicate that it is replacing the original certificate and should reference the number and the issue date of the certificate that it supersedes.*
11. When signing a certificate, veterinary practitioners should ensure that:
- a. Their signature is identifiable;
 - b. The certificate bears not only the signature but also, in clear lettering, their name, qualifications and address, their VCI registration number, and, where appropriate, their official or practice stamp;
 - *Stamps of certification and identification and headed notepaper should be kept carefully under the reasonable control of the veterinary practitioner.*
 - c. The certificate bears the date on which the certificate was signed and issued and, where appropriate, the date the certified procedure was carried out and the time for which the certificate will remain valid;
 - d. No part of the certificate is left blank so that it could subsequently be completed by some person other than the veterinary practitioner;
 - e. The certificate contains no deletions or alterations, other than those initialled and stamped by the certifying veterinary practitioner.

Electronic Certification and Signatures

Electronic veterinary certificates and electronic signatures are acceptable, provided that there are sufficient safeguards in place to protect their integrity. In this regard, veterinary practitioners must ensure that they have adequate controls in place to prevent unauthorised access to their electronic identity, as well as taking proper measures to guard against unauthorised modification or manipulation of a certificate once it has been signed by them. Veterinary practitioners are advised to seek expert advice and/or assistance with this in the event that they do not have the necessary technical knowledge. They should keep a copy of any electronic certificate that is completed by them.

If a veterinary practitioner is considering using a digital signature within the TRACES or any other export certification system, they should contact the relevant competent authority for advice in this regard.

Specific Instances of Certification

Guidance on specific instances of certification can be found in [Appendix VII](#).

Appendix I

Relevant Legislation and Standards

This non-exhaustive list was compiled in 2021. Registrants should keep themselves abreast of any amendments to or updating of the legislation and standards that are relevant to their area of practice.

Veterinary Practice Legislation

- *Veterinary Practice Act 2005*
- *Veterinary Practice (Amendment) Act 2012*
- *Veterinary Council of Ireland Continuing Veterinary Education for Veterinary Practitioners Regulations 2020*
- *Veterinary Council of Ireland Continuing Veterinary Education for Veterinary Nurses Regulations 2020*
- *Veterinary Council of Ireland Indemnity Insurance Regulations 2020*
- *Veterinary Council of Ireland Premises Accreditation Scheme (PAS) Regulations*
- *Veterinary Practice Act 2005 (Treatment by non-registered person) Regulations 2017*
- *Veterinary Practice Act 2005 (Prescribed Places and Events) Regulations 2006*

- *Commission Delegated Regulation (EU) 2018/1629 of 25 July 2018 amending the list of diseases set out in Annex II to Regulation (EU) 2016/429 of the European Parliament and of the Council on transmissible animal diseases and amending and repealing certain acts in the area of animal health*
- *Commission Implementing Regulation (EU) 2018/1882 of 3 December 2018 on the application of certain disease prevention and control rules to categories of listed diseases and establishing a list of species and groups of species posing a considerable risk for the spread of those listed diseases*
- *Commission Delegated Regulation (EU) 2019/2035 of 28 June 2019 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards rules for establishments keeping terrestrial animals and hatcheries, and the traceability of certain kept terrestrial animals and hatching eggs*
- *Commission Delegated Regulation (EU) 2020/1625 of 25 August 2020 amending Delegated Regulation (EU) 2019/2035 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards rules for establishments keeping terrestrial animals and hatcheries, and the traceability of certain kept terrestrial animals and hatching eggs*

Animal Health and Welfare Legislation

- **Animal Health & Welfare (General)**
Animal Health and Welfare Act 2013 (as amended by Part 11 of the Greyhound Racing Act 2019)

Regulation (EU) 2016/429 of the European Parliament and of the Council of 9 March 2016 on transmissible animal diseases ('Animal Health Law')

- Commission Delegated Regulation (EU) 2020/686 of 17 December 2019 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards the approval of germinal product establishments and the traceability and animal health requirements for movements within the Union of germinal products of certain kept terrestrial animals
- Commission Delegated Regulation (EU) 2020/687 of 17 December 2019 supplementing Regulation (EU) 2016/429 of the European Parliament and the Council, as regards rules for the prevention and control of certain listed diseases
- Commission Delegated Regulation (EU) 2020/688 of 17 December 2019 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council, as regards animal health requirements for movements within the Union of terrestrial animals and hatching eggs
- Commission Delegated Regulation (EU) 2020/689 of 17 December 2019 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards rules for surveillance, eradication programmes, and disease-free status for certain listed and emerging diseases
- Commission Implementing Regulation (EU) 2020/690 of 17 December 2019 laying down rules for the application of Regulation (EU) 2016/429 of the European Parliament and of the Council as regards the listed diseases subject to Union surveillance programmes, the geographical scope of such programmes and the listed diseases for which the disease-free status of compartments may be established
- Commission Delegated Regulation (EU) 2020/691 of 30 January 2020 supplementing Regulation (EU) 2016/429 of the European Parliament and of Council as regards rules for aquaculture establishments and transporters of aquatic animals
- Commission Delegated Regulation (EU) 2020/692 of 30 January 2020 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards rules for entry into the Union, and the movement and handling after entry of consignments of certain animals, germinal products and products of animal origin
- Commission Delegated Regulation (EU) 2020/990 of 28 April 2020 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council, as regards animal health and certification requirements for movements within the Union of aquatic animals and products of animal origin from aquatic animals
- Commission Implementing Regulation (EU) 2020/999 of 9 July 2020 laying down rules for the application of Regulation (EU) 2016/429 of the European Parliament and of the Council with regard to the approval of germinal product establishments and the traceability of germinal products of bovine, porcine, ovine, caprine and equine animals
- Commission Implementing Regulation (EU) 2020/2002 of 7 December 2020 laying down rules for the application of Regulation (EU) 2016/429 of the European Parliament and of the Council with regard to Union notification and Union reporting of listed diseases, to formats and procedures for submission and reporting of Union surveillance programmes and of eradication programmes and for application for recognition of disease-free status, and to the computerised information system
- Commission Delegated Regulation (EU) 2020/2154 of 14 October 2020 supplementing Regulation (EU) 2016/429 of the European Parliament and of the Council as regards animal health, certification and notification requirements for movements within the Union of products of animal origin from terrestrial animals
- Commission Implementing Regulation (EU) 2021/963 of 10 June 2021 laying down rules for the application of Regulations (EU) 2016/429, (EU) 2016/1012 and (EU) 2019/6 of the European Parliament and of the Council with regard to the identification and registration of equine animals and establishing model identification documents for those animals

Notification and Control of Diseases affecting Terrestrial Animals (No. 2) Regulations 2016

Notification and Control of Diseases affecting Terrestrial Animals (No. 2) Regulations 2016 (Amendment) Regulations 2017

Animal Health and Welfare (Livestock Marts) Regulations 2018

Animal Welfare (Electro-immobilisation) Regulations 2014

Diseases of Animals (Feeding and Use of Swill) Order 1985

Diseases of Animals Act 1966 (Prohibition on The Use of Swill) Order 2001

Diseases of Animals Act 1966 (Prohibition on The Use of Swill) (Amendment) Order 2009

- **Operations and Procedures**

Animal Health and Welfare (Operations and Procedures) (No. 2) Regulations 2014

Animal Health and Welfare (Section 17) Regulations 2014

Prohibition on Tail Docking and Dew Claw Removal (Dogs) Regulations 2014

Prohibition on Tail Docking and Dew Claw Removal (Dogs) Regulations 2014 (Amendment) Regulations 2017

Prohibition on Tail-docking (Bovines) (No. 2) Regulations 2014

Microchipping of Dogs Regulations 2015

Microchipping of Dogs (Amendment) Regulations 2015

Commission Implementing Regulation (EU) 2015/262 (Equine Passport Regulation) (given effect to in Ireland by the European Union (Identification of Equidae) Regulations 2015)

- **Pet Animals**

Animal Health and Welfare (Sale or Supply of Pet Animals) Regulations 2019

Dog Breeding Establishments Act 2010 (to be read in conjunction with the Dog Breeding Establishment Guidelines July 2018)

Control of Dogs Act 1986

Welfare of Greyhounds Act 2011

Greyhound Racing Act 2019

Welfare of Greyhounds Regulations 2016

- **Farmed Animals (General)**

European Communities (Welfare of farmed animals) Regulations 2010

- **Cattle**

Bovine Viral Diarrhoea Regulations 2017

Bovine Viral Diarrhoea (Amendment) Regulations 2020

Bovine Viral Diarrhoea (Amendment) Regulations 2021

Animal Health and Welfare (Bovine Tuberculosis) Regulations 2015

Animal Health and Welfare (Bovine Tuberculosis) (Amendment) Regulations 2016

Animal Health and Welfare (Bovine Movement) Regulations 2014

Animal Health and Welfare (Bovine Movement) (Amendment) (No. 2) Regulations 2015

Animal Health and Welfare (Restriction on Horned Cattle) (No. 2) Regulations 2014

Brucellosis in Cattle (General Provisions) Order 1991

Brucellosis in Cattle (General Provisions) (Amendment) Order 1996

Brucellosis in Cattle (General Provisions) (Amendment) Order 1998

Brucellosis in Cattle (General Provisions) (Amendment) Order 2000

Brucellosis in Cattle (General Provisions) (Amendment) Order 2002

Brucellosis in Cattle (General Provisions) (Amendment) Order, 2003

Brucellosis in Cattle (General Provisions) (Amendment) Order 2007

Brucellosis in Cattle (General Provisions) (Amendment) Order 2009

Brucellosis in Cattle (General Provisions) (Amendment) Order 2012

Animal Health and Welfare (Brucellosis in Cattle) Regulations 2015

- **Pigs**

Diseases of Animals Act 1966 (National Pig Identification and Tracing System) Order 2002

Diseases of Animals Act 1966 (National Pig Identification and Tracing System) (Amendment) Order 2010

Diseases of Animals Act 1966 (Control of salmonella in swine) Order 2009

Abattoirs Act 1988 (Veterinary Examination) (Salmonella in Pigs) Regulations 2009

- **Poultry and Other Birds**

Diseases of Animals (Poultry Feed) Order 1991

Diseases of Animal Act 1966 (Control of Salmonella in Ducks) Order 2010

- **Animal Transport, Export and Import**

European Communities (Animal Transport and Control Post Regulations) Regulations 2006

Carriage of Livestock by Sea Regulations 2016

Pet Passport (No. 2) Regulations 2014

Pet Passport (No. 2) Regulations 2014 Amendment Regulations 2016

Pet Travel (Cats, dogs and ferrets) Regulations 2020

Pet Travel (Cats, dogs and ferrets) (Amendment) Regulations 2021

European Union (Imports of Animals and Animal Products from Third Countries) Regulations 2020

Council Regulation (EC) No 338/97 of 9 December 1996 on the protection of species of wild fauna and flora by regulating trade therein

- **Animal Slaughter**

European Union (Protection of Animals at the Time of Killing) Regulations 2013

- **Animals Used for Scientific Purposes**

Directive 2010/63/EU of the European Parliament and of the Council of 22 September 2010 on the protection of animals used for scientific purposes

European Union (Protection of Animals used for Scientific Purposes) Regulations 2012

- **Zoos**

European Communities (Licensing and Inspection of Zoos) Regulations 2003

Medicinal Product Legislation

- **Veterinary Medicinal Products and Medicated Feed**

Regulation (EU) 2019/6 of the European Parliament and of the Council of 11 December 2018 on veterinary medicinal products

Regulation (EU) 2019/4 of The European Parliament and of the Council of 11 December 2018 on the manufacture, placing on the market and use of medicated feed

European Union (Veterinary Medicinal Products and Medicated Feed) Regulations 2021

- **Animal Vaccines**

Control on Animal Vaccines Regulations 2014

Control on Animal Vaccines (Amendment) Regulations 2016

- **Controlled Drugs**

Misuse of Drugs Regulations 2017

Public Health Legislation

- **Monitoring of Zoonoses**

European Communities (Monitoring of Zoonoses) Regulations 2004

- **Controls and Certification**

Regulation (EU) 2017/625 of the European Parliament and of the Council of 15 March 2017 on official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health and plant protection products

- Commission Implementing Regulation (EU) 2019/1715 of 30 September 2019 laying down rules for the functioning of the information management system for official controls and its system components (the IMSOC Regulation)
 - Commission Implementing Regulation (EU) 2019/627 of 15 March 2019 laying down uniform practical arrangements for the performance of official controls on products of animal origin intended for human consumption
 - Commission Delegated Regulation (EU) 2019/624 of 8 February 2019 concerning specific rules for the performance of official controls on the production of meat and for production and relaying areas of live bivalve molluscs
 - Commission Implementing Regulation (EU) 2021/404 of 24 March 2021 laying down the lists of third countries, territories or zones thereof from which the entry into the Union of animals, germinal products and products of animal origin is permitted
 - Commission Implementing Regulation (EU) 2019/1014 of 12 June 2019 to lay down detailed rules on minimum requirements for border control posts, including inspection centres, and for the format, categories and abbreviations to use for listing border control posts and control points
 - Commission Implementing Regulation (EU) 2019/2130 of 25 November 2019 establishing detailed rules on the operations to be carried out during and after documentary checks, identity checks and physical checks on animals and goods subject to official controls at border control posts
 - Commission Delegated Regulation (EU) 2019/625 of 4 March 2019 supplementing Regulation (EU) 2017/625 of the European Parliament and of the Council with regard to requirements for the entry into the Union of consignments of certain animals and goods intended for human consumption
 - Commission Implementing Regulation (EU) 2021/403 of 24 March 2021 laying down rules for the application of Regulations (EU) 2016/429 and (EU) 2017/625 of the European Parliament and of the Council as regards model animal health certificates and model animal health/official certificates, for the entry into the Union and movements between Member States of consignments of certain categories of terrestrial animals and germinal products thereof, official certification regarding such certificates
 - Commission Implementing Regulation (EU) 2020/2236 of 16 December 2020 laying down rules for the application of Regulations (EU) 2016/429 and (EU) 2017/625 of the European Parliament and of the Council as regards model animal health certificates for the entry into the Union and movements within the Union of consignments of aquatic animals and of certain products of animal origin from aquatic animals, official certification regarding such certificates
 - Commission Implementing Regulation (EU) 2020/2235 of 16 December 2020 laying down rules for the application of Regulations (EU) 2016/429 and (EU) 2017/625 of the European Parliament and of the Council as regards model animal health certificates, model official certificates and model animal health/official certificates, for the entry into the Union and movements within the Union of consignments of certain categories of animals and goods, official certification regarding such certificates
 - Commission Implementing Regulation (EU) 2019/2128 of 12 November 2019 establishing the model official certificate and rules for issuing official certificates for goods which are delivered to vessels leaving the Union and intended for ship supply or consumption by the crew and passengers, or to NATO or a United States' military base
 - Commission Delegated Regulation (EU) 2019/2090 of 19 June 2019 supplementing Regulation (EU) 2017/625 of the European Parliament and Council regarding cases of suspected or established non-compliance with Union rules applicable to the use or residues of pharmacologically active substances authorised in veterinary medicinal products or as feed additives or with Union rules applicable to the use or residues of prohibited or unauthorised pharmacologically active substances
- European Union (Food and Feed Hygiene) Regulations 2020

