



**Guide to Professional Conduct,
Veterinary Clinics & Hospitals in Uganda**

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INTRODUCTION

1. Preamble

- 1.1. In Uganda, the current government policy on the delivery of veterinary services is categorized into public and private practice. The Central Government, Local Government and the Private Sector carry out the delivery of veterinary services in Uganda. The Central and Local Governments plus their agencies make up the Public Sector, whereas the Private Sector is comprised of individual private veterinary professionals, Non-Governmental Organisations (NGOs), religious organisations, pharmaceutical, feeds and manufacturing companies.

In the past, provision of veterinary services had been the domain of Government. However, the 1995 Constitution and the Local Government Act of 1997 divested central government ministries from services delivery functions and by this, the delivery of veterinary clinical services was privatised.

- 1.2. About the Code of Professional Conduct

The Uganda Veterinary Board Code of Professional Conduct sets out veterinary surgeons' professional responsibilities. Supporting guidance provides further advice on the proper standards of professional practice. The Code is essential for guiding veterinary surgeons in their professional lives and Uganda Veterinary Board (UVB) in regulation of the profession. On occasions, the professional responsibilities in the Code may conflict with each other (or indeed other national laws and guidelines) and veterinary surgeons may be presented with a dilemma. In such situations, veterinary surgeons should balance the professional responsibilities, having regard first to animal welfare guided by the principles of non-maleficence, beneficence, autonomy and justice.

- 1.3. Veterinary Services include:

- 1.3.1. The diagnosis, prognosis, correction, alleviation, or preventing animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions.
- 1.3.2. Prescribing, dispensing, compounding, administration or application of any drug, medicine, biological, apparatus, anesthetic, or other therapeutic or diagnostic substance to an animal.
- 1.3.3. Use of complementary, alternative, and integrative therapies to an animal.
- 1.3.4. Veterinary drug regulatory services and supplies.
- 1.3.5. Performing surgical procedures or intervention on an animal.
- 1.3.6. Herd/flock health services.
- 1.3.7. Public and environmental health services.
- 1.3.8. Use of any procedure for assisted reproductive management, including but not limited to the diagnosis or treatment of pregnancy, fertility, sterility, or infertility (Artificial Insemination, Embryo Transfer, Cloning, etc.).
- 1.3.9. Determination of the health, fitness, or soundness of an animal.
- 1.3.10. Physical rehabilitation using therapeutic exercise and the application of modalities intended to restore or facilitate movement and physical function impacted by disease, injury, or disability.
- 1.3.11. Laboratory services.
- 1.3.12. Veterinary- and animal-related consultancies, research, training and policy development.

1.3.13. Professional advice or recommendation (veterinary extension by any means including physical, telephonic and other electronic communications with regard to any of the above).

1.4. Principles of practice

Veterinary surgeons seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities by maintaining five principles of practice:

- i). Professional competence
- ii). Honesty and integrity
- iii). Independence and impartiality
- iv). Client confidentiality and trust
- v). Professional accountability

The UVB Code of Professional Conduct and supporting guidance should be considered in the context of the above five principles of practice.

2. Goal

The aim of these guidelines is to provide a mechanism for adequate inspection; registration, licensing and operation of veterinary services in Uganda thus protect the animals, public and the practitioners.

3. Interpretation

- 3.1. Unless the context otherwise indicates, words and phrases in these guidelines shall have the meaning assigned thereto in the Veterinary Surgeons Act 1958 as amended in 1964 and the Veterinary Surgeons (Amendment) Act, 1970.
- 3.2. **‘The Act’** means the Veterinary Surgeons Act, 1958 as amended in 1964 and the Veterinary Surgeons (Amendment) Act, 1970 and the regulations made thereunder.
- 3.3. **“Lay Person”** means a person who is not registered under the Veterinary Surgeons Act 1958 as amended in 1964 and the Veterinary Surgeons (Amendment) Act 1970.
- 3.4. **“The Board”** means the Uganda Veterinary Board.
- 3.5. **“Locum Tenes”** means a Veterinary Surgeon employed by another to run practice in absence of the owner of the practice.
- 3.6. **“Animal(s)”** as defined in the Animal Diseases Act Cap 38?
- 3.7. **“Client”** means owner of the animal presented for veterinary care or a person or institution that has sought the services of a veterinary professional.
- 3.8. **“In practice”** means offering clinical services directly to the public or to other veterinary surgeons. This includes (but is not limited to) veterinary surgeons working in:
 - a) first-opinion practices (including charities providing veterinary services)
 - b) neutering and vaccination clinics and other limited-service providers.
 - c) referral practices, including those in universities.

PROFESSIONAL CODE OF CONDUCT FOR VETERINARIANS

4. Guide to Professional Conduct for Veterinary Surgeons

A person who practices the veterinary profession shall base his/her personal and professional conduct on the guidelines set out in the “**Guide to Professional Conduct for Veterinary Surgeons**” of 2023. Adherence to the professional code of conduct is compulsory for all Veterinary Professionals.

