**VSBSA**

**Notifications Sub Committee**

**Member Meeting Process**

**Meeting agenda**

1. Welcome
2. Apologies
3. Confirmation of minutes of the previous meeting
4. Declaration of conflicts of interest
5. Notifications
6. Other business
7. Close

Notifications for discussion at the meeting are in Diligent under the Current Books/Notifications Sub-Committee.

Each notification will have a folder in the name of the notification number.

This folder includes:

1. The Notification and any responses
2. Clinical Notes and Summaries
3. Veterinarians’ response
4. 2nd Veterinarian response
5. Any other information relevant to the notification.

The folder is available 7 days prior to the meeting date.

**Meeting Preparation**

1. Read through the folder
2. Consider any possible conflict of interest declaration
3. Add notes, comments, questions, or corrections to the folder using Sticky Note option which is available through the Notes Panel. If you would like all Committee Members to see the Sticky Note, change the status to ‘Public to everyone’.
4. Request further information and/or documentation to the Registrar if it is required for you to complete your assessment.
5. Review and form questions in relation to **unprofessional conduct** as defined by the Act.
6. *improper or unethical conduct in relation to professional practice;*
7. *incompetence or negligence in relation to the provision of veterinary treatment;*
8. *a contravention of or failure to comply with*
	1. *a provision of the VP Act; or*
	2. *a code of conduct or professional standards prepared or endorsed by the Board under the VP Act; and*
9. *conduct that constitutes an offence punishable by imprisonment for one year or more under some other Act or law.*

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| Medical Management |
| 1. Physical assessment and clinical reasoning
 |
| * Comprehensive physical assessment
 |
| * Relevant and accurate detail to support clinical assessment
 |
| * Differential diagnoses/diagnosis, work-up logic, and treatment options
 |
| 1. Case Management
 |
| * Case management plan – approach to further investigation and treatment
 |
| * Updated as required to reflect developments in case management over time
 |
| 1. Continuity of Care
 |
| * Advice for home care
 |
| * After hours availability for the practice, along with instructions for contacting the practice
 |
| * Aware of arrangements for care of hospitalised patients during after hours
 |
| * Referral to another practice, and contact details and offering to provide medical records and cases summary information if appropriate
 |
| * Arranging referral, if required or requested by the client
 |
| * In multi-vet practices comprehensive ‘hand-over’ protocols in place and followed
 |
| 1. Postoperative care and discharge process
 |
| * Clients aware of arrangements for observation and veterinary care of hospitalised patients during after hours
 |
| * Detailed discharge advice for home care
 |
| * Referral details provided where required
 |
|  |
| Clinical Records |
| * Diagnostic procedures, images (radiographs/ultrasound/other), clinical pathology results, findings, and interpretation
 |
| * Full description of any procedure including but not limited to surgeries, treatments, and anaesthetic records if applicable
 |
| * Medications administered including dose and route
 |
| * Certification complete, accurate and based on personal knowledge
 |
|  |
| Communication |
| 1. Options offered
 |
| * Discussion on assessment and possible diagnosis or treatment approach
 |
| * Outlined quality of life impacts and ongoing care (where required)
 |
| * Options discussed (referral, euthanasia)
 |
| * Anticipated costs
 |
| * Level of experience and skills they have for the proposed veterinary management
 |
| 1. Informed consent verbal/written
 |
| * Discussion evident in records and requisite forms signed by person with authority to consent to a procedure or treatment
 |
| * Discussion where appropriate the use of off label drugs
 |
|  |
| Animal Welfare/Additional information |
| 1. Animal welfare prioritised
 |
| * Issues under Animal Welfare Act considered
 |
| 1. CPD
 |
| * Comprehensive and current
 |
| * Professional development related to practice
 |
| * Submission
 |

**Meeting Process**

1. Notes, comments, questions, and corrections on file are discussed.
2. Questions in relation to possible breaches are discussed
3. Consideration as to whether another opinion is required
4. Consideration as to whether legal advice is required
5. Reasons for or against a possible breach are noted for reference in the opinion and based on these reasons are either particularised or dismissed
6. If no possible breaches are determined, then discussion to focus on the drafting of the response to the notifier and the practitioner which should include:
	1. Conclusions in relation to possible breaches and reasons for dismissing as above
	2. Conclusions in relation to any additional concerns noted by the notifier

***Has the practitioner deviated away from expected current practice OR has there been unprofessional conduct? Unprofessional conduct should be considered where major harm has occurred (i.e., the direct action or inaction of the practitioner has resulted in the death, disablement or infliction of pain and suffering on the patient) or for repeated offences.***

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| --- | --- | --- |
| **Scope of Practice** | **Deviation from expected current practice** | **Unprofessional conduct** |
| Code of Conduct[[1]](#endnote-1) | Warning or undertaking – reference the code of conduct | Seek advice before proceeding to SACAT |
| Case management | Warning or undertaking with CPD recommendations | Seek legal before proceeding to SACAT |
| Informed consent[[2]](#endnote-2) | Warning or undertaking - reference the guidelines | Seek legal before proceeding to SACAT |
| Clinical Record[[3]](#endnote-3), [[4]](#endnote-4) | Warning or undertaking - reference the relevant legislation/regulation/guidelines | Seek legal before proceeding to SACAT |
| Other relevant legislation | Warning or undertaking - reference the relevant legislation/regulation | Refer to relevant authority if applicable, wait investigatory outcome before reassessment. |
| Certification | Warning or undertaking - reference the relevant legislation/regulation | Seek legal before proceeding to SACAT |

1. Should there be only one of unprofessional conduct finding for this scope of practice area, consideration should be made to downgrade this to a deviation of expected practice for a first offence. [↑](#endnote-ref-1)
2. Should there be only one of unprofessional conduct finding for this scope of practice area, consideration should be made to downgrade this to a deviation of expected practice for a first offence. [↑](#endnote-ref-2)
3. Should there be only one of unprofessional conduct finding for this scope of practice area, consideration should be made to downgrade this to a deviation of expected practice for a first offence. [↑](#endnote-ref-3)
4. Should clinical records be inadequate and either have an impact on the case or not allow VSBSA to make a proper assessment of the case, unprofessional conduct should be considered. [↑](#endnote-ref-4)