- **Transmissible Spongiform Encephalopathies**

European Communities (Transmissible Spongiform Encephalopathies and Animal By-products) Regulations 2008

Diseases of Animals Act 1966 (Transmissible Spongiform Encephalopathies) (Fertilisers & Soil Improvers) Order 2008

European Union (Transmissible Spongiform Encephalopathies) Regulations 2015

European Union (Transmissible Spongiform Encephalopathies) (Amendment) Regulations 2018)

- **Salmonella and Other Specified Food-borne Zoonotic Agents**

Regulation (EC) No 2160/2003 of the European Parliament and of the Council of 17 November 2003 on the control of salmonella and other specified food-borne zoonotic agents

- **Trichinella in Meat**

Commission Implementing Regulation (EU) 2015/1375 of 10 August 2015 laying down specific rules on official controls for Trichinella in meat

- **Animal By-Products**

European Union (Animal By-Products) Regulations 2014)

Disposal of Carcasses (Prohibition) Regulations 2015

Environmental Protection Legislation

- Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019
- Waste Management Acts 1996 to 2011
- European Union (Waste Directive) Regulations 2011 to 2020

Health and Safety Legislation

- Safety, Health and Welfare at Work Act 2005
- Safety, Health and Welfare at Work (General Application) Regulations 2007 to 2020
- Organisation of Working Time Act 1997

Data Protection and Marketing Legislation / Standards

- General Data Protection Regulation (Regulation (EU) 2016/679)
- Data Protection Act 2018
- ePrivacy Regulations (European Communities (Electronic Communications Networks and Services) (Privacy and Electronic Communications) Regulations 2011)
- Advertising Standards Authority for Ireland Code of Standards for Advertising and Marketing Communications in Ireland

Standards Set or Endorsed by the Veterinary Council of Ireland

- **Veterinary Council of Ireland (VCI)**

Animal Welfare Guidelines for Managing Acutely Injured Livestock on Farm

Official Guidelines for New or Returning Graduates and their Employers

Statement on Elective Reproductive Surgery

Premises Accreditation Scheme Standards Document

The DSPCA & The Irish Blue Cross Registered Charity Unit Standards with Guidelines

- **Ireland's National Action Plan on Antimicrobial Resistance (iNap)**

Code of Good Practice Regarding the Responsible Use of Antimicrobials on Pig Farms

Code of Good Practice Regarding the Responsible Use of Antimicrobials on Dairy Farms

- **European Medicines Agency (EMA)**

Categorisation of Antibiotics for Use in Animals for Prudent and Responsible Use

- **British Equine Veterinary Association (BEVA)/Royal College of Veterinary Surgeons (RCVS)**

Guidance Notes on the Examination of a Horse on Behalf of a Prospective Purchaser

- **Environmental Protection Agency**

Code of Practice on the Application of the Ionising Radiation Regulations (IRR19) in Veterinary Medicine

Appendix II



Veterinary Council of Ireland

Guidance Note

The Role and Scope of Practice
of the Veterinary Nurse



Foreword by VCI President and VCI Deputy President

A career in veterinary nursing is a highly rewarding one that offers plenty of variety and daily contact with animals and their owners.

Registered Veterinary Nurses (RVNs) work alongside veterinary practitioners to provide high levels of care for sick and injured animals. Throughout the course of their daily practice, veterinary nurses are responsible for the welfare, comfort and recovery of animals that may have undergone trauma, surgery or are receiving treatment for medical conditions. Veterinary nurses are trained to a very high level to enable them to work in all aspects of the veterinary practice environment from reception through to the operating theatre.

Veterinary nurses possess a skillset that enables them to seek employment in a range of places, for example, in general veterinary practice and in referral and specialist practices, in education, and in industry-related roles. Veterinary nurses work with a wide variety of species, ranging from domestic pets and exotic species to horses and wildlife.

The Veterinary Council have commissioned this Veterinary Nursing Guidance booklet as a tool to assist and support the role of veterinary nurses in practise. It is intended that this guidance booklet will provide clarity on the important roles and responsibilities of a veterinary nurse while also providing practical guidance and support.

We would like to acknowledge the support of both Dr Joanne Gallagher, the former Chair of the Veterinary Nursing Committee and the current Chair, Ms Fiona Linnane in the development of this document.

The veterinary nursing profession makes an invaluable contribution to society in their care and treatment of animals and through their collaboration with veterinary practitioners and animal owners. We, at the Veterinary Council hope that this guidance note will help to develop a better understanding of the role of the veterinary nurse by the public and the veterinary professions alike.



Edward J. Moffitt

Joe Moffitt
VCI President



Ailís ní Riain

Dr Ailís Ní Riain
VCI Deputy President

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The Veterinary Council wish to acknowledge and thank Gráinne Gilsenan, Registration and Education Manager for her work in drafting the document. Her insight as a member of the veterinary nursing profession and her knowledge and experience of the capabilities of the profession are reflected in this publication.

The Veterinary Council must sincerely thank and acknowledge the immense contribution made by Deirdre Campion MVB PhD, Karen Dunne MVB PhD and Niamh O' Donoghue MVB to this document. The wisdom, insight and expertise offered so generously by their contributions in the review and refinement of the document cannot be overstated. The kind contributions and review offered at the expense of considerable amounts of their own time to support the practical nature of the document, ensuring the production of guidance which we hope will be both useful and informative to the professions and public alike.

Finally, the Council thanks the educators, professional and representative bodies, indemnifiers and all other Veterinary Council stakeholders who offered their support, contribution and insight during the consultation process in early 2020, without whom the production of a document so rich in relevance to the professions would not have been possible.

Contents

Introduction	4
Who may use the title “Veterinary Nurse”?	5
Veterinary Nursing Competencies	7
The Veterinary Practice Act	12
Veterinary Medicines (Animal Remedies) Legislation	13
Code of Professional Conduct for Veterinary Nurses	15
Veterinary Nursing Care Planning	16
The RVN in Practice	18
Supports Within the Profession	20
Section 1 – Frequently Asked Questions	22
Vaccinations	23
Dental Procedures	23
Blood Procedures	24
Catheterisation and Infusions	25
Veterinary Nurse Calls	26
Anaesthesia	27
Minor Surgery	28
Other Procedures	29
Miscellaneous	30
Section 2 – Case Studies	31
Case Study 1 - Vaccinations	32
Case Study 2 – Dispensing Prescription Only Medications	34
Case Study 3 – Dealing with Angry Clients	35
Case Study 4 – Advanced Skills	36
Case Study 5 – Judgement	37
Case Study 6 – Grooming	39
Further Reading	40

Introduction

The Veterinary Council of Ireland is the statutory regulatory body for the veterinary nursing and the veterinary practitioner professions in Ireland. Our mission is to ensure the standards of education and practice among the veterinary professions enhances animal welfare and public health, and benefits society.

The Veterinary Council of Ireland has developed this guidance in consultation with its stakeholders, with the intention to provide a guidance tool for the veterinary professions.

With just over 1000 Registered Veterinary Nurses on the Register today, Veterinary Nurses account for more than one quarter of Veterinary Council Registrants in 2020.

The veterinary nursing profession is legislated for in Part 8 of the Veterinary Practice Act (2005). The profession has experienced significant development and progress since the establishment of the Veterinary Nursing Register in 2008. It is a reputable profession in its own right, earning high regard from its veterinary practitioner counterparts, the animal health industry as a whole, and the wider Irish public.

The Veterinary Council intends that this document will enable veterinary professionals to reflect on the key principles of veterinary nursing in practice, to encourage further development and understanding of the profession and the role it plays within all aspects of veterinary medicine and animal care in Ireland today.

The primary goal of this document is to provide guidance regarding the role and scope of practice of the veterinary nurse in the Republic of Ireland.

“

Veterinary Nurses account for more than one quarter of Veterinary Council Registrants in 2020.”

Who may use the title “Veterinary Nurse”?

Veterinary Nursing became a recognised registrable profession in 2008 in Ireland, when the Veterinary Council of Ireland first established the Register of Veterinary Nurses, enabling those eligible to enter themselves onto the Register, and to have their titles protected under the Veterinary Practice Act. The title “Veterinary Nurse” is a protected title under Irish legislation, meaning it is an offence for anyone to use the title “Registered Veterinary Nurse” or “Veterinary Nurse”, or to perform acts of veterinary nursing, unless they are currently registered on the Register of Veterinary Nurses with the Veterinary Council of Ireland.

Veterinary Nurses are key members of the veterinary team. They support the care of animals that are being treated under the direct care of Registered Veterinary Practitioners within a veterinary practice. In addition to providing expert nursing care for both sick and healthy animals, veterinary nurses have an important role to play in educating animal owners in areas such as preventative healthcare support, nutritional and dietary requirements, and behavioural support.

Scope of Practice

The range of roles, functions, responsibilities and activities which a registered veterinary nurse is educated in, competent and has authority to perform.



‘Scope of practice’ is a concept that several professions use in the context of professional regulation. The scope of practice sets out the procedures, actions and processes that the registered or licensed professional is allowed to perform. The individual registrant’s scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task. These factors include the training of the individual, the legislation governing the task concerned, and the code of practice as set by the statutory body.

Veterinary Nurses who are entered onto the Register of Veterinary Nurses are holders of a veterinary nursing qualification that has been awarded to them following completion of an accredited programme of education.

All veterinary nursing programmes of education in the Republic of Ireland are reviewed and accredited by the Veterinary Council of Ireland, which has adopted the curriculum and competency standards of the Accreditation Committee for Veterinary Nurse Education (ACOVENE).

Definitions related to competence and competency



Competence

Ability to perform a skill, a personal attribute.

Competent

A description of a person's performance that is deemed acceptable or to an expected level.

Competency

An individual skill or task which must be performed as part of a person's job or role (plural – competencies).

Competency framework

A set of skills a learner must achieve or demonstrate to be deemed competent in a particular discipline.

As a result of their competency-based education, Veterinary Nurses are trained to carry out skilled technical work and under veterinary direction or when assisting a veterinary practitioner, can carry out a range of diagnostic tests, medical treatments, veterinary nursing diagnoses and interventions, and minor surgical procedures in the veterinary practice.

When used to their full capabilities, Veterinary Nurses enhance the scope and quality of veterinary medicine available to the animal owning public, be that in companion animal, equine or food animal practice. Improving patient care and practice efficiency creates a very rewarding and fulfilling working experience for all in the veterinary professions. Veterinary nurses possess a skillset that allows them to seek employment in a range of places, for example, in a general veterinary practice, a specialist practice, in education, or in industry-related roles.

A registered veterinary nurse is a person who:

- **is registered with the Veterinary Council of Ireland on the Register of Veterinary Nurses**
- **has successfully completed a recognised and approved veterinary nursing education programme;**
- **has acquired the necessary requirements to be registered to practise veterinary nursing in this jurisdiction and use the title 'registered veterinary nurse'; and**
- **demonstrates and maintains competence in the practice of veterinary nursing.**

Veterinary Nursing Competencies

Both the VCI and ACOVENE competencies list the skills and attributes that the newly graduated veterinary nurse should be expected to demonstrate.

All registered veterinary nurses should be expected to have these competences at a minimum, regardless of the educational course attended.

Veterinary nurses may undertake further training and may therefore have gained competencies far beyond those of the minimum standards. Specialty veterinary nursing training can include advanced skills in anaesthesia, diagnostic imaging, critical care and oncology nursing.

The scope of an individual veterinary nurse's practice therefore depends on the specific competencies that he or she may bring to the situation at hand.

Ethically, a veterinary nurse should only carry out veterinary nursing tasks that they know they can competently perform. Veterinary nurses have a duty to keep abreast of advances in their professional field by regularly participating in Continuing Veterinary Education and are expected to develop and maintain their competence with regard to all aspects of their veterinary nursing practice.



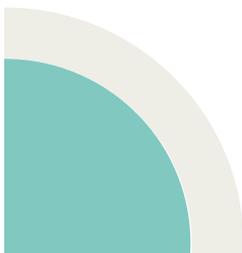
Veterinary Council of Ireland Competencies



- 1 Follow the Code of Professional Conduct.
- 2 Practise in accordance with professional, ethical and legal framework. Recognise the moral/ethical issues in patient care.
- 3 Demonstrate knowledge of the legislation governing veterinary practice and data protection.
- 4 Work in collaboration with patients, clients and colleagues and regulatory authorities.
- 5 Participate at an appropriate level in multi-disciplinary care.
- 6 Participate in teamwork that respects and uses the contributions of workers in various disciplines.
- 7 Analyse and interpret relevant education / promotion information and use this knowledge to promote health and wellbeing. Use appropriate research and other evidence to underpin decisions that can be justified.
- 8 Recognise personal and professional limits, seeking assistance where necessary.
- 9 Demonstrate the exercise of personal responsibility and decision making across a range of situations.
- 10 Delegate care to others, as appropriate, ensuring effective supervision and monitoring.
- 11 Recognise potential risk and intervene to prevent, where possible, complications arising.
- 12 Conduct effective nursing consultations in accordance with the legislation.

- 13 Promote and monitor health and safety and public protection as well as risk management, in a veterinary setting.
- 14 Prepare accurate and accessible clinical records and laboratory reports.
- 15 Carry out reception duties at a registered veterinary premises.
- 16 Support clients in caring for their animals.
- 17 Assess priorities in practice and deliver care competently to meet identified need.
- 18 Formulate and document a plan of care in collaboration with clients in the best interest of the patient.
- 19 Demonstrate accountability for care delivered, taking into account social, cultural, legal, economic and welfare factors.
- 20 Participate in the development of an evidence base in clinical practice and understand the importance of such work.
- 21 Transfer knowledge and skills to a variety of clinical settings and unexpected situations.
- 22 Demonstrate awareness of biosecurity principles.
- 23 Handle and restrain patients safely.
- 24 Perform a clinical examination and record the findings.