4.1. Requirements for practice

A Veterinary Surgeon shall:

- 4.1.1. Be registered with Uganda Veterinary Board and their names published in the latest Gazette periodically as defined in the law [Veterinary Surgeons Act 1958 as amended in 1964 and the Veterinary Surgeons (Amendment) Act, 1970] if he/she wants to practice or offer any services (in public or private sector) as a veterinarian in Uganda.
- 4.1.2. Maintain and promote the honor, dignity and interest of the veterinary profession.
- 4.1.3. Observe and respect the laws of Uganda.
- 4.1.4. Not be guilty of any conduct which may be considered disgraceful to himself/ herself or the profession
- 4.1.5. Be a skilled person and is under obligation to make careful use of his/her skills, use professionally acceptable procedures and utilise current professional and scientific knowledge.
- 4.1.6. Provide competent veterinary medical care, with compassion and respect for animal welfare, human health and environmental health.
- 4.1.7. Provide veterinary medical clinical care under the terms of a veterinarian-client-patient relationship (VCPR).
- 4.1.8. Uphold the standards of professionalism, be honest in all professional interactions and report veterinarians who are deficient in character or competence to the appropriate entities.
- 4.1.9. Respect the law and also recognise a responsibility to seek changes to laws and regulations which are contrary to the best interests of the veterinary profession, animal, environmental and public health.
- 4.1.10. Respect the rights of clients, colleagues, and other professionals, and shall safeguard veterinary medical information within the confines of the law.
- 4.1.11. Continue to study, apply, and advance scientific knowledge, maintain a commitment to veterinary medical education, make relevant information available to clients, colleagues, the public, and obtain consultation or referral when indicated.
- 4.1.12. In the provision of appropriate patient care, except in emergencies, be free to choose – with plausible reasons - whom to serve, with whom to associate, and the environment in which to provide veterinary medical care.
- 4.1.13. Recognise the responsibility to participate in activities contributing to the improvement of the community and the betterment of public and environmental health.
- 4.1.14. Monitor and guide the professional conduct of other members of the veterinary profession.
- 4.1.15. Report illegal practices and activities to the UVB.

- 4.1.16. Disclose to clients potential conflicts of interest.
- 4.1.17. Protect the personal privacy of clients unless compelled by law or unless it becomes necessary for the purposes of protecting the health and welfare of other individuals or animals.
- 4.1.18. When supervising another veterinarian or veterinary paraprofessional, make reasonable efforts to ensure that the other veterinarian or veterinary paraprofessional conforms to the veterinary professional code of conduct.

4.2. Conduct

- 4.2.1. As a representative of a professional devoted to public service, the conduct of a veterinary surgeon must be measured by a higher and stricter code of ethics than applies to other citizens owing no special duties to the public.
- 4.2.2. A veterinary professional must not exhibit unbecoming habits such as excessive drinking, shabbiness and anti-social behavior whether on or off duty that reflects badly to the public and adversely affect the dignity of the person and consequently of the profession.
- 4.2.3. If convicted for abuse of office, corruption, violation of animal welfare and inappropriate behavior towards workmates or member of the public, the veterinary professional will be subjected to disciplinary action by the UVB.
- 4.2.4. A Veterinary Surgeon shall be honest and fair in their relations with others and shall not engage in fraud, misrepresentation, or deceit.
- 4.2.5. A Veterinary Surgeon shall not slander or injure the professional standing or reputation of other veterinarians in a false or misleading manner.
- 4.2.6. A Veterinary Surgeon should never perform any procedures on animals for the purpose of concealing genetic defects.
- 4.2.7. Any treatments or animal care to be given shall only be influenced by any or all of the following: the welfare of the patient, the needs of the client, and the safety of the public and environment.
- 4.2.8. A Veterinary Surgeon shall maintain veterinary medical records as an integral part of veterinary care and professional responsibility (see Appendix 1).
- 4.2.9. A Veterinary Surgeon shall strive to improve his/her veterinary knowledge and skills, and to collaborate with other professionals in the quest for knowledge and professional development.
- 4.2.10. A Veterinarian shall, when necessary, seek assistance in the form of consultations and/or referrals.
- 4.2.11. Endorsement: A veterinary surgeon should not endorse a veterinary product or service.
- 4.2.12. Veterinary surgeons should not allow organisations to make misleading or inaccurate claims on their behalf.

4.3. Raising concerns about a colleague

- 4.3.1. Veterinary surgeons and veterinary paraprofessionals may consider that they have witnessed inappropriate conduct in the workplace on the part of a professional colleague or the practice as a whole. Inappropriate conduct may include a breach of the UVB Codes of Professional

Conduct for veterinary surgeons and veterinary paraprofessionals or unethical behavior, for example, false certification, care of an animal which falls far short of the expected standards, or practicing under the influence of drugs or alcohol.

- 4.3.2. Following such consideration, a veterinary surgeon or veterinary paraprofessional may decide to 'blow the whistle' and report the matter to the UVB.

4.4. Reporting inappropriate conduct

- 4.4.1. The first consideration in reporting inappropriate conduct is for the veterinary surgeon or veterinary paraprofessional to consider resolving the matter internally and discuss the concern with the senior veterinary surgeon of the practice.
- 4.4.2. Veterinary surgeons and veterinary paraprofessionals who have concerns about the professional conduct (including health and performance) of a colleague are encouraged to discuss the matter with the appropriate senior person in the practice. If the matter cannot be resolved with such an approach, any concerns should be brought to the attention of the UVB.
- 4.4.3. A veterinary surgeon or veterinary paraprofessional may consider that the matter of inappropriate conduct is particularly serious or may involve senior members of the organization. The matter may also have been reported internally but remains unresolved. In these circumstances, veterinary surgeons and veterinary paraprofessionals should consider bringing the issue to the attention of the UVB.
- 4.4.4. Any other party aggrieved by the professional conduct (including health and performance) of a veterinary surgeon or veterinary paraprofessional is encouraged to discuss the matter with the appropriate senior person in the workplace or practice. If the matter cannot be resolved with such an approach, any concerns should be brought to the attention of the UVB.