- 25 Deliver nursing care in accordance with best practice and regard for animal welfare.
- 26 Be aware of the classification routes of administration and restrictions on animal remedies, as well as the potential for adverse reactions.
- 27 Dispense and administer medication in line with relevant legislation.
- 28 Interpret signs of pain and distress in animal patients.
- 29 Provide emergency first aid to animals.
- 30 Understand the need for euthanasia and advise clients as appropriate. Demonstrate empathy with patients and clients and act as an advocate for them when appropriate.
- 31 Undertake and document a comprehensive and systematic assessment of the holistic physical, psychological and social needs of patients and clients.
- 32 Demonstrate knowledge and understanding of the subjects underpinning nursing through application to a range of settings, including performance to current occupational standards where available.



ACOVENE European Competencies

- 1 Monitor and maintain health and safety.
- 2 Develop personal performance and maintain working relationships.
- 3 Carry out veterinary reception duties.
- 4 Manage clinical environments for procedures and investigations.
- 5 Provide emergency first aid to animals.
- 6 Provide and administer nursing care.
- 7 Support clients in caring for animals.
- 8 Perform laboratory diagnostic tests.
- 9 Prepare for diagnostic imaging techniques and conduct radiography on animals.
- 10 Prepare for veterinary surgical procedures.
- 11 Assist the veterinary surgeon during surgical procedures.
- 12 Assist the provision of anaesthetics to animals.
- 13 Dispense and administer medication.

The Veterinary Practice Act

Every veterinary nurse is bound by the provisions of the Veterinary Practice Act 2005 and the Veterinary Practice (Amendment) Act 2012. The veterinary nurse is also bound by other laws that affect professional performance and practice, such as, safety, health and welfare at work legislation. Professional discretion does not take precedence over legal requirements. Every veterinary nurse, therefore, has an obligation to familiarise himself or herself with legislative and ethical requirements relevant to his or her professional area of operation and to act in compliance.

The Veterinary Practice Act lists the procedures which a veterinary nurse can carry out on an animal, while assisting and in the presence of a veterinary practitioner.

These are:

- **holding and handling tissue during performance of surgical procedures,**
- **induction, maintenance and termination of general anaesthesia, including performance of endotracheal intubation,**
- **assisting at the performance of surgical procedures that are not minor,**
- **assisting at the performance on an animal of a caesarean section operation or other surgery to assist her to give birth to her young.**

The Act also lists the procedures which a veterinary nurse can carry out on an animal, under the direction of a veterinary practitioner.

These are:

- **administration of medication enterically, intraosseously or intravenously,**
- **catheterisation, surgical treatment of abscesses and ulcers,**
- **application of external casts and cutaneous suturing,**
- **the taking of images by x-ray,**
- **the carrying out of minor medical procedures or minor surgery.**

'Minor' relates to a procedure or surgery that does not involve entry beneath the skin, mucosa or into the cornea.

Veterinary Medicines (Animal Remedies) Legislation

Veterinary medicines legislation is silent regarding the role of the veterinary nurse. Certain veterinary medicines are restricted to administration under the direct supervision of a RVP.

In Ireland, a veterinary prescription is a written or electronic document signed only by a registered veterinary practitioner, and therefore only a RVP can prescribe.

A Veterinary Nurse may be entered on the DAFM list as a “responsible person” for the purpose of Licensed Merchant sales. This is a role that is separate from acts of veterinary nursing.

Specific wording is used in legislation governing acts of veterinary medicine and nursing, and also legislation governing the act of administration of medication.

The VCI has interpreted certain words and phrases relating to the act of delegation as follows:

‘while assisting and in the presence’ means that the veterinary practitioner should be physically present and in the same treatment room while the task is being performed.

‘Under the direction’ means that the veterinary practitioner instructs the veterinary nurse as to the tasks to be performed, but is not necessarily present.

‘Supervision’ with reference to a specific delegated task means that the veterinary practitioner is present on the premises and able to respond to a request for assistance if needed.

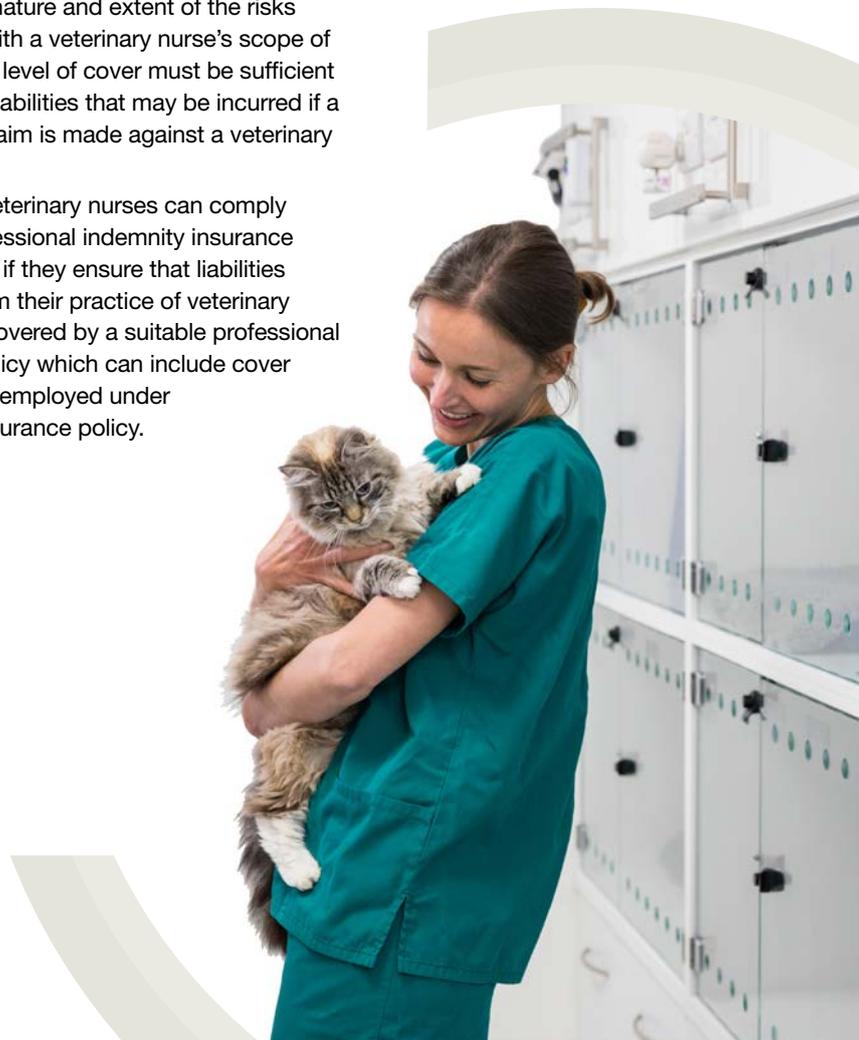
‘Direct supervision and in the presence of’ means that the veterinary practitioner is present and giving the veterinary nurse his/her undivided personal attention.

Professional Indemnity Insurance

It is a requirement under the Veterinary Practice Act for any person who is Registered on the Register of Veterinary Nurses and practises as such, to be covered by a policy of professional indemnity insurance which provides appropriate cover. 'Appropriate cover' means cover against liabilities that may be incurred in practising as a veterinary nurse.

The cover must be appropriate taking into account the nature and extent of the risks associated with a veterinary nurse's scope of practice. The level of cover must be sufficient to meet any liabilities that may be incurred if a successful claim is made against a veterinary nurse.

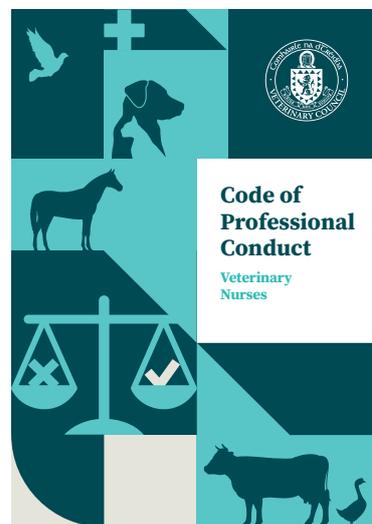
Registered veterinary nurses can comply with the professional indemnity insurance requirements if they ensure that liabilities that arise from their practice of veterinary nursing are covered by a suitable professional indemnity policy which can include cover through their employed under a practice insurance policy.



Code of Professional Conduct for Veterinary Nurses

Registered Veterinary Nurses should have knowledge of the relevant definitions and legislation regarding the practice of veterinary nursing. The Code of Professional Conduct consists of the rules and principles which govern veterinary nurses in the exercise of their profession. Adherence to the Code of Professional Conduct is frequently more exacting than conformity with the law. The code seeks standards which are, in many instances, higher and more demanding than those required by law. In order that a proper standard of conduct shall be maintained, the Veterinary Council is empowered under the Act to discipline veterinary nurses under Part 7 of the Veterinary Practice Act 2005.

You can download a copy of the revised and updated (2020) Code of Professional Conduct for Veterinary Nurses on www.vci.ie/Publications/Code-of-Professional-Conduct.



Use of this model is aided by incorporating and following the key stages of the nursing process:

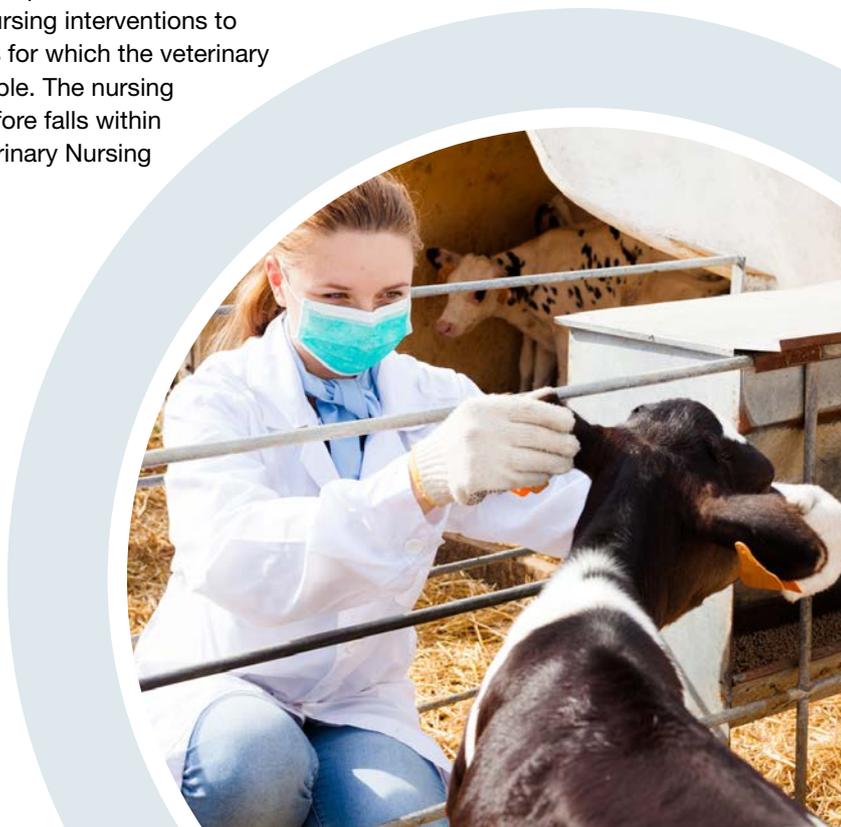
- **Evaluation**
- **Nursing assessment**
- **Planning**
- **Implementation**
- **Appraisal**

The term “*nursing assessment*” (referred to in some veterinary nursing textbooks as a “*nursing diagnosis*”) may be unfamiliar to veterinary practitioners, although this term is now in common use in both human and veterinary nursing. The nursing assessment reflects a clinical judgement about patient, client, or community/society responses to actual or potential health problems. The nursing assessment provides the basis for the selection of nursing interventions to achieve outcomes for which the veterinary nurse is accountable. The nursing assessment therefore falls within the Scope of Veterinary Nursing Practice.

“

The nursing assessment

provides the basis for the selection of nursing interventions to achieve outcomes for which the veterinary nurse is accountable.”



The RVN in Practice

Veterinary practitioners and veterinary nurses share the same overall goal: to provide the best possible care to their animal patients. Synergy arising from a combination of the attending veterinary practitioner and veterinary nurse maximises the standard of care, positive patient outcome and client satisfaction.

This synergy depends on more than simply combining the separate day one competencies of both professions. Trust, mutual respect and the capacity for teamwork build on the ongoing individual professional development of both professions within differing practice types.

A veterinary nurse must be able to rely on the professional judgement and collegiality of their supervising veterinary practitioner. Such circumstances facilitate the development of a “practice team approach” that allows individual nurses to develop and expand their scope of practice appropriate to the demands of the practice caseload.

The SUPERB checklist may be helpful in assisting the veterinary practitioner in choosing whether a task can be delegated.

Note that the SUBPERB delegation checklist refers to all acts of delegation. Delegation to a trainee or student veterinary nurse may also be considered. A student veterinary nurse is an individual who is undertaking an accredited veterinary nursing training programme. These individuals benefit from opportunities to practise and perform veterinary nursing competencies during their training period, to develop the necessary skills, competence and confidence that they will need to practise their profession. However, veterinary nursing students are not yet registered veterinary nurses and will generally require direct supervision and guidance while handling animals or performing veterinary nursing competencies.

SUPERB

Delegation in Veterinary Practice

6-point checklist for veterinary practitioners in choosing whether to delegate a task under the Veterinary Practice Act to a registered or student veterinary nurse.