4.5. Resolving the matter

- 4.5.1. A veterinary surgeon or veterinary paraprofessional reporting inappropriate conduct internally will need to observe any internal practice protocol. If the matter has been brought to the attention of the UVB, the veterinary surgeon or veterinary paraprofessional will be required to submit a formal complaint. If the matter involves allegations of illegal conduct or inappropriate action that comes within the jurisdiction of another regulator or authority, then the UVB may advise that the matter also be brought to the attention of the relevant body.
- 4.5.2. It is important for veterinary surgeons and veterinary paraprofessionals to acknowledge that the UVB may be unable to fully investigate anonymous complaints.

4.6. Disputes

- 4.6.1. It is undesirable for professional relationships to lead to any dispute, which may injure the honor and dignity of the veterinary profession.
- 4.6.2. The veterinary surgeon should attempt to use every means available for settling the disputes within the profession and if necessary, seek the advice of the Uganda Veterinary Board.

4.7. Responsibility to the patient and the client (response to call to offer service)

A Veterinary Surgeon shall:

- 4.7.1. Never refuse to offer treatment to sick animals without good reason; they can however refer to another veterinary surgeon or give support until they are able to avail treatment.
- 4.7.2. Inform the client of the expected results and costs, and the related risks of each treatment regimen when choosing treatment regimens for the patients.
- 4.7.3. Once he/she has undertaken to treat a case, he/she should not abandon it without good reason or without safeguarding the welfare of the patient.
- 4.7.4. Never decline to give advice on animal management, animal production and animal health without good reason
- 4.7.5. Be fair and realistic in making charges for professional service. Always issue invoices and receipts with clear breakdown about the services provided.

4.8. Client confidentiality

- 4.8.1. The veterinarian-client relationship is founded on trust and, in normal circumstances, a veterinary surgeon or veterinary paraprofessional should not disclose to any third party any information about a client or their animal either given by the client, or revealed by clinical examination or by post-mortem examination. This duty also extends to support staff.
- 4.8.2. The duty of confidentiality is important but it is not absolute and information can be disclosed in certain circumstances, for example where the client's consent has been given, where disclosure can be justified by animal welfare concerns or the wider public interest, or where disclosure is required by law.
- 4.8.3. The client's permission to pass on confidential information may be express or implied, except in relation to their personal data, where the consent must be express, specific and informed. Express permission may be either verbal or in writing, in response to a request, but if given verbally, a written note should be kept. Whenever practicable the client's express consent to the disclosure should be sought.

4.9. Advertising and publicity

- 4.9.1. A Veterinary Surgeon shall be known through the results of the work performed at the request of the client and not by advertising. However, running a surgery or visiting the cases at the client's request belongs to the normal delivery of veterinary services. Where ownership of a farm, pet animal or any other animal changes hands, they should wait to be approached by the new owner and he/she should not himself/herself approach the new owner to ask for professional work.
- 4.9.2. A veterinary surgeon shall not advertise in the press or by wireless or by posters or notices on buildings, motor vehicles, roadside posts/trees, or any such places or objects. But this does not prevent him/her from writing to the press or giving lectures or broadcasts on matters of public importance provided that there is no intention of giving personal publicity to himself/herself or any other or of writing or sharing anything detrimental to the profession.
- 4.9.3. He/she shall not employ agents to obtain work for him/her. If he/she is connected with any business or trade, he/she shall not use his/her profession title in that connection.

- 4.9.4. Advertising and publicity may involve many forms with the aim of providing information to others and attracting new business. Any advertising and publicity should be professional, accurate and truthful. It should not be of a character likely to bring the profession into disrepute. Advertising and publicity should not be misleading or exploit an animal owner's lack of veterinary knowledge.
- 4.9.5. Practice websites and professional social media pages should be kept up to date with information that is not false, misleading, incomplete or liable to mislead, or that plays on emotions of the public.

4.10. Guidance on the use of the title 'Dr.' ('Doctor') or "Specialist"

- 4.10.1. Veterinary surgeons shall use the title 'Doctor' or 'Dr' ('the title'), however veterinary surgeons using the title must be careful not to mislead the public. No other category of veterinary professional, and indeed non-veterinary professional qualifies to use the title. It is therefore the Veterinary Surgeon's responsibility to respect and protect the title and also report any misuse or abuse of the same.
- 4.10.2. The title does not reflect academic attainment, instead it is associated with professional standing. As a result, it is important that the use of 'Doctor' or 'Dr' by a veterinary surgeon does not suggest or imply that they hold a medical qualification or a PhD when they do not.
- 4.10.3. Specialist claims: Veterinary surgeons must not hold out themselves or others as specialists or advanced practitioners unless appropriately registered with the UVB.
- 4.10.4. Specialists: The specialist register is a list of veterinary surgeons, who meet certain criteria and are entitled to use a specialist title. The purpose of the specialist register is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the UVB. Continued inclusion on the specialist register requires veterinary surgeons to undertake periodic revalidation.
- 4.10.5. Veterinary surgeons who are not on the specialist register should not use the title 'specialist' or imply they are a specialist, for example, they should not use such wording as 'specializing in'. They may however use terms such as 'having a special interest in...', 'experienced in...' or 'practice limited to...' when promoting their services.

4.11. Name boards, name plates or signs

- 4.11.1. A Veterinary Surgeon may have his/her name and qualifications and the words "Veterinary Surgeon" on a board or plate outside his premises. Such board or plate should not be more than 1m by 1.5m in size.
- 4.11.2. No name board or sign may be put up or left in position at any premises not in the occupancy of the Veterinary Surgeon.
- 4.11.3. The words "Specialist" or "Canine or Feline Surgeon" may be used on boards, plates or signs in order to guide the public that may be seeking specialist's attention or advice. Only specialists duly registered by the UVB will use such words.