S	Specific procedure? Is the procedure medical treatment or minor surgery, not involving entry into a body cavity? Certain acts such as dental extraction, castration spays and certification cannot be delegated.	✓ ✗
U	Under care? Is the animal under your care? Has the client given you responsibility for this animal's health. Have you seen the animal immediately before delegation, or recently enough to have personal knowledge of its condition?	✓ ✗
P	Person? Can you delegate to this person? Under the Veterinary Practice Act you can only delegate certain tasks to a veterinary nurse, and not to a layperson.	✓ ✗
E	Experience? Does the VN feel capable/have sufficient competence and experience? Are they familiar with the species? Have they performed the procedure before? If there is a problem, will they know what to do?	✓ ✗
R	Risks? Have you considered the risks specific to this case? How difficult is the procedure? How likely is it that something could go wrong? Does the VN understand the associated risks?	✓ ✗
B	Be there! Are you available to direct or supervise, as necessary? VNs must work under the direction of a RVP for certain tasks - i.e. you must have provided the necessary instructions regarding the task to be performed, but you may not need to be on the premises. VNs must work under your direct supervision and physical presence specific tasks such as minor surgery & induction of anaesthesia.	✓ ✗

Adapted from the RCVS "SUPERB" poster at: <https://www.rcvs.org.uk/superb>

Supports Within the Profession

People who practise in the veterinary nursing profession often consider it to be their vocation to work with animals and they get a true sense of meaning and satisfaction from practising as a veterinary nurse. Despite being an extremely rewarding profession, it can be common for people in the veterinary professions to experience stress, anxiety, or depression. There are supports available in Ireland to those within the professions, and their families, who need them. The importance and the benefit of seeking help in times of stress, anxiety, or depression cannot be emphasised enough, and anybody who is affected is encouraged to speak with somebody they trust as soon as possible, be that through the supports listed below, to a colleague, or to a friend.

Irish Veterinary Nurses Association (IVNA)

086 787 0092

<https://www.ivna.ie/>

The IVNA is a voluntary organisation and acts as the voice of its members in protecting and promoting the Veterinary Nursing profession within Ireland. The IVNA offers free advice and support to all veterinary nurses and veterinary students experiencing mental health difficulties.

The Veterinary Assistance Programme (VetAP)

1800 995 955

www.ivbf.ie/vap

The Irish Veterinary Assistance Programme is a confidential support service with the purpose of promoting positive mental health, providing support at times of difficulty and providing crisis response during times of extreme stress. Support is free to all Veterinary professionals and their dependents (over 16 years of age). The Programme is funded by the IVBF with support from the Veterinary Council, Veterinary Ireland, Veterinary Officers Association, and the Irish Veterinary Nursing Association, and delivered by VHI Corporate Solutions. The Programme is part funded by the National Organisation for Suicide Prevention (NOSP).

Irish Veterinary Benevolent Fund

01 716 6099

24/7 support line (1800 995 955)

www.ivbf.ie

The IVBF provides financial and other supports to veterinary professionals and their families on a strictly confidential basis. The IVBF currently provides a 24/7 support line, regular monthly income supplements, one off payments for specific purposes and short-term assistance with mortgage repayments.

VetSupport Ireland

info@vetsupportnorthernireland.co.uk

<http://www.vetsupportni.co.uk/roi/>

Vet Support Ireland is a voluntary organisation that provides a confidential listening and support service for all members of the veterinary professions in Ireland including email and colleague manned support services



Section 1 – Frequently Asked Questions

The following are a list of frequently asked questions relating to the role of the veterinary nurse, and guidance in respect of those questions, approved by the Veterinary Council of Ireland. The guidance provided for each FAQ should be interpreted whilst bearing in mind any influencing factors that are applicable to the situation and the individual nurse as listed above.

The procedures discussed in this document are not intended to be exhaustive or exclusive, and all guidance in this document should be interpreted taking into consideration the Scope of Practice of the individual veterinary nurse.

The following should not be considered to be a legal interpretation of current legislation.



Vaccinations



Q: Can a veterinary nurse administer a vaccination?

Within the veterinary practice setting, a veterinary nurse is permitted to administer a vaccination under the supervision of a veterinary practitioner. A first or annual vaccination should normally be accompanied by a health check which is an act of veterinary medicine and must be performed by the veterinary practitioner. Under the direction of a veterinary practitioner, a veterinary nurse can administer a second vaccination to an animal where no significant health issues were identified by the vet at the first vaccination. As is the case for all animals under their care, the veterinary nurse should clinically appraise the animal and should they detect any clinical abnormalities, or the client informs them of any, the veterinary nurse should notify the veterinary practitioner before administering the second vaccination.

There may be certification issues to be considered with respect to the administration of vaccinations, see below in relation to vaccination record cards.

Q: Can a veterinary nurse complete a small animal vaccination record card?

Although the manufacturer may call the vaccination record card a 'certificate', it is not a true certificate per se if it is signed by a veterinary nurse – it is only a 'record'. A nurse does not have the authority to 'certify' and may only make a 'record' of the vaccination. Certification, for example where the manager of a boarding kennels or a dog show requires evidence that vaccinations are up to date, can only be done by veterinary practitioners because the authority for this comes from their professional status. The Council does not have any stipulations but perhaps for clarification you may wish to state your title/ qualifications. This way there should be no uncertainty as to whether the card is a certificate by a vet or a record by a veterinary nurse.

Dental Procedures



Q: Can a veterinary nurse perform a dental procedure?

Dental procedures fall under the Scope of Practice of Veterinary Nursing, as the European Competency 11 "Assist the veterinary surgeon during surgical procedures" is expanded by the description:

"The veterinary nurse is capable of providing the appropriate equipment and materials for the surgical procedures and of assisting the veterinary surgeon during these surgical procedures. Surgical procedures include oral and dental procedures."

Veterinary nursing training prepares nurses to descale and polish the teeth of dogs and cats. In this circumstance loose teeth may be encountered, however veterinary nurses are not permitted to extract teeth using instruments as teeth extractions are a medical procedure which should only be performed by a veterinary practitioner.

Q: Is a veterinary nurse permitted to carry out dental radiography?

Yes, radiography falls within the Scope of Practice of a veterinary nurse, although dental radiography often requires additional training, like all radiography procedures a veterinary nurse is permitted to carry these out at the direction of a veterinary practitioner. All radiography procedures must be carried out with the health and safety of the patient and all involved personnel as an overarching priority. Veterinary nurses often become very experienced in carrying out radiography procedures, however, patients undergoing dental radiography are most likely going to require either a heavy sedation or a general anaesthetic, so it will always be necessary for at least one veterinary practitioner to be present.

Blood Procedures



Q: Can a veterinary nurse take a blood sample?

A veterinary nurse can take a blood sample for diagnostic purposes at the direction of a veterinary practitioner. Blood sampling falls under the Scope of Practice of Veterinary Nursing, as the European Competency 8 “Perform Laboratory Tests” is expanded by the description:

“The veterinary nurse is capable of collecting samples for diagnostic tests. She/he prepares the animal for the procedures and preserves the samples adequately. She/he is capable of performing commonly occurring diagnostic tests, records the results and communicates them to the veterinarian. She/he maintains the necessary equipment and materials according to existing maintenance schedules.”

Veterinary nurses are trained in the correct collection, handling and testing of blood and other diagnostic samples. The directing veterinary practitioner must be satisfied that the veterinary nurse is competent to carry out this procedure.

Q: Can a veterinary nurse collect and administer blood for the purpose of a blood transfusion?

The act of blood collection can be carried out by a veterinary nurse in the presence of a veterinary practitioner, provided of course that the owner of the donor animal has provided informed consent.

The administration of the blood transfusion should be determined by a veterinary practitioner – it can be administered by a veterinary nurse, but a veterinary practitioner should be on hand in case of anaphylactic reactions and also because any animal requiring a transfusion is probably in a critical condition already.

Catheterisation and Infusions

**Q: Can a veterinary nurse place an intravenous catheter?**

Veterinary nurses are permitted to place intravenous catheters at the direction of a veterinary practitioner. While veterinary nurses are trained in intravenous canula placement, careful judgement should be applied in only attempting any procedures that the veterinary nurse themselves feels competent and confident in and if a veterinary practitioner deems the veterinary nurse suitably experienced and competent.

Q: Can a veterinary nurse place an arterial catheter?

While intravenous (IV) catheter insertion is a procedure commonly performed by a veterinary nurse, intra-arterial (IA) catheter placement is typically performed by veterinary practitioners and veterinary nurses with specialist training, as this placement would not be considered a “day-one” competence of a newly graduated veterinary nurse.

The technique of placing the catheter is a skill that can be developed with advanced training. Veterinary nurses are taught the reasoning behind the use of arterial catheters, and the procedures prior to, during and post insertion are demonstrated and discussed. The actual routine placing will be undertaken by very few veterinary nurses and usually only by those working in specialised hospital facilities where they have gained advanced practical training and where IA catheterisation would be a routine procedure to facilitate patient care and anaesthetic monitoring.

Careful judgement should be applied in only attempting any procedures if the veterinary nurse themselves feels competent and confident and, if a veterinary practitioner deems the nurse suitably trained and competent. This sort of procedure would need to be routinely practised and undertaken, not just a one-off occurrence.

Q: Are veterinary nurses permitted to give intravenous injections without the supervision of a vet?

A veterinary nurse is permitted to give an intravenous injection at the direction of a veterinary practitioner. Careful judgement should be applied in only attempting any procedures that the veterinary nurse themselves feels competent and confident to perform, and, working under the premise that a veterinary practitioner deems the veterinary nurse suitably experienced and competent to carry out the procedure.

Q: Can a veterinary nurse administer an epidural anaesthetic?

Under the current legislation, it is not permissible for veterinary nurses to perform epidural anaesthesia. This involves entry beneath the skin and, in addition, could not be described as ‘medical treatment and minor surgery’. It is therefore outside the section 91 exemption of the Veterinary Practice Act for veterinary nurses. A veterinary nurse may however administer prescribed medication via an indwelling epidural catheter in accordance with the licencing requirements for that medication.

Veterinary Nurse Calls**Q: Can a veterinary nurse triage an animal in their home to decide whether treatment away from the practice is necessary, or if the animal can be moved to the practice?**

If the vet has already decided that the animal needs to be seen, then it would be permissible for a nurse to attend the house, once it is safe to do so, to decide if the animal can be moved. However, be cautious of a blanket policy in this regard – in certain cases this could waste valuable time.

Q: Can a veterinary nurse attend alone to a house call to administer treatment or perform a procedure on an animal under the direction of a veterinary practitioner?

A veterinary nurse may attend alone to a house call, but only ever to carry out a treatment or procedure under the direction of a veterinary practitioner who has clinically examined the animal and has prescribed a treatment plan. Only minor treatments and procedures can be performed at a house call when alone e.g. bladder voiding, bandage changing, and administration of medications. The veterinary nurse should be working to an agreed veterinary treatment plan with the applicable and appropriate standard operating procedures determined by the veterinary practitioner.

Q: Can a veterinary nurse be left alone to care for animals in a practice?

A veterinary nurse can work under the direction of a vet, who does not necessarily have to be present, but must be available for consultation and can attend for assistance/intervention if needed.

Anaesthesia

**Q: Are veterinary nurses permitted to calculate dosages of prescribed therapeutic or anaesthetic drugs?**

Dosage calculation falls under the Scope of Practice of Veterinary Nursing, and is addressed in the European Competency 13 : 'Dispense and administer medication' This competency is described as follows:

"The veterinary nurse will need to be able to calculate the correct dosage and dispense with instruction and advice to clients and to administer the drugs to the animal.

National regulations on dispensing and administering medication to animals have to be taken into consideration. "

Accordingly, Veterinary Nurses are trained in dosage calculations, and under defined conditions such as the practice setting, are permitted to calculate dosages of prescribed therapeutic and anaesthetic drugs at the direction of a veterinary practitioner. It is good practice from a patient safety perspective to have a trained and experienced colleague check and confirm drug dosages where possible and especially if the drug in question is not routinely administered.

Q: Can a veterinary nurse intubate a patient?

A veterinary nurse can both insert and remove an endotracheal tube under the supervision and in the presence of a veterinary practitioner.

Q: Are nurses permitted to induce anaesthesia with intravenous agents?

Veterinary nurses are permitted to induce anaesthesia with intravenous agents. However, this must only be performed strictly in the presence and under the direct and immediate supervision of a veterinary practitioner.

Q: Can a veterinary nurse be responsible for anaesthesia in the absence of a veterinary practitioner?

No. Under the Veterinary Practice Act 2005, as amended, a veterinary nurse may in the presence of a veterinary practitioner assist with “the induction, maintenance and termination of patients under general anaesthesia”. A veterinary nurse may monitor and record the patient’s clinical signs throughout the anaesthetic. The directing veterinary practitioner must be present and remain responsible at all times for the anaesthetic procedure. For the purpose of anaesthesia, a veterinary nurse is permitted to calculate, draw up and administer an anaesthetic agent once these medications have been prescribed by the directing and supervising veterinary practitioner. A veterinary practitioner should only delegate such tasks if both parties concerned are agreeable and confident that the task at hand can be performed safely and successfully.

Minor Surgery**Q: What is the definition of “minor surgery?”**

The Veterinary Practice Act permits a veterinary nurse to carry out minor medical procedures or minor surgery at the direction of a veterinary practitioner. Minor relates to a procedure or surgery that does not involve entry beneath the skin, i.e. into the subcutaneous tissues, procedures or surgeries deep to mucosal surfaces or procedures/surgeries involving the cornea, the globe or tissues within the orbit.

Q: Are veterinary nurses permitted to carry out minor surgery including suturing wounds and lump removals?

Certain procedures which fall under the definition of minor surgery may be carried out by a veterinary nurse under the direction of a veterinary practitioner. Under the Veterinary Practice Act, veterinary nurses cannot carry out wound suturing deeper than the superficial skin surface. Likewise, lump removals are not permitted as they are not minor surgery and involve entry beneath the skin. Similarly, cat castration is not permitted as it is not a minor surgery and involves entry beneath the skin. A veterinary nurse may carry out certain procedures under the direct supervision of a veterinary practitioner such as lancing abscesses, paw-pad suturing, or superficial wound debridement.

Other Procedures



Q: Can a Veterinary Nurse implant a microchip for identification purposes?

Veterinary nurses are permitted to implant a microchip subcutaneously for the purposes of identifying an animal. Micro-chipping of horses within the nuchal ligament is an act of veterinary medicine and should not be carried out by a veterinary nurse.

The majority of small animal microchip registration forms are not veterinary certificates. However, a veterinary nurse should be cognisant of any certification issues that may arise when microchipping an animal and refer them to the veterinary practitioner.

Q: Can a veterinary nurse express anal glands?

External expression of the anal glands is a procedure that may be undertaken by competent owners or lay people, provided they have had the procedure demonstrated and explained to them by a veterinary practitioner. It is therefore permissible for a competent veterinary nurse to perform external expression of anal glands in the absence of a veterinary practitioner.

In the view of the VCI, internal expression of the para-anal sacs per rectum amounts to the practice of veterinary medicine but is an act that can be delegated. This means that it may only be undertaken by registered veterinary nurses when working at the direction of a veterinary practitioner.

Q: Are veterinary nurses permitted to perform cystocentesis under veterinary supervision?

No, this procedure is not an act of minor surgery and it involves entry beneath the skin so is an act of veterinary medicine under the Veterinary Practice Act.

Q: Can a veterinary nurse perform dressing changes and wound management?

Wound management is a task that may be managed by a veterinary nurse at the direction of a veterinary practitioner. The veterinary practitioner should refer to the SUPERB checklist and be satisfied that the delegated task fall into the expertise of the veterinary nurse.

Although a nurse may be competent to manage complicated wounds, they often also need a veterinary opinion and more intervention such as lavage or debridement which would be best carried out under the direction of a veterinary practitioner, where the practitioner is available to assist in evaluation.

Q: Can a veterinary nurse pass a gastric/nasogastric tube?

Nasogastric and gastric intubation is permitted as it is not considered an act of major surgery. However, due to the high risk of inadvertent placement into the lungs, careful judgement must be applied in only attempting this procedure if the veterinary nurse themselves feels competent and confident and, if a veterinary practitioner deems the veterinary nurse suitably competent. Such procedures should only be carried out with appropriate experience, and with due regard to health and safety precautions, particularly in the presence of large animals.

Miscellaneous**Q: What type of consultations are veterinary nurses permitted to carry out?**

Veterinary nurses are permitted to carry out a range of veterinary nurse consultations and follow-up consultations within the registered veterinary practice and in the absence of a veterinary practitioner. There are benefits of using veterinary nurses to communicate with and educate clients, particularly about preventive health care, and veterinary nurse consultations can add a lot of value to a practice. Nurse clinics can be encouraged in order to promote the educational and supportive role of the veterinary nurse in practice.

Q: Can veterinary nurses use their veterinary nursing knowledge to contribute to patient care plans?

Yes. With the support of the veterinary practitioner, veterinary nurses can draw on their own personal experiences and base of knowledge to determine a nursing care plan and the required nursing intervention for each patient throughout its stay in the practice. The nursing care plan must compliment the patient treatment plan prescribed by the supervising veterinary practitioner.

When a veterinary nurse is involved in a patient's care plan it can greatly improve patient care whilst also providing a defined structure for the nursing process of the patient, improving outcomes for all involved. Being involved in patient care plans can also advance the nurse's professional role within a practice.

Section 2 – Case Studies

The following case studies have been adapted from some commonly encountered scenarios in veterinary nursing practice. The Veterinary Council guidance provided in each study should be interpreted carefully, bearing in mind that individual experiences and cases will vary.

The studies described in this document are not intended to be exhaustive or exclusive, and all guidance in this document should be interpreted taking into consideration the competence and experience of the individual veterinary nurse.



Case Study 1

Vaccinations

I am a registered veterinary nurse in a busy small animal practice in Dublin. A client called to the practice today and asked that his puppy be vaccinated, explaining that it was for the purpose of a pet passport. The receptionist told the client that although the vet was not present at the practice, I would see him right away. My instinct is that I am not permitted to administer a vaccination without the vet first seeing the animal – please advise me.

Veterinary Council Guidance

Your instinct is correct. To give a first vaccination with a “Prescription Only Medicine”, the animal must be under the care of the prescribing veterinary practitioner and the veterinary practitioner must carry out a clinical examination of the animal. Once this has been done, the veterinary practitioner may administer the vaccination or may direct a veterinary nurse to administer the vaccination. The veterinary practitioner is required to ensure he or she is confident with the veterinary nurse’s competency at undertaking the task asked of him or her. Equally, to accept delegation, the veterinary nurse must be comfortable with what has been delegated to him or her and understand any implications or complications that may arise. The veterinary practitioner should be on the premises at the time the vaccine is administered, to be able to assist in the event of an animal suffering an adverse reaction.

The subsequent or second vaccination some two to four weeks or so later (close in time to the first vaccination) is usually authorised by the veterinary practitioner at the time of the first vaccination (directed by the veterinary practitioner when the animal is under his or her care and when the clinical examination is carried out). The subsequent or second vaccination can also be carried out by a veterinary nurse.

If the vaccination is required for a pet passport or other official document, the certification rules apply, and the certification can only be carried out by a veterinary practitioner. This means that the veterinary practitioner must administer the vaccine or must witness the vaccination being given.

If a veterinary nurse administers the vaccine, the veterinary practitioner must observe this (be present in the room) in order to sign a veterinary certificate that the vaccine has been administered. This is because a veterinary nurse does not have authority to certify and may only make a record of the vaccination. A vaccination record card held by the animal owner may be considered part of the clinical record and may be signed by a veterinary practitioner or a veterinary nurse. If a veterinary nurse signs the record of vaccination, it is good practice to add the words 'under the direction of ...' and name the directing veterinary practitioner. To ensure you are not put on the spot like this in the future, it would be a useful exercise to discuss with your practice team how best to deal with similar client requests when there is no veterinary practitioner at the premises, and develop an agreed protocol for this as a team.



Case Study 2

Dispensing Prescription Only Medications

I am a veterinary nurse working in a busy mixed practice, well-known in the local community. Clients sometimes ask me to dispense medications for them in the absence of a prescription, particularly our large animal clients. I know that I am not permitted to dispense medications unless they have been prescribed by a veterinary practitioner, but I also worry about upsetting our valued clients by saying no to their requests. These clients often get angry, and threaten to complain about me to my boss for saying no. How can I best handle scenarios like this in future?

Veterinary Council Guidance

The scenario you describe is understandably a stressful one. You are correct in your understanding that you cannot dispense prescription only medications in the absence of a veterinary prescription. A veterinary nurse should not be put in a position where (s)he feels pressurised to act in a manner that is contrary to the Veterinary Practice Act 2005 and the Veterinary Practice Amendment Act 2012. There is a duty on the veterinary practice to ensure that clients, including farmers, are made aware of the legal and ethical restrictions related to dispensing of animal remedies. There is also a duty on the veterinary nurse, as a registered member of the veterinary profession subject to the legislative framework of the Veterinary Practice Act, to uphold the integrity of the professions in this regard. Always highlight any concerns you may have to the senior veterinary practitioners in relation to the dispensing of medications in the practice and speak to them about appropriate protocols for dealing with similar situations in future. It may be helpful if a senior practitioner speaks with the clients in question to ensure that there is an understanding in place, they may also choose to put a notice up in the practice for clients to read, or to include a notice on the quarterly newsletter or invoice.

Case Study 3

Dealing with Angry Clients

As a veterinary nurse working in a busy small animal referral hospital, I am accustomed to dealing with clients who are extremely attached and devoted to their animals. Recently, a client of ours lost her beloved geriatric cat to kidney failure, after persisting for several months with a treatment and diet plan that was prescribed by one of our veterinary practitioners. Since her cat passed, this client has phoned the practice every day, persistently questioning the treatment plan and if there was anything else that could have been done. She becomes quite angry when I cannot offer her new information to resolve her queries, and this is really beginning to upset me. I am confident that my colleague prescribed the best possible treatment plan for this patient, however, I feel he is not providing the detailed closure that this client requires. I really feel that a conversation with her vet will bring comfort and closure for this client, but I can't seem to get my colleague to take an uncomfortable phone call. Should it be my responsibility to handle this client?

Veterinary Council Guidance

It is clear that you have given a lot of time and thought to this scenario, but it is the responsibility of the veterinary practitioner who was in charge of this case to resolve this matter through good communication with the client. It can be very difficult to face a client that is irate and upset, but a veterinary nurse should never be put in a position where (s)he is acting as a buffer between a client and a veterinary practitioner. In certain situations, this may lead to further upset and confusion. On this occasion, you should highlight the problem to the veterinary practitioner in question and if this fails perhaps the issue can be raised with a more senior team member for mediation. It sounds like your colleague might be lacking confidence in communication skills. There are courses of continuing veterinary education that can be undertaken in order to improve communication skills for all team members, and these can be particularly useful in situations where the case outcome was an upsetting one.

Case Study 4

Advanced Skills

One of my veterinary nursing friends recently told me that his boss gets him to scrub-in and assist with surgery. He even gets to place skin sutures under supervision. I work in a mixed practice and we book routine surgical procedures on Mondays and Thursdays. I would love to develop my surgical nursing skills and be able to assist in theatre like my friend. I am concerned that I am not using my training to its full potential, and that the veterinary nurses I graduated with are becoming more advanced than I am. I understand the importance of keeping my skills up to date in order to remain competent and relevant in this profession. My boss allows me to discharge patients at home time, but I spend most of my day on reception. How can I get my boss to allow me to use my skills to their full potential?

Veterinary Council Guidance

You describe a situation that can be common in smaller veterinary practices. Veterinary medicine in Ireland is advancing, and naturally some practices will progress with the times with more haste and enthusiasm than others. It is encouraging that your boss sees the merits in employing a veterinary nurse in the first place, but in keeping you on reception it seems s(he) lacks a full awareness of the full value and benefits your specific skillset can bring to the practice. It is worth speaking with your employer about your scope of practice, you could even ask them to read this guidance document as a starting point. In relation to up-skilling, there are many advanced certificates and courses that veterinary nurses can do, including surgical nursing, in order to advance a specific skill set. Achieving competence in advanced skills requires a lot of specific experience and you may wish to consider if your current position will enable you to gather sufficient experience. It is also important to remember that the performance of acts of minor surgery by a veterinary nurse is only ever permitted under the direct supervision of a veterinary practitioner, and it is the responsibility of the veterinary practitioner to determine if you are competent enough to perform advanced skills.

Case Study 5

Judgement

I have been a veterinary nurse for five years now. I love my job, despite some stressful days. For instance, last weekend I was instructed by a locum veterinary practitioner to apply a splint bandage to a dog with a fracture of the forelimb. Although I thought that the dog would be better off with a Robert-Jones I did as I was instructed in order to prevent a confrontation with the attending veterinary practitioner in front of the client. When the dog was presented the next day, there was a pressure ulcer on the outside of the elbow. I found myself being reprimanded by my boss who felt that I “should have known better”. I didn’t think that was fair. Should I have gone against the veterinary practitioner’s instructions and applied a Robert Jones instead?

Veterinary Council Guidance

The dilemma you faced was a tough one and a cause of moral stress: to challenge a veterinary practitioner’s instruction or to abide by it, despite going against what you think is right. The stress is made worse in the presence of a client when even a discussion of the options (let alone an argument) could undermine public confidence in the practice and even in the veterinary and the nursing professions. Saying nothing, however, not only goes against your conscience, but also fails to protect the health and welfare of the animal (and maybe that of future animals). In the first instance, despite the reprimand, it appears that your employer has confidence in your ability to act in the best interests of the patient(s). Working relationships are often not easy. Veterinary practices, in particular, can be particularly hard, with several people working long shifts in busy, confined environments, and sharing tasks, responsibilities, and difficult decisions. Dealing with (preventable) iatrogenic damage can lead to frustration where the person nearest has to bear the brunt of professional ire. At the end of the day, the reputation of the practice is also at stake should a similar situation lead to more serious patient suffering or even fatal consequences. Although the reprimand from your employer seems unfair, (s)he does have a point. While immediate argument is not wise (in the middle of a busy workday), you (and your practice), need to devise mechanisms to cope with such challenging circumstances.

The use of written protocols for many procedures is a way that many practices find useful, though not all situations can be covered. As a general recommendation, and when faced with similar dilemmas that require an undesirable confrontation with a team member, you could try the following:

- a. Out of the client's view (there are a lot of good reasons for leaving the room for a few minutes – like grabbing some tape), try to explain to the veterinary practitioner why you do not agree with his/her instruction. If (s)he is in agreement, you have won the day!**
- b. If the veterinary practitioner is unwilling to change his/her mind, do what you are instructed to do. That animal needs a bandage (even if not the right one) and it can still be changed, if needed.**
- c. In confidence, share the episode with your employers, as soon as possible. They have the right to know and should be able to advise you. If you feel uncomfortable in personally addressing your employers, put it in writing.**
- d. Avoid sharing your experience with peers until you have permission from your employer to do so.**

Regarding your suggestion, would disobedience solve the problem? No. You would be doing what you thought was right for that animal, but at what cost? Imagine the dog returning with even the same wound under the Robert Jones bandage. You would be likely to be accused of dishonesty and professional misconduct, in addition to harming the animal.

Case Study 6

Grooming

I normally work part-time in a veterinary practice as a veterinary nurse, but I am looking for more work. Before training in veterinary nursing, I had completed a certificate course in grooming, so I was hoping to use all of my skillsets. I have been approached by the local branch of a large chain of pet stores for a part-time grooming position. I see my nursing skills as a plus in this situation! Will it be possible for the store to advertise that I am an RVN? Also, can I use my nursing skills in this situation?

Veterinary Council Guidance

It is understandable that you wish to use your time with animals as productively as possible. You need to be aware that grooming in general is outside the practice of veterinary medicine. When working independently in a non-registered premises, a veterinary nurse may not undertake veterinary nursing activities. When working independently, a veterinary nurse is limited to providing a service that any lay person may carry out, despite holding a nursing qualification.

A veterinary nurse working as a groomer must consider how they advertise such services. If you are registered, you may refer to yourself as a veterinary nurse. However, you would have to explain to clients that you are not acting as a veterinary nurse for the purpose of this grooming business. Effectively, you can only carry out acts that can be performed by a layperson. An example is external expression of anal gland. This is commonly undertaken by a layperson such as a groomer, and it is acceptable for you to perform this.

You would not however be permitted to carry out anything that may be the equivalent to a consultation, as this may only occur in a registered veterinary premises.



Further Reading

ACOVENE (2012) Dossier of European Competencies for the Veterinary Nurse.
Accessed from: <http://acovene.org/downloads/>

Ballantyne (2020) Using nursing care plans to support effective working. In Practice, Vol 42 No 4, pp. 177-180, Available at <http://dx.doi.org/10.1136/inp.m1110>

Bassett and Thomas (2013) The Veterinary Technician Practice Model. In: McCurnin's Clinical Textbook for Veterinary Technicians, 8th edition. St Louis: Elsevier.