- 4.11.4. A Veterinary Surgeon must not have his/her name included on a board together with that of a lay person with whom he/she may be in partnership so as to make it appear that a lay person is a registered Veterinary Surgeon.

4.12. Stationery

- 4.12.1. A veterinary surgeon may have his/her name and address and the words "Veterinary Surgeon" printed on his/her personal stationery, i.e. professional writing paper, visiting cards, invoices, receipts, branded pens, etc.
- 4.12.2. A veterinary surgeon may use the words "Specialist" or "Canine or Feline Surgeon" or "Equine Veterinarian", etc on his/her stationery if he/she is duly registered as one.

4.13. Professional premises

- 4.13.1. Professional premises shall be maintained at a reasonable standard for purposes intended for their use.
- 4.13.2. Professional premises of a veterinary surgeon shall not be situated within a stock market, animal feed store, chemist's shop, animal shop, meat shop, beer shop or any other premises that are considered unsuitable.
- 4.13.3. Exemption from this rule must be the subject of a special application to the Uganda Veterinary Board.

4.14. Referrals and second opinions

- 4.14.1. Veterinary surgeons should facilitate a client's request for a referral or second opinion.
- 4.14.2. A referral may be for a diagnostic procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon, whereas a second opinion is only for the purpose of seeking the views of another veterinary surgeon. Neither a second opinion veterinary surgeon nor a referral practice should ever seek to take over the case, unless the client chooses to change practices or the primary veterinary surgeon makes the request.
- 4.14.3. The initial contact should be made by the referring veterinary surgeon, and the referral veterinary surgeon should be asked to arrange the appointment. If the referral has been discussed and agreed with the client, transmission of any client data is necessary to facilitate the ongoing treatment of the animal and therefore the legal basis for sharing the client's personal data with the referral veterinary surgeon would be that it is necessary for the performance of a contract.
- 4.14.4. The referring veterinary surgeon should provide the referral veterinary surgeon with the case history and any relevant laboratory results, radiographs, scans etc. Any further information that may be requested should be supplied promptly.
- 4.14.5. The referral veterinary surgeon should discuss the case with the client including the likely costs of the referral work and promptly report back on the case to the primary veterinary surgeon. When reporting back to the referring veterinary surgeon, there should be transparency as to who dealt with the case.

- 4.14.6. Veterinary surgeons may follow similar procedures for second opinions and should ensure that any differences of opinion between the veterinary surgeons are discussed and explained constructively.
- 4.14.7. When to refer;
- 4.14.7.1. Veterinary surgeons should recognize when a case or a treatment option is outside their area of competence and be prepared to refer it to a colleague, organization or institution, whom they are satisfied is competent to carry out the investigations or treatment involved.
- 4.14.7.2. The veterinary surgeon should make a referral appropriate to the case. When considering what is appropriate the veterinary surgeon should consider all relevant factors. These might include the ability and experience of the referral veterinary surgeon, the location of the service, the urgency of treatment and the circumstances of the owner, including the availability and any limitations of insurance. Veterinary surgeons should be prepared to justify their referral decisions and should record the reasons for their decisions.
- 4.14.7.3. In cases where the client does not accept the veterinary surgeon's advice regarding referral and would instead prefer referral to a colleague, organization or institution of which the referring veterinary surgeon has insufficient knowledge to determine appropriateness, they may need to advise their client accordingly. In such cases, the veterinary surgeon may consider that they cannot be party to such a referral relationship.
- 4.14.8. The referring veterinary surgeon has a responsibility to ensure that the client is made aware of the level of expertise of appropriate and reasonably available referral veterinary surgeons, for example, whether they are veterinary specialists or advanced practitioners. They must not describe a referral veterinary surgeon as a specialist, or as an advanced practitioner, unless they are on the respective list.
- 4.14.9. Both the referring veterinary surgeon and the referral veterinary surgeon have a responsibility to ensure that the client has an understanding of the likely cost arising from the referral.

4.15. Incentives

- 4.15.1. Veterinary surgeons' first consideration is animal health and welfare. Veterinary surgeons considering offering or accepting any form of incentive, whether in a referral setting or otherwise, should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest. An incentive should not distract a veterinary surgeon from their professional responsibilities towards animals and clients and, in some cases, should be declined, for example where a veterinary surgeon would not otherwise enter into that arrangement.

4.16. Veterinary care

- 4.16.1. Veterinary surgeons must provide veterinary care in the context of Veterinary-Client-Patient Relationship (VCPR). To establish VCPR:

- 4.16.1.1. The licensed veterinarian first assumes the responsibility for making clinical judgments regarding the health of the patient(s) and the need for therapy and has instructed the client on a course of therapy appropriate to the circumstance.
 - 4.16.1.2. The licensed veterinary surgeon has sufficient knowledge of the patient(s) to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s).
 - 4.16.1.3. The client has agreed to follow the licensed veterinarian's recommendations.
 - 4.16.1.4. The licensed veterinarian is readily available for follow up evaluation or has arranged for:
 - Emergency or urgent care coverage, or
 - Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's clinical records and/or who can provide appropriate veterinary care.
 - 4.16.1.5. The veterinarian provides oversight of treatment.
 - 4.16.1.6. The veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate intervention and timely visits to the location where the patient(s) is(are) kept, or both.
 - 4.16.1.7. Patient records are maintained.
 - 4.16.1.8. Both the licensed veterinarian and the client have the right to establish or decline a veterinarian-client-patient relationship within the guidelines set forth in the guidelines.
 - 4.16.1.9. A licensed veterinarian who in good faith engages in the practice of veterinary medicine by rendering or attempting to render emergency or urgent care to a patient when a client cannot be identified, and a veterinarian-client-patient relationship is not established, should not be subject to penalty based solely on the veterinarian's inability to establish a veterinarian-client-patient relationship.
- 4.16.2. Veterinary surgeons must provide veterinary care that is appropriate and adequate.
- 4.16.3. Veterinary surgeons are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. When providing care, veterinary surgeons should:
- 4.16.3.1. Take all reasonable care in using their professional skills to treat animals;
 - 4.16.3.2. Ensure that a range of appropriate treatment options are offered and explained, including prognoses and possible side effects;
 - 4.16.3.3. Make decisions on treatment regimens based first and foremost on animal health and welfare considerations, but also the needs and circumstances of the client;
 - 4.16.3.4. Recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client.
 - 4.16.3.5. Obtain the client's consent to treatment unless delay would adversely affect the animal's welfare (to give informed consent, clients must be aware of risks).
 - 4.16.3.6. Consider the welfare implications of any surgical or other procedure and advise or act appropriately;
 - 4.16.3.7. Provide an environment in which animals are subjected to minimum stress and provided with optimal care;

- 4.16.3.8. Ensure a hygienic and safe environment;
- 4.16.3.9. Where possible, check that the care or treatment provided for each animal is compatible with any other treatments the animal is receiving (it is recognized that it may not be possible to do so in emergency situations)
- 4.16.3.10. Keep within their own areas of competence, save for the requirement to provide emergency first aid;
- 4.16.3.11. Consult suitably trained colleagues, either within or outside the practice, when novel or unfamiliar procedures might be under consideration or undertaken;
- 4.16.3.12. Facilitate a client's request for a referral or second opinion and recognize when a case or a treatment option is outside their area of competence;
- 4.16.3.13. Comply with animal welfare legislation and other relevant legislation, guidelines and Codes of Practice in their area of professional service or specialty.
- 4.16.3.14. Be familiar with any special rules or requirements of the particular industry in which they practice, for example, the meat hygiene industry or animals used in sport;
- 4.16.3.15. Keep their skills and knowledge up to date;
- 4.16.3.16. There may be additional considerations for owners of animals kept for commercial or production purposes. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised.

4.17. Support in surgery

- 4.17.1. A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining general anaesthesia (except in emergency or very short procedures e.g. cat castration).
- 4.17.2. Evidence in form of certificate of suitable training must be provided if the team member is not a registered veterinary surgeon.
- 4.17.3. In-house training is acceptable but should be supported with documentary evidence.

4.18. Communication between professional colleagues

- 4.18.1. Overtly poor relationships between veterinary surgeons undermine public confidence in the whole profession.
- 4.18.2. Veterinary surgeons should not speak or write disparagingly about another veterinary surgeon. Colleagues should be treated fairly, without discrimination and with respect, in all situations and in all forms of communication.
- 4.18.3. Veterinary surgeons should liaise with colleagues where more than one veterinary surgeon has responsibility for the care of a group of animals. Relevant clinical information / information in the interest of the treatment of the animal should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases.
- 4.18.4. Clients should not be obstructed from changing to another veterinary practice and should not be discouraged from seeking a second opinion.
- 4.18.5. When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then,

contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined.

- 4.18.6. In an emergency, it is acceptable to make an initial assessment and administer any essential treatment before contacting the original veterinary surgeon.
- 4.18.7. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.
- 4.18.8. Where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.
- 4.18.9. Where there is a difference in opinion on preferred line of treatment of a case/management of a professional consultancy, the two veterinary surgeons should discuss these differences and agree on the suitable approach, initially in the absence of the client. The latter should then be briefed on the next course of action.

4.19. Communication and consent

- 4.19.1. The client may be the owner of the animal, someone acting with the authority of the owner, or someone with statutory or other appropriate authority. Care should be taken when the owner is not the client. Practice staff should ensure they are satisfied that the person giving consent has the authority to provide consent.
- 4.19.2. Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.
- 4.19.3. Ordinarily it is expected that the veterinary surgeon undertaking a procedure or providing treatment is responsible for discussing this with the client and obtaining the client's consent.
- 4.19.4. Where a veterinary surgeon chooses to delegate this task, the veterinary surgeon is responsible for ensuring that the client has been given enough time and information to make an informed decision, and has given their consent, before starting any treatment.
- 4.19.5. Consent forms should be viewed as an aid to consent, in conjunction with a discussion with the client.
- 4.19.6. If a client does not want to know about the possible risks and costs of a proposed procedure or treatment, this should be documented on the consent form/clinical records.
- 4.19.7. If additional procedures or tests are offered on the consent form (e.g. pre-operative/pre-surgical blood works) the veterinary surgeon should ensure that the client has been advised as to the potential advantages and advised of the associated costs. This should be documented on the consent form.
- 4.19.8. Consent forms may be used to record agreement to carry out specific procedures. They form part of the clinical records. If any amendments are made subsequently, these should be initialed, dated and a note of subsequent conversations recorded on the clinical records.