Nelson and Welsh (2015) Using the ability model to design and implement a patient care plan. The Veterinary Nurse, Vol 6 No 3. Available (Aug 2020) at: https://www.rvc.ac.uk/Media/Default/study/Undergraduate/documents/Nelson_D_Welsh_P.pdf

RCVS (2020) 'SUPERB' checklist poster to assist Schedule 3 delegation. Available (Aug 2020) at: <https://www.rcvs.org.uk/news-and-views/news/superb-checklist-poster-to-assist-schedule-3-delegation/>



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Appendix III



VETERINARY COUNCIL OF IRELAND COMHAIRLE TRÉIDLIANNA na hÉIREANN

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ELECTIVE REPRODUCTIVE SURGERY

The Veterinary Council of Ireland (“the Council”) has had a number of enquiries from members of the public and registered persons regarding a variety of elective surgical procedures for the purposes of preventing reproduction in companion animals.

The Council is aware that there is a wide range of medical and surgical options available to veterinary practitioners to control and eliminate reproductive function, and each one has its own advantages and disadvantages. The promotion of animal welfare dictates that the most suitable option should be selected for individual animals. Where veterinary practitioners are involved in the selection of such option(s), they should advise and act in such a manner that keeps the risk to the animal to a minimum while accommodating the requirements of the animal owner.

The issue that is causing most concern is the request particularly by dog and cat breeders to perform salpingectomies or vasectomies on prepubescent or post pubescent animals. The rationale behind this procedure is that the commercial breeder can sell a puppy/kitten that can still breed but cannot reproduce.

Where a veterinary practitioner performs such a procedure for the seller of an individual animal, it may result in the purchaser, usually the eventual animal owner, deciding that the dog/cat should undergo further elective surgery (ovariectomy, ovariohysterectomy or castration) to improve normal day to day management of the animal. The Council has considered this issue carefully and has consulted expert advice. The Council has concluded that performing salpingectomies/vasectomies under such circumstances is regarded as unethical.

Veterinary practitioners are qualified and competent to give the most appropriate advice and select and perform the most suitable procedure for each animal and their owner. It is expected that they would also be able to justify their actions within these guidelines from the Council which are wholly based on the enhancement of animal welfare.

Appendix IV

One Welfare Guidance Note - Child Abuse, Domestic Violence and Mental Health

One Welfare is an extension of the One Health concept that recognises the interconnection between animal welfare and human wellbeing. The VCI is mindful of the links between domestic violence, child abuse and animal abuse, as well as the ways in which human mental health can be connected with animal welfare. The responsibility of a registrant is to the animals under their care. However, in order to support and assist registrants, the VCI has issued this One Welfare Guidance Note which deals with (a) Child Abuse & Domestic Violence and (b) Mental Health.

(a) Child Abuse and Domestic Violence

Registrants are among those professionals who may see and hear things during the course of their professional activity, which arouse suspicion of domestic violence and child abuse. Increasingly, domestic violence, child abuse and animal abuse are seen to be linked. If a registrant suspects that someone may be a victim of domestic violence or child abuse, they should invoke A-V-D-R:

- A: Ask the person if they are experiencing violence or abuse.
- V: Validate their experience by showing compassion if they disclose that they have experienced violence or abuse.
- D: Document the history, presenting signs and any information disclosed by way of clear, accurate, contemporaneous notes.
- R: Report/Refer. If the person is a competent adult and has disclosed an experience of violence or abuse, the registrant should encourage them to seek help by offering them the contact details of organisations such as Women's Aid <https://www.womensaid.ie/services/helpline.html> or the Men's Development Network <https://mensnetwork.ie/male-advice-line/>. As studies have shown that victims of domestic violence are reluctant to leave an abusive household if there is a companion animal in the home, the registrant should also offer them details of charitable organisations engaged in providing shelter for animals that might be able to provide temporary foster care, if relevant. If the person is a child and the registrant has serious and well-founded concerns about their welfare, regardless of whether they have disclosed abuse, they should contact Tusla to informally discuss their concerns.

This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate. If the person is an adult who appears to have impaired mental capacity and the registrant has serious and well-founded concerns about their welfare, regardless of whether they have disclosed abuse, they should contact the local HSE Safeguarding and Protection Team to discuss their concerns. If a person declines or is not in a position to seek help, and the registrant believes that they are in serious and immediate danger, they should contact An Garda Síochána.

(b) Mental Health

In the course of their professional work, registrants are likely to come into contact with people that have mental health issues. Animal neglect or compromised animal welfare can sometimes occur due to the poor mental health of the owner. The mental health of some clients can deteriorate if their animal is unwell or has died. People involved in animal welfare organisations can sometimes suffer from burnout. Colleagues may be suffering from psychological distress. If a registrant believes that a person has a mental health issue, they should act compassionately and, if appropriate, consider suggesting to the person that they contact their GP or other relevant mental health service.

Appendix V

Guidance for Registrants: Mastitis Control

This guidance is intended to support registrants involved in mastitis control on dairy farms once Regulation (EU) 2019/6 comes into force.

Introduction

Regulation (EU) 2019/6 on veterinary medicinal products will come into force on 28th January 2022. This Regulation sets out the conditions under which prescription only medicines may be prescribed by veterinary practitioners. One of its primary aims is to reduce the use of antimicrobials, thereby mitigating the risk of resistance to them, and veterinary practitioners should be cognisant of this when prescribing.

The VCI has included definitions in its Code of Professional Conduct for Veterinary Practitioners in relation to this Regulation which will assist veterinary practitioners with understanding both the Regulation and the ethical standards with which they must comply.

These definitions can be found in [Chapter 5](#) of the VCI's Code of Professional Conduct for Veterinary Practitioners. The VCI has also produced guidelines in relation to 'animals under veterinary care' which are set out in [Chapter 2](#) of the VCI's Code of Professional Conduct for Veterinary Practitioners and must be complied with.

Mastitis in dairy cows is a constant threat to the health and welfare of dairy cows as well as having implications for the income and wellbeing of farmers. Herds with a high incidence of the disease also pose a threat to public health, in particular from increased risk of antibiotic residues and the more insidious threat of antimicrobial resistance.

Guidance

This additional guidance is directed to veterinary practitioners involved in mastitis control on dairy farms to assist in reducing the traditional dependency on prophylactic herd-based use of intramammary antibiotic formulations, often referred to as Blanket Dry Cow Therapy. It focuses on the obligations of a veterinary practitioner to recognise mastitis as a multifactorial disease and the urgent requirement to reduce the risk of antimicrobial resistance within the One Health concept of preserving antibiotic/antimicrobial efficacy in all species.

1. The attending veterinary practitioner should have an up-to-date knowledge of the epidemiology of mastitis, the relevant pathogens and the challenge that mastitis poses for animal and human health directly and in relation to the development and spread of antimicrobial resistance. Reputable sources of information include Animal Health Ireland, the Department of Agriculture, Food and the Marine, the Health Products Regulatory Authority, Teagasc and other international equivalent science-based sources.

2. The veterinary practitioner should act within a CPPR that specifically identifies mastitis control as a priority. This should form part of a proactive herd health programme. A wide variety of such programmes are available internationally. Veterinary practitioners are free to choose a programme and adapt it to suit their clients' requirements but should ensure that it is verifiably focused on reducing clinical and sub-clinical mastitis with minimal use of antibiotics in lactation and in the dry period. In Ireland, Animal Health Ireland, as an industry-led public/private agency, has developed *CellCheck* which is familiar to most Irish dairy farmers and veterinary practitioners since its launch in 2010.
3. Veterinary practitioners should be familiar with the *EMA Categorisation of antimicrobials for use in animals for prudent and responsible use* and should choose an antibiotic from the lowest category possible that has been shown to be effective, given their clinical knowledge of the farm, its mastitis pathogen(s) and antibiotic resistance patterns. https://www.ema.europa.eu/en/documents/report/infographic-categorisation-antibiotics-use-animals-prudent-responsible-use_en.pdf
4. Prophylactic and metaphylactic prescribing of intramammary antibiotic formulations should only be considered in very limited circumstances and for a very limited period of time, with recording of the justification for usage.
5. In herds with a low somatic cell count and minimal to no cases of clinical mastitis, veterinary practitioners should promote and support the continuance of the husbandry/management measures already in place that maintain their high standards.
6. In herds at risk of, or suffering from clinical or sub-clinical mastitis, veterinary practitioners should promote and advise implementation of husbandry/management measures to reduce the prevalence and incidence of clinical and sub-clinical mastitis with a view to minimising the use of future antibiotic treatments. In such herds the veterinary practitioner should:
 - a. Agree targets with the owner (or designated keeper) for a reduction in the number of clinical mastitis cases and cows with a high somatic cell count.
 - b. Specify the tests used to measure the prevalence of clinical and sub-clinical cases and the pathogen profile in the herd (which in the case of sub-clinical mastitis might include individual cow and quarter Culture and Sensitivity Test, Somatic Cell Count, California Mastitis Test or Electrical Conductivity Test results).
 - c. Use analysis of data generated to measure the effectiveness of control measures in place and modify same in real-time on an ongoing basis.
 - d. Determine what environmental and management changes may mitigate the incidence of clinical and sub-clinical mastitis.
 - e. Maintain records of all antibiotic usage to treat mastitis. Veterinary practitioners may prescribe intramammary antimicrobial preparations for the treatment of clinical or sub-clinical mammary gland infections in animals under their veterinary care if it is justified and based on clinical examination or other proper assessment. The choice of antimicrobial should be based on the *EMA Categorisation of antimicrobials for use in animals for prudent and responsible use* and historical and current pathogen identification and sensitivity test results for the farm.
 - f. Promote a multidisciplinary approach to managing the incidence and prevalence of mastitis in the herd.

Where, in the context of minimising the use of future antibiotic treatments, a veterinary practitioner believes that there is little prospect of making progress for any reason, they should advise the client of their concerns, and, if necessary, engage a consulting veterinary practitioner. While prioritising animal welfare, they should not continue to prescribe antibiotics where there is inadequate management, husbandry or suitably detailed data by which to justify such prescriptions.

In all instances, the VCI reserves the right to decide whether specific instances or patterns of prescribing/ supplying antibiotics is prudent based on the risks to animal health & welfare and One Health.

Appendix VI

Guidance for Registrants: Antiparasitic Veterinary Medicinal Products

This guidance is intended to support registrants involved in parasite prevention/control in food producing animals. It does not come into effect until antiparasitic veterinary medicinal products for use in food producing animals are classified in the Republic of Ireland as subject to veterinary prescription.

Introduction

Regulation (EU) 2019/6 on veterinary medicinal products will come into force on 28th January 2022. This Regulation sets out the conditions under which prescription only medicines may be prescribed by veterinary practitioners. Implicit in this is the intention to reduce resistance to antiparasitic veterinary medicinal products and to protect our shared environment through prudent use of medicines. Veterinary practitioners should be cognisant of this when prescribing.

The VCI has provided definitions in its Code of Professional Conduct for Veterinary Practitioners in relation to this Regulation which will assist veterinary practitioners with understanding both the Regulation and the ethical standards with which they must comply. These definitions can be found in [Chapter 5](#) of the VCI's Code of Professional Conduct for Veterinary Practitioners.

The VCI has also produced guidelines in relation to 'animals under veterinary care' which are set out in [Chapter 2](#) of the VCI's Code of Professional Conduct for Veterinary Practitioners and must be complied with.

The detrimental effects of resistance to antiparasitic veterinary medicinal products to the health, welfare and productivity of food animals is an increasingly reported phenomenon worldwide and in Ireland. Veterinary practitioners have a pivotal role in mitigating these effects.

Guidance

This additional guidance, therefore, will focus on the obligations of a veterinary practitioner in the context of the increased parasitic resistance to antiparasitic veterinary medicinal products and the need to preserve antiparasitic efficacy in food producing animals. This will involve the replacement of the traditional prophylactic herd-based use of antiparasitic veterinary medicinal products with a more selective and targeted use of these chemicals.

1. Veterinary practitioners should maintain an up-to-date knowledge of the epidemiology, health and production impacts of food animal parasites commonly found in Ireland and internationally as appropriate. Reputable sources of such information include Animal Health Ireland, the Department of Agriculture, Food and the Marine, the Health Products Regulatory Authority, Teagasc and other international equivalent science-based sources.

2. The attending veterinary practitioner should act within a CPPR which has at its core a parasite prevention/control programme according to the guidelines below.
3. It is regarded as best practice that all decisions and actions to control parasites be collated in a Food Animal Veterinary Herd Health Parasite Control Programme, designed on an annual basis. Such a programme should be designed to achieve sustainable parasite control on the farm and be structured in accordance with current advice from scientific, agricultural and veterinary organisations / associations.
4. Veterinary practitioners should be aware of and encourage current best practice with regard to parasite surveillance and reduction through husbandry practices, grassland management, appropriate testing and vaccination in order to reduce the use of antiparasitic veterinary medicinal products. Strategies such as 'refugia', 'quarantine', 'vaccination', and 'pasture management' should be incorporated into these programmes where applicable.
5. All veterinary led food animal parasite control programmes should have quantifiable targets in terms of parasite control and resistance mitigation. Sampling or laboratory result assessments may be required throughout the year to inform parasite status as dictated by animal health and performance, to include, where appropriate, faecal egg count and faecal egg count reduction tests. Other appropriate monitoring tests could include bulk tank monitoring, serological surveys, broncho-alveolar lavages and/or other relevant laboratory and/or diagnostic assessments. Such assessments or indicators should be reviewed and modified where necessary, such as quarterly or more frequently as required but at least annually.
6. Veterinary practitioners may only prescribe antiparasitic veterinary medicinal products for use in farm and/or food production animals if the animals concerned are under their veterinary care and the medicinal product's usage can be scientifically and reasonably justified.
7. Veterinary practitioners should be able to demonstrate that all decisions to use antiparasitic veterinary medicinal products are based on their ongoing knowledge of the individual farm parasite prevalence and that the use of the antiparasitic veterinary medicinal product is justified in conjunction with the ongoing husbandry and management controls in place.
8. Suitable follow-up surveillance should be in place to confirm treatment efficacy and monitor for the occurrence of resistance. The timing of the issuing of a prescription prior to a planned administration of an antiparasitic veterinary medicinal product within a Food Animal Veterinary Herd Health Parasite Control Programme should be defined in the plan and the duration should be dependent on the surveillance and predicted risk.
9. Veterinary practitioners should report cases of suspected resistance to either the Health Products Regulatory Authority (HPRA) or the holder of the marketing authorisation of the concerned product.
10. The validity of prescriptions that may be provided in the context of the Food Animal Veterinary Herd Health Parasite Control Programme should not exceed 12 months or such shorter period as deemed reasonable and appropriate by the veterinary practitioner.

In all instances, the VCI reserves the right to decide whether specific instances or patterns of prescribing/ supplying antiparasitic veterinary medicinal products is prudent based on the risks to animal health & welfare and One Health.

Appendix VII

Guidance On Specific Instances Of Certification

This guidance is intended to support registrants when dealing with specific instances of certification.

Certification of Fitness for Transport of Injured Livestock to a Slaughterhouse

In the case of injured livestock, a veterinary practitioner should examine an animal immediately prior to certifying their fitness for transport.

Veterinary practitioners should note on the certificate a validity period which does not facilitate an unreasonable delay between certification and slaughter. They should also include the name of the slaughterhouse and a minimum level of comfort under which the animal must be transported.

Certificates for Sellers or Suppliers of Pet Animals

When signing certificates for breeders or pet shops etc, it is not permissible to leave blank the space for the owner's name so that the breeder or pet shop staff can later enter the purchaser's name. The owner at the time of certification is the breeder or the pet shop, and the certificate should be made out accordingly, and no part of the certificate should be left blank.

Vaccination Records

Veterinary practitioners should complete vaccination record cards carefully and should never sign blank vaccination record cards. Although generally regarded as being part of the clinical records, when completing vaccination record cards, veterinary practitioners should follow the guidance regarding identification that is set out in Principle 7 of the [11 Principles of Veterinary Certification](#) in Chapter 8. This applies whether the record cards are in paper or electronic format. The vaccination record should be such as to allow another veterinary practitioner administering subsequent vaccination/s to identify the animal, if necessary, following any additional reasonable enquiries.

Animal Insurance Claims

Insurance schemes rely on the professional integrity of veterinary practitioners. Departure from the obligations relating to certification are therefore likely to lead to potential negligence and/or to allegations of fraud.

It is in the interests of both veterinary practitioners and of their clients to check whether the policy imposes any limitations on cost or makes exclusions which would apply to the treatment they propose. Veterinary practitioners should bear in mind that claims for unusually expensive treatments are likely to be carefully scrutinised by insurers.

Where a veterinary practitioner asks a client to sign an incomplete insurance claim form, they should subsequently send them a copy of the completed form so that the client can check and confirm the details of the claim prior to submission to the insurance company.

Animal Pre-Purchase Examinations

The purpose of a pre-purchase examination is to carry out a thorough clinical examination on behalf of a potential purchaser to identify and assess factors of a veterinary nature that could prejudice the animal's suitability for its intended use. It is not a guarantee of an animal's suitability for the intended purpose.

Before performing a pre-purchase examination, a veterinary practitioner should endeavour to ascertain who is selling the animal and the animal's identity. If, as a result of such information, the veterinary practitioner feels any conflict of interest, which means they cannot act wholly in the interests of the purchaser; the veterinary practitioner should decline to perform the examination. If the veterinary practitioner feels able to act without conflict, the fact that the seller is an existing client of the veterinary practitioner's practice should be declared to the purchaser in advance of the examination. Additionally, if the veterinary practitioner, or their practice, have any prior knowledge of the animal from any source, permission should be obtained from the seller or their nominated agent for full disclosure to the purchaser of all such information that might be relevant. If this is not possible, for any reason, the veterinary practitioner should decline to perform the examination.

The pre-purchase examination certificate should report the findings of the examination including all significant signs of disease, injury or physical abnormality. The certificate should also include the examining veterinary practitioner's opinion as to whether or not, on the balance of probabilities, those findings prejudice the animal's suitability for purchase for its intended use. This opinion of the examining veterinary practitioner is given in the following format: *"In my opinion, on the balance of probabilities, the conditions reported above do / do not prejudice this animal's suitability for purchase to be used for ..."* This wording reflects the fact that there may be other reasonable interpretations of the findings, but it in no way reduces the responsibility of examining veterinary practitioners to examine and observe the animal carefully and to apply to the full their professional knowledge and experience.

If the examining veterinary practitioner considers that the clinical history represents a greater than normal risk of the animal developing future problems (i.e. recurrence or delayed consequences of a prior condition), or that it may do so, this should be indicated on the certificate along with an explanatory note. Despite such observations, the animal may nevertheless be suitable for purchase based on a risk/benefit analysis.

BEVA and the RCVS have issued *Guidance Notes on the Examination of a Horse on Behalf of a Prospective Purchaser* which are supported by the VCI. Veterinary practitioners who are requested to carry out a pre-purchase examination on a horse should consult and familiarise themselves with these guidance notes.

Appendix VIII



STATUTORY INSTRUMENTS.

S.I. No. 577 of 2020

VETERINARY COUNCIL OF IRELAND CONTINUING VETERINARY
EDUCATION FOR VETERINARY PRACTITIONERS REGULATIONS
2020

2 [577]

S.I. No. 577 of 2020

VETERINARY COUNCIL OF IRELAND CONTINUING VETERINARY
EDUCATION FOR VETERINARY PRACTITIONERS REGULATIONS
2020

The Veterinary Council of Ireland, in exercise of the powers conferred on it by section 66 and section 133 of the Veterinary Practice Act 2005 (No. 22 of 2005), with the consent of the Minister for Agriculture, Food and the Marine, hereby makes the following regulations:-

Part A – Introduction

1. These regulations (“Regulations”) are made by the Veterinary Council of Ireland pursuant to the provisions of section 66 of the Veterinary Practice Act 2005 (as amended) (the “Act”) and may be cited as the Veterinary Council of Ireland Continuing Veterinary Education for Veterinary Practitioners Regulations 2020.

2. These Regulations (with the exception of Regulation 3) shall come into operation on 1 January 2021 and thereafter, subject to Regulation 4, the Continuing Veterinary Education Regulations of 1 August 2017 (the “2017 Regulations”) shall stand revoked.

3. This regulation 3 shall be deemed to come into operation with effect from 1 August 2020. The 2017 Regulations are hereby amended by the deletion of the first sentence of regulation 1.1. and its replacement with the following “The ‘credit year’ runs from 1 August 2019 to 31 December 2020.”

4. The requirements of the 2017 Regulations shall continue to apply to the extent to which the Council audits a Practitioner in respect of a period during which the 2017 Regulations applied.

Part B – Definitions

5. In these Regulations:

- (a) “Continuing Veterinary Education” or “CVE” means a programme of further education or training (or both) to be undertaken by a Practitioner whether relating to an Approved CVE Course, Independent Study, Organisational CVE, Practice Visits, Presentation CVE, Relevant Written Material, Recognised International CVE or Student Supervision, intended to develop or refresh the Practitioner in his or her professional knowledge, skills and abilities in relation to veterinary medicine;
- (b) “Approved CVE Course” means a CVE Course deemed approved by the Council pursuant to Regulation 7;

*Notice of the making of this Statutory Instrument was published in
“Iris Oifigiúil” of 8th December, 2020.*

[577] 3

- (c) “Council” means the Veterinary Council of Ireland established under section 11 of the Veterinary Practice Act 2005, as amended.
- (d) “CVE Credit” means a credit claimed by a Practitioner in respect of CVE undertaken. One CVE credit may be claimed in respect of each hour of CVE taken, unless otherwise provided in Schedule 1 of these Regulations.
- (e) “CVE Course” means a programme of education, study or training that relates to veterinary medicine to include, events, lectures or seminars of CVE (excluding Independent Study, Recognised International CVE, Relevant Written Material and Student Supervision), whether by E-learning or in person, provided or to be provided by a CVE Provider;
- (f) “CVE Provider” means a provider of education who provides or proposes to provide one or more CVE Courses;
- (g) “CVE Year” means any year ending on 31 December;
- (h) “E-learning” means the provision of education or training (or both) that is generated, communicated, processed, sent, received, recorded, stored and/or displayed by Electronic means or in Electronic form, and includes education or training (or both) provided through: (i) the internet or other computer network connections or sound and/or vision formats, or a combination thereof; (ii) the provision of an Electronic file, a CD-Rom and/or a DVD; (iii) other technologies or formats;
- (i) “Education Committee” means the education committee (or Veterinary Education and Training Committee) established by the Council pursuant to section 62 of the Act;
- (j) “Electronic” includes electrical, digital, virtual, and any other form of related technology;
- (k) “Independent Study” means independent study by a Practitioner which must relate to Veterinary Practice such as (i) a review of (but not preparing or publishing) Relevant Written Material, or (ii) such study in such other manner as may be appropriate;
- (l) “Management Skills” includes education or training (or both) in any one or more of, or a combination of, the following areas: (i) financial and business management, (ii) professionalism, communication and other business and office skills, (iii) practice management, or (iv) self-management or self-care;
- (m) “Newly Registered Practitioner” means a Practitioner who is registered on the Register for the first time during the course of a CVE Year;
- (n) “Restored to the Register” means a Practitioner whose registration on the Register is restored following his or her removal from the Register during the course of a CVE Year;
- (o) “Organisational CVE” means participation by a Practitioner in a committee or board of a professional organisation involved in

4 [577]

Veterinary Practice or a professional discussion group, excluding membership of a representative body;

- (p) “Practice Visits” means documented visits by a Practitioner to a veterinary premises (as defined in section 105 of the Act) or educational institutions in the provision of accredited programmes of education;
- (q) “Practitioner” means a person who is registered under Part 4 of the Veterinary Practice Act 2005, as amended;
- (r) “Presentation CVE” means lectures or presentations to either lay or professional audiences that are prepared and delivered by a Practitioner;
- (s) “Recognised International CVE” means a course of CVE in relation to Veterinary Practice organised or accredited by (i) regulators or specialisation boards in the UK, Europe, the USA, Canada, Australia or New Zealand or (ii) international veterinary organisations deemed acceptable by the Council;
- (t) “the Register” means the register established by the Council known as the Register of Veterinary Practitioners established and maintained by the Council pursuant to section 34 of the Act and referred to as “the Register”;
- (u) “Regulation” means a regulation in these Regulations;
- (v) “Regulatory Matters” means matters relating to the regulation of Practitioners, including: (i) the Veterinary Practice Act 2005 (as amended) and regulations made thereunder, (ii) the Animal Remedies Act 1993 (as amended), the Animal Health and Welfare Act 2013 or regulations made under either, (iii) professional ethics and the maintenance of standards of best practice in complying with regulatory obligations in Veterinary Practice or (iv) any other act, regulation or directive relevant to Veterinary Practice.
- (w) “Relevant Written Material” means written material relating to Veterinary Practice that is published in a peer reviewed periodical or textbook, or other non-peer reviewed sources or articles for the press.
- (x) “Student Supervision” means the supervision or mentoring by a Practitioner of undergraduate students of Veterinary Practice or Veterinary Nursing as part of their extra-mural studies programme as part of a course at a third-level university, college or institute approved by the Council for that purpose;
- (y) “Veterinary Nursing” means carrying out any of the procedures to which section 91(2) of the Act applies and any procedures which may be prescribed by the Minister under section 92 of the Act;
- (z) “Veterinary Practice” means the the practice of veterinary medicine, which means any one of the following—

[577] 5

- (a) in relation to an animal - (i) diagnosing disease, injury, pain, deformity, defect or state of health, (ii) identifying and carrying out treatment, whether surgical or medical in nature, of any matter referred to in *subparagraph (i)*, (iii) performing a surgical procedure, (iv) giving advice, following an action referred to in (i), (ii) or (iii) as to care required, (v) furnishing a written certificate as to the doing of any action referred to in (i), (ii), (iii) or (iv),
 - (b) in relation to an animal or products of animal origin, performing such functions as may be conferred on veterinary practitioners from time to time by the Minister for Agriculture for the purpose of giving effect to - (i) any provision of the Treaties governing the European Communities, (ii) any regulation, directive or other act adopted by an institution of the European Communities, or (iii) a judgement of the European Court of Justice, relating to certification on live animals or products of animal origin,
 - (c) in relation to an animal remedy, performing a function conferred on a registered person by or under any enactment, whether passed before or after the passing of the Act.
- (aa) Other words and phrases in these Regulations shall, where applicable, have the meanings assigned to them by the Act.
- (bb) In these Regulations, unless the context otherwise requires, the singular includes the plural.

Part C – Approval of CVE Courses

6. The Council shall from time to time approve CVE Courses pursuant to these Regulations.

7. Upon submission, prior to the CVE Course taking place, of a completed application to the Council by a CVE Provider and payment of any administrative fee prescribed by the Council by regulation (the Council may, at its discretion, waive any administrative fee prescribed), a CVE Course which meets the following criteria shall be deemed an Approved CVE Course:

- (a) It shall be related to one or more of the following:
 - (i) Veterinary Practice
 - (ii) Animal health and welfare
 - (iii) Public health
 - (iv) Management Skills
 - (v) Regulatory matters;
- (b) It must take place for a minimum of sixty (60) consecutive minutes.
- (c) The content of the CVE Course must be relevant to Practitioners.

6 [577]

8. The Council may, at its discretion, refuse, withdraw or revoke the approval of CVE Courses, whether previously approved or otherwise.

9. CVE Courses must be submitted for approval every CVE year in which they take place.

10. CVE Courses which do not meet the requirements of Regulation 7 shall be notified in writing. Any appeal in respect of any CVE Course not approved shall be made to the Education Committee, whose decision in this regard shall be subject to confirmation by the Council.

11. CVE Providers must provide Practitioners who participate in approved CVE Courses with an appropriate certificate of completion and maintain copies of all documentation used in the delivery of and relevant to Approved CVE Courses for a period of at least five (5) years after completion of the course. Such documentation shall include, but not be limited to, the following:

- (a) Course outline;
- (b) Timetables and location;
- (c) Advertisements and presenters' CVs;
- (d) Registration and attendance records, including names, addresses and registration numbers of Practitioners.

Part C – CVE Requirements

12. It shall be a condition of registration on the Register, or the continuance of registration on the Register, that Practitioners comply with these CVE Regulations. The annual requirements to be met by a Practitioner in respect of a CVE Year are set out in Schedule 1 to these Regulations. Such annual requirements shall (i) require Practitioners to accumulate a minimum number of CVE Credits, as is specified in Schedule 1, to maintain professional competence (including but not limited to any of the matters identified in Schedule 1) and (ii) to otherwise fulfil the requirements of these Regulations.