- 4.19.9. For routine procedures, information leaflets can be useful to explain to clients what is involved with a specific procedure, anesthesia, expected outcome, after care, etc. Clients should be given an opportunity to consider this information before being asked to sign a consent form. Use of information sheets should be encouraged, but should not be used as a substitute for discussions with individual clients.
- 4.19.10. Specimen consent forms (form of consent for euthanasia and form of consent for anesthesia and surgical procedures).
- 4.19.11. Veterinary surgeons should seek to ensure that what both they and clients are saying is heard and understood on both sides. This could be done by asking questions and summarizing the main points of the discussion.
- 4.19.12. Veterinary surgeons should encourage clients to take a full part in any discussion and to ask questions about their options or any other aspect of their animal's care. Veterinary surgeons should make sure that clients have sufficient time to ask questions and to make decisions.
- 4.19.13. Veterinary surgeons should use language appropriate for the client and explain any clinical or technical terminology that may not be understood.
- 4.19.14. If the client's consent is in any way limited, or qualified, or specifically withheld, this should be recorded in the clinical records; veterinary surgeons must accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.
- 4.19.15. Provision should be made for uncertain or unexpected outcomes (e.g. in relation to dental procedures). Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice.
- 4.19.16. When an animal is enrolled on a clinical trial, the client should be made aware of the general provisions of Good Clinical Practice and be supplied with any other relevant information, such as ethical guidelines and relevant contact details, so that informed consent can be given.
- 4.19.17. Veterinary surgeons in the veterinary team and different practices should be encouraged to work together to ensure effective communication with clients and with each other.

4.20. Communicating investigations and treatment options to the client

- 4.20.1. Having reached a provisional diagnosis, taking into account the animal's age, the extent of any injury and disease and the likely quality of life after treatment, veterinary surgeons should make a full and realistic assessment of the prognosis and the options for treatment or euthanasia and communicate this to the client.
- 4.20.2. Veterinary surgeons should use language appropriate for the client and explain any clinical or technical terminology that may not be understood.

4.21. Hospitalisation and in-patient care

- 4.21.1. Veterinary surgeons and veterinary para professionals should provide appropriate and adequate in-patient care.

- 4.21.2. Veterinary surgeons should house animals in a comfortable environment, monitored and treated commensurate with the animal's condition, by persons with the requisite level of knowledge and expertise.
- 4.21.3. The veterinary surgeon should ensure adequate level of supervision is provided to the animal, particularly the level of supervision outside normal working hours. Different levels of care required arise in differing circumstances.
- 4.21.4. Veterinary surgeon should inform the client of the cost of providing in-patient care. A veterinary surgeon may decide that nursing care can be provided at home by an experienced owner.
- 4.21.5. Protocols for in-patient care should be in place for on-duty staff, who are responsible for the care of in-patients. It is recognised that each practice will have its own policy and standard arrangements for dealing with in-patients. But, despite different patient needs and circumstances, there are basic areas, which protocols should cover such as:
 - 4.21.5.1. Transfer of information: to ensure that staff responsible for taking over the care of in-patients have all the necessary information when shifts change during the day or during periods outside normal working hours.
 - 4.21.5.2. Detail and frequency of patient checks: to ensure that staff responsible for the care of in-patients are aware of any specific instructions about what needs to be checked or monitored and with what frequency, for example, temperature, pulse and respiration rates or signs of post-operative pain; instructions for any medicines to be administered; any special care requirements; and any changes in condition or status to look out for.
 - 4.21.5.3. Clarity of roles and responsibilities: to ensure that staff responsible for the care of in-patients are aware of the legal and professional limitations on what they can do. For example, veterinary nurses and student veterinary nurses should not administer medicines unless they have been directed to do so by a veterinary surgeon. Protocols should also clarify the limitations on what unqualified lay staff are permitted to do.

4.22. Continuity and coordination of care

- 4.22.1. Veterinary surgeons and veterinary paraprofessionals should facilitate the safe transfer of patients between veterinary practices, including outside normal working hours.
- 4.22.2. When an animal is admitted for examination, procedures, surgery, hospitalisation, observation or any other form of consultation, the veterinary surgeon should make an initial assessment and attempt to predict the likely course of events and any potential complications. This is essential for the purposes of informed consent and financial estimation. This thought process should establish for approximately how long the animal is likely to need to remain under veterinary care, at what level of intensity, and should consider where this is likely to be provided and whether the animal is likely to be moved between practices / premises.
- 4.22.3. If the expectation is that the period of veterinary care might straddle a change of personnel (e.g., staff duty rota changeovers) or even a change of practice or premises (e.g., transfer to a dedicated out of hours provider or to a referral facility) it is imperative that a plan is

developed to manage this and a contingency plan considered should circumstances change.

Such a plan should encompass:

- 4.22.3.1. the transmission of relevant clinical information
- 4.22.3.2. the availability of the necessary staffing, equipment and medicines
- 4.22.3.3. the method of transportation and any necessary ancillary considerations (e.g. oxygen therapy, continuous fluid administration, pain relief, professional staff in attendance)
- 4.22.3.4. the likelihood that the period of care will exceed that available at the place of transfer i.e. the animal should be subjected to the minimum number of transfers appropriate to that animal and owner.
- 4.22.4. Informed consent from the outset should, as necessary, include the arrangements to be made in the event that an animal needs to be hospitalized, including clarity about the level of supervision and possible transfer arrangements.
- 4.22.5. At all times the welfare of the animal should be the fundamental priority. There will be occasions where the best interests of the animal may be served by remaining at the original premises with suitable contingency arrangements for staffing or even euthanasia.
- 4.22.6. A veterinary surgeon should not carry out elective surgery in the knowledge that the animal will require significant and immediate aftercare which cannot be provided in-house. Arrangements should be made for the procedure to be carried out at another practice / premises where appropriate aftercare can be provided without the need for the animal to be moved between practice / premises in the immediate post-operative period.
- 4.22.7. For the avoidance of doubt, this applies to all practices, including first opinion and dedicated out-of-hours service providers.
- 4.22.8. If a veterinary surgeon delegates the care of an animal to a colleague, he or she must be satisfied that the person providing care has the appropriate qualifications, skills and/or experience to provide safe care for that animal. This is also pertinent when peripartetic services are provided and aftercare is undertaken by the host practice.

4.23. Discharge planning

- 4.23.1. Discharge planning is the process used to decide what a patient needs for a smooth move from one type or level of care to another. Effective discharge planning is important to providing good continuity of care for animals, but this needs to be managed well.

4.24. Providing first aid and pain relief

- 4.24.1. The purpose of first aid and pain relief is to attend to the initial and essential welfare needs of the animal. The primary consideration of the veterinary surgeon should be to relieve the animal's pain and suffering. In some cases, euthanasia may be appropriate.
- 4.24.2. A veterinary surgeon on duty should not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours.
- 4.24.3. The veterinary surgeon should provide advice to enable a person to decide what steps to take in the animal's best interest. Veterinary surgeons are responsible for any telephone advice that they give. It is recognised that advice over the telephone, without a physical

examination of the animal, is limited and reliant on the quality and accuracy of information provided by the caller.

- 4.24.4. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should ensure that support staff for whom they are responsible are competent, courteous and properly trained.
- 4.24.5. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should ensure support staff do not suggest a diagnosis or clinical opinion, are advised to pass on any request for urgent attention to a veterinary surgeon and are trained to recognise those occasions when it is necessary for a client to speak directly to a veterinary surgeon.

4.25. Basic welfare needs

- 4.25.1. Those responsible for animals are required to provide for the following five basic welfare needs:
 - 4.25.1.1. A suitable environment (place to live)
 - 4.25.1.2. A suitable diet
 - 4.25.1.3. The ability to exhibit normal behavior patterns
 - 4.25.1.4. Housed with, or apart from, other animals
 - 4.25.1.5. Protection from pain, suffering, injury and disease
- 4.25.2. This means that people such as owners, keepers and carers may commit an offence if they do not take reasonable steps to ensure these welfare needs are met. They may also commit an offence if an act, or failure to act, causes an animal to suffer unnecessarily.

4.26. Seeking veterinary attention

- 4.26.1. The responsibility for the welfare of an animal ultimately rests with the owner, keeper or carer.
- 4.26.2. Veterinary surgeons can help owners, keepers and carers meet their responsibilities by providing veterinary advice and / or care. In doing so, veterinary surgeons seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities.
- 4.26.3. There is no legal requirement for owners to register their animals with a veterinary practice; however, the UVB strongly encourages owners to do so as it may help them to meet their duty of care obligations under the welfare legislation. Owners are also encouraged to find out what arrangements are in place for their animals outside normal working hours.
- 4.26.4. Owners are responsible for transporting their animals to a veterinary practice, including in emergency situations. The UVB encourages owners to think about how they can do this and make plans before an emergency arises. Examples include their own transport, a family member, friend or neighbor's transport, an animal ambulance or a taxi service that will transport animals.
- 4.26.5. In all but exceptional circumstances, the interests of companion animals will be best served by being taken to a veterinary practice, where the attending veterinary surgeon has access to a full range of equipment, veterinary medicines and appropriate facilities.

4.27. Veterinary medicines, biologicals and devices

- 4.27.1. The responsible use of veterinary medicines, biologicals and devices for therapeutic, prophylactic, diagnostic and reproduction purposes is one of the major skills of a veterinary surgeon and crucial to animal welfare and the maintenance of public and environmental health.

4.28. Classification of veterinary medicines

- 4.28.1. The classification of veterinary medicines is defined in the First Schedule of the National Drug Policy and Authority (NDPA) Act Cap 206 as follows:
 - 4.28.1.1. Class A drugs or narcotics The drugs included in this class may only be imported, or exported, manufactured or used, under authority. They may be sold by retail only on the prescription of a duly qualified veterinary surgeon, but only for veterinary purposes and may be supplied only by a registered pharmacist or licensed pharmacy.
 - 4.28.1.2. Class B drugs or controlled drugs. These drugs may be supplied by retail only on the prescription of a duly qualified veterinary surgeon, but only for animal treatment.
 - 4.28.1.3. Class C licensed drugs: Note this class of drugs may be sold by retail only by a person or company operating a licensed pharmacy or a licensed drug seller, but in the case of the latter, only in accordance with the terms of his or her licence.

4.29. Prescription of veterinary medicines

- 4.29.1. Veterinary surgeons should prescribe responsibly and with due regard to the health and welfare of the animal within the framework of VCPR.
- 4.29.2. Class A drugs must be prescribed by a veterinary surgeon, who must first carry out a clinical and laboratory assessment of the animal under his or her care.
- 4.29.3. Class A and Class B drugs may be prescribed in circumstances where a veterinary surgeon has carried out a clinical assessment and has the animals under his or her care. Any other circumstances prescribed in the regulations/guidelines for use of veterinary medicines (or any such regulation/guideline issued by the responsible ministry or minister) will take precedence.
- 4.29.4. Class C drugs may be supplied in circumstances where the veterinary surgeon is satisfied that the person who will use the product is competent to do so safely, and intends to use it for the purpose for which it is authorized.
- 4.29.5. Veterinary surgeons have additional responsibilities with the prescription or supply of all classes of veterinary drugs.