13. These Regulations apply to each Practitioner in respect of each CVE Year. A Practitioner is entitled to claim CVE Credits in respect of Approved CVE Courses, Independent Study, Organisational CVE, Presentation CVE, Practice Visits, Recognised International CVE, Relevant Written Material and Student Supervision undertaken by him or her in accordance with the requirements of Regulations.

14. A Practitioner who, during the CVE Year, participates in a postgraduate or residency programme leading to a postgraduate degree, masters, doctorate or other appropriate certification in a specialty or academic field related to

[577] 7

Veterinary Practice, shall be deemed to have satisfied the CVE requirements of the Regulations in respect of that CVE Year.

15. A Practitioner shall undertake the required CVE in respect of each CVE Year as provided for Schedule 1. However, a Practitioner shall not be entitled to claim:

- (a) more than 25% of the minimum number of credits required by Schedule 1 by way of Management Skills;
- (b) more than 30% of the minimum number of credits requirement by Schedule 1 by way of Independent Study.

16. A Practitioner to whom these Regulations apply shall be required during each CVE Year to fulfil the following requirements:

- (a) maintain certificates from CVE Providers to verify his or her attendance at Approved CVE Courses; and
- (b) maintain a written record of CVE Credits completed by him or her which is sufficient to demonstrate compliance with these Regulations; and
- (c) maintain such certificates and records for a period of five (5) years, or seven (7) years if claiming cumulative CVE Credits, after the end of a CVE Year; and
- (d) produce such certificates and written records to the Council upon being requested to do so.

17. A Practitioner who makes an application to the Council for the annual renewal of his or her registration on the Register for all or any part of a CVE Year shall, as part of such application, be required to make a declaration to the Council that he or she has accumulated the minimum CVE Credits required during the preceding CVE Year as may be specified in Schedule 1 and otherwise met the requirements of these Regulations.

18. A Practitioner shall verify such declaration referred to in Regulation 17 if so requested by the Council, by production of the written record, certificates of attendance and written verification(s) maintained pursuant to Regulation 16.

8 [577]

Part D – Transitional Arrangements and Modification of CVE Requirements

19. If a Practitioner accumulates in excess of the required CVE Credits during the CVE year 1 August 2019 to 31 December 2020 (pursuant to the 2017 Regulations), he or she may, subject always to the requirements contained in regulation 16, claim such excess as CVE Credits in respect of the CVE Year expiring on 31 December 2021.

20. The requirements of Regulation 12 in respect of the number of CVE Credits to be claimed in a CVE Year are modified in respect of the following categories of Practitioner as set out in Schedule 1:

- (a) A Practitioner who for reasons of maternity and/or parental and/or carer’s and/or adoptive leave, does not practise or ceases to practise as a Practitioner in the course of a CVE Year for a period of more than twelve (12) weeks within any such CVE Year may, on due written certification to the Council of that fact, apply to have his or her requirement to have undertaken CVE during that particular CVE Year reduced;
- (b) A Practitioner who, for reasons of their illness or medical disability, the illness or medical disability of a family member, or for other substantive reasons, does not practise or ceases to practise as a Practitioner in the course of a CVE Year for a period of more than twelve (12) weeks within any such CVE Year may, on due written certification to the Council of that fact, apply to have his or her requirement to have undertaken CVE during that particular CVE Year reduced;

21. As regards Newly Registered Practitioners (or Practitioners who are restored to the Register), the required CVE Credits shall be reduced, based on the Practitioner’s date of registration or restoration, as follows:

CVE “pro rata” period	CVE Credits Required
January – March	100% of Standard CVE Credits
April – June	75% of Standard CVE Credits
July – September	50% of Standard CVE Credits
October – December	Exempt

22. A person applying to be restored on the Register after not being on the Register for a number of CVE Years may be required to undertake a programme of CVE prescribed by the Education Committee, subject to confirmation by the Council.

Part E - Audit

23. The Council may audit Practitioners in respect of their compliance with the requirements of these Regulations for a period of up to five (5) years after the end of a CVE Year.

24. A Practitioner must upon request from the Council submit evidence of his or her compliance with these Regulations. Such evidence shall include (but not be limited to) certificates from CVE Providers to verify his or her attendance at such Approved CVE Courses.

25. Without prejudice to the generality of Regulation 24 and for the purpose of ensuring compliance with these Regulations, the Council may liaise with a Practitioner to investigate any alleged breach by a Practitioner of these Regulations and, to that end, may in respect of the Practitioner concerned:

- (a) seek explanations from the Practitioner;
- (b) call the Practitioner to a meeting;
- (c) request him or her to undertake a programme of CVE prescribed by the Education Committee, subject to confirmation by the Council, for a future CVE Year or CVE Years; and/or
- (d) bring the matter to the attention of the Council, which may apply, pursuant to section 76 of the Act, to the Registrar for an inquiry into the fitness to practise veterinary medicine of the Practitioner.

26. Any breach of these Regulations by a Practitioner or a false declaration made under Regulation 17 may, upon due inquiry by the Fitness to Practise Committee pursuant to the Act, be found to be (i) a breach of regulations made under the Act within the meaning of section 76(d) of the Act, (ii) behaviour which constitutes professional misconduct within the meaning of section 76(10) of the Act and/or (iii) a false or fraudulent declaration or misrepresentation such that his or her registration is erroneous within the meaning of section 76(c) of the Act.

10 [577]

Schedule 1 – Annual Requirements

1. The annual requirements to be met by a Practitioner during the CVE Year are as follows:

- (a) A Practitioner must accumulate:
 - (i) A minimum of twenty (20) CVE Credits in respect of the CVE Year; or
 - (ii) a minimum cumulative total of sixty (60) CVE Credits over the current CVE Year and the preceding two CVE Years;
- (b) A Practitioner shall be entitled to claim up to a maximum of twelve (12) CVE Credits in respect of a single calendar day, save in respect of (i) an Approved CVE Course under paragraph (c) in relation to which a maximum of twenty-four (24) CVE Credits may be claimed in a single calendar day and (ii) as may otherwise be provided in this Schedule.
- (c) The following categories of Approved CVE Courses shall be awarded two CVE Credits for each hour:
 - (i) wetlabs;
 - (ii) practicals; and
 - (iii) interactive events.

2. Practitioners are entitled to claim the following CVE Credits in respect of Presentation CVE:

Type	CVE Credits
First-time lecture to professional audience regarding Veterinary Practice	Seven (7) CVE Credits
First-time one-day presentation to professional audience regarding Veterinary Practice	Up to a maximum of fifteen (15) CVE Credits can be claimed in respect of such a one-day presentation
Presentation to lay audience	Two (2) CVE Credits per presentation up to a maximum of six (6) CVE Credits per CVE Year

[577] 11

3. Practitioners are entitled to claim one (1) CVE Credit per week up to a maximum of four (4) CVE Credits per CVE Year in respect of Student Supervision.

4. Practitioners are entitled to claim up to a maximum of six (6) CVE Credits per CVE Year in respect of Practice Visits.

5. Practitioners are entitled to a claim a maximum of up to three (3) CVE Credits per CVE Year in respect of Organisational CVE, with one (1) CVE Credit to be awarded for attendance (whether in person or otherwise) at an Organisational CVE meeting.

6. Practitioners who are authors of Relevant Written Material are entitled to claim the following CVE Credits in respect of such Relevant Written Material:

Type	CVE Credits
First author of peer reviewed paper	Fifteen (15) CVE Credits
Second and subsequent author of peer reviewed paper	Eight (8) CVE Credits
Non-peer reviewed paper / article for press	Two (2) CVE Credits per paper up to a maximum of Six (6) CVE Credits per CVE Year

7. The modified CVE requirements in respect of a Practitioner who falls within Regulation 20(a) or 20(b) shall be as set out in the table below:

CVE “pro rata” period	CVE Credits Required
0-3 months	100% of Standard CVE Credits
3-6 months	75% of Standard CVE Credits
6-9 months	50% of Standard CVE Credits
9-12 months	Exempt

12 [577]



GIVEN under the Official Seal of the Veterinary Council of
Ireland,

4 December, 2020.

JOSEPH MOFFITT,
President.

NIAMH MULDOON,
Registrar.

[577] 13

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation).

These Regulations set out the approval of programmes of further education, the requirements of registered persons under Part 4 of the Act regarding such programmes of further education and the auditing of compliance with such requirements.

These Regulations may be cited as the Veterinary Council of Ireland Continuing Veterinary Education for Veterinary Practitioners Regulations 2020.

These Regulations come into operation on 1st January 2021.

14 [577]

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Appendix IX



STATUTORY INSTRUMENTS.

S.I. No. 576 of 2020

VETERINARY COUNCIL OF IRELAND INDEMNITY INSURANCE
REGULATIONS 2020

2 [576]

S.I. No. 576 of 2020

VETERINARY COUNCIL OF IRELAND INDEMNITY INSURANCE
REGULATIONS 2020

The Veterinary Council of Ireland, in exercise of the powers conferred on it by section 59A (as inserted by section 3 of the Veterinary Practice (Amendment) Act 2012 (No. 25 of 2012)) and section 133 of the Veterinary Practice Act 2005 (No. 22 of 2005), with the consent of the Minister for Agriculture, Food and the Marine, hereby makes the following regulations:-

Citation

1. These regulations may be cited as the Veterinary Council of Ireland Indemnity Insurance Regulations 2020.

Commencement

2. These regulations come into operation on 1 January 2021.

Interpretation

“Act” means the Veterinary Practice Act 2005 (No. 22 of 2005), as amended;

‘*appropriate cover*’ means a level of professional indemnity insurance cover against liabilities that may be incurred arising from the practice of veterinary medicine, taking into account the nature and extent of the risks associated with the practice, that is sufficient to meet all liabilities that may be incurred if a successful claim is made;

“*Council*” means the means the Veterinary Council of Ireland established under section 11 of the Act;

“*registered person*” for the purpose of these regulations means a person registered under Part 4 or Part 8 of the Act;

“*veterinary medicine*” has the meaning assigned to it in section 53 of the Act.

Requirement for indemnity insurance

3. A registered person, other than a registered person to whom Section 59A of the Act and / or regulation 9 of these regulations applies, shall, at all times during which the person’s registration continues, ensure that there is in place a policy of professional indemnity insurance providing appropriate cover for that registered person.

Requirement to provide evidence of indemnity insurance

4. A registered person, to whom these regulations apply, shall, as provided in regulation 7 and whenever requested by the Council to do so, provide the

*Notice of the making of this Statutory Instrument was published in
“Iris Oifigiúil” of 8th December, 2020.*

[576] 3

Council with evidence of the policy of professional indemnity insurance in respect of that registered person as referred to in regulation 3, including the certificate referred to in regulation 6. Where a registered person is expressly requested by the Council to provide evidence of the policy of professional indemnity insurance in respect of that registered person as referred to in regulation 3, including the certificate referred to in regulation 6, they shall do so within 14 days of the said request.

Evidence to be submitted in relation to indemnity for registration

5. The evidence to be submitted to the Council in relation to a policy of professional indemnity insurance under these regulations for the purposes of registration is—

- (a) in the case of a person applying for first registration or restoration to the register, a completed and signed declaration in the form required by the Council pursuant to these regulations or, where the Council provides for internet application, an equivalent online form,
- (b) in the case of a registered person applying for retention of registration, a completed and signed declaration in the form required by the Council pursuant to these regulations or, where the Council provides for internet application, an equivalent online form,

and includes any certificate required to be enclosed with such form.

Content of certificate

6. Where a person or registered person is required to enclose with any of the forms referred to in regulation 5 or to provide to the Council, on request by the Council, a certificate from his or her insurer, broker or indemnity provider as evidence of his or her insurance or indemnity, such certificate shall be in the English language and shall state, in particular—

- (a) the name of the policyholder or person indemnified,
- (b) the period of cover of the insurance policy or indemnity,
- (c) the area(s) of practice covered by the policy or indemnity,
- (d) any geographical limits to the cover provided by the insurance policy or indemnity, and
- (e) the level of indemnity provided.

Timing of submission of evidence

7. The evidence referred to in regulation 5 shall be submitted to the Council as follows:

- (a) in the case of an application by a person for first registration or restoration to the register –

4 [576]

- (i) the declaration shall be submitted at the time of the application, and
 - (ii) where required, the certificate shall be submitted to the Council not later than 14 days after the date the registered person commences practice;
- (b) in the case of an application by a registered person for retention of registration-
- (i) the declaration shall be submitted at the time of the application, and
 - (ii) where required, the certificate shall be submitted to the Council not later than 14 days after the date of issue of the registration certificate retaining the registration.

Failure to comply with these regulations

8. Where a registered person

- (a) does not provide evidence of the policy of professional indemnity insurance in respect of that registered person in accordance with regulation 4 including a certificate referred to in regulation 6, or
- (b) otherwise fails to comply with these regulations,

the Council shall take whatever of the following actions that it considers appropriate including:

- (i) take no action,
- (ii) apply to the Registrar under section 76 (1) of the Act for an inquiry into the fitness to practise of the registered person,
- (iii) direct the Registrar to take specified action and the Registrar shall take such action,
- (iv) take such other action as it considers appropriate in the circumstances.

Exemption of registered persons

9. These regulations shall not apply to a registered person in so far as the registered person is, for the time being, acting as an officer or employee of, under contract to, or otherwise with the authorisation of, a Minister of the Government, a local authority or a body established by or under statute (other than a company established under the Companies Act 2014).

[576] 5



GIVEN under the Official Seal of the Veterinary Council of
Ireland,

4 December, 2020.

JOSEPH MOFFITT,
President.

NIAMH MULDOON,
Registrar.

6 [576]

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations set out the requirements of registered persons regarding professional indemnity, the evidence in relation to professional indemnity to be submitted to the Veterinary Council of Ireland by persons and registered persons and to be displayed at each veterinary premises where registered persons practise. In addition, these Regulations provide for the timing of such submission and the manner of such display.

These Regulations may be cited as the Veterinary Council of Ireland Indemnity Insurance Regulations 2020.

These Regulations come into operation on 1 January 2021.

[576] 7

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This edition of the Code Conduct was agreed by Council on the 9th December 2021.