4.30. "Under his/her care"

- 4.30.1. Where the regulations/guidelines for use of veterinary medicines do not define the phrase 'under his care', the UVB shall interpret it as meaning that:
 - 4.30.1.1. the veterinary surgeon must have been given the responsibility for the health of the animal or herd or flock by the owner or the owner's agent

- 4.30.1.2. that responsibility must be real and not nominal
- 4.30.1.3. the animal or herd or flock must have been seen immediately before prescription or recently enough or often enough for the veterinary surgeon to have personal knowledge of the condition of the animal or current health status of the herd or flock to make a diagnosis and prescribe
- 4.30.1.4. the veterinary surgeon must maintain clinical records of that herd / flock / individual
- 4.30.2. What amounts to 'recent enough' must be a matter for the professional judgment of the veterinary surgeon in the individual case.
- 4.30.3. A veterinary surgeon cannot usually have an animal under his or her care if there has been no physical examination; consequently, a veterinary surgeon should not treat an animal or prescribe Class A medicines via the internet alone or other virtual means.

4.31. Clinical assessment

- 4.31.1. Where the regulations/guidelines for use of veterinary medicines do not define 'clinical assessment', the UVB shall interpret this as meaning an assessment of relevant clinical information, which may include an examination of the animal under the veterinary surgeon's care.

4.32. Diagnosis

- 4.32.1. Diagnosis for the purpose of prescription should be based on professional judgement following clinical examination and/or post mortem findings supported, if necessary, by laboratory or other diagnostic tests.

4.33. Choice of medicinal products

- 4.33.1. In the first instance a veterinary surgeon should prescribe a medicine authorised for use in Uganda, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade¹ (described in the regulations/guidelines for use of veterinary medicines).
- 4.33.2. If there is no medicine authorised in Uganda for a condition affecting a non-food-producing species, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the following sequence, in descending order:
 - 4.33.2.1. a veterinary medicine authorised in Uganda for use in another animal species or for a different condition in the same species; or, if there is no such product:
 - either:
 - a) a human medicine authorised in Uganda; OR

¹ The Cascade is a legislative provision that allows veterinary surgeons to - legally - prescribe medicines that would not otherwise be permitted for the relevant clinical case or for the relevant species under treatment when there is no authorised veterinary medicinal product available.

- b) a veterinary medicine authorised in an East African Community Member State;
OR
a veterinary medicine authorised in any other country registered in that country and serves the same purpose for which its being obtained
- 4.33.2.2. a medicine prescribed by the veterinary surgeon responsible for treating the animal and prepared extemporaneously by a veterinary surgeon, a pharmacist or a person holding an appropriate manufacturer's authorization, located in Uganda; or, if there is no such product, a human or veterinary medicine imported from outside Uganda, in exceptional circumstances in accordance with guidelines established by the drug regulatory authority.

4.34. The prescribing cascade – food-producing animals

- 4.34.1. If there is no medicine authorised in the Uganda for a condition affecting a food-producing species, the veterinary surgeon responsible for treating the animal(s) may use the cascade options as set out in paragraphs 4.28.2 above, except that the following additional conditions apply:
- 4.34.1.1. the treatment in any particular case is restricted to animals on a single holding;
 - 4.34.1.2. any medicine imported from another country must be authorised for use in a food-producing species in that country;
 - 4.34.1.3. the veterinary surgeon responsible for prescribing the medicine must specify an appropriate withdrawal period;
 - 4.34.1.4. the veterinary surgeon responsible for prescribing the medicine must keep specified records.

4.35. Antimicrobial, anthelmintic and acaricide resistance

- 4.35.1. The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Antimicrobials take a long time to be developed and it is an expensive process. Veterinary surgeons are encouraged to take precaution on the choice, administration and disposal to protect the existing antimicrobials molecules.
- 4.35.2. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimize the development of resistance.
- 4.35.3. Acaricide resistance is an important concern as the country has registered resistance of ticks to the common classes of acaricides. Veterinary surgeons need to ensure they use or prescribe acaricides basing on an informed choice and be accountable for their choices.

4.36. Responsibilities associated with the prescription and supply of medicines

- 4.36.1. A veterinary surgeon who prescribes or supplies any class of veterinary medicinal product, must:

- 4.36.1.1. before s/he does so, be satisfied that the person who will use the product is competent to use it safely and intends to use it for the purpose for which it is authorised;
- 4.36.1.2. when s/he does so, advise on the safe administration of the veterinary medicinal product;
- 4.36.1.3. when s/he does so, advise as necessary on any warnings or contra-indications on the label or package leaflet; and
- 4.36.1.4. not prescribe or supply more than the minimum quantity required for the treatment.
- 4.36.2. Where the regulations/guidelines for use of veterinary medicines do not define 'minimum amount', the UVB considers that this must be a matter for the professional judgement of the veterinary surgeon in the individual case.
- 4.36.3. Veterinary medicinal products must be supplied in appropriate containers and with appropriate labelling.

4.37. Administration

- 4.37.1. A medicine prescribed in accordance with the Cascade may be administered by the prescribing veterinary surgeon or by a person acting under their direction. Responsibility for the prescription and use of the medicine remains with the prescribing veterinary surgeon.

4.38. Storage of medicines

- 4.38.1. All medicines should be stored in accordance with manufacturers' recommendations whether in the practice or in a vehicle. If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date, once broached.
- 4.38.2. Drugs controlled under the Narcotic Drugs and Psychotropic Substances (Control) Act, 2016 must be stored properly, so that there is no unauthorised access. There should be no direct access by members of the public (including family and friends); and, staff and contractors employed by the practice should be allowed access only as appropriate. Veterinary surgeons should take steps to ensure that members of staff with access to controlled drugs are not a danger to themselves or others, when they join the practice and at times when they may be vulnerable.
- 4.38.3. Class A drugs, such as methadone, fentanyl, and ketamine, are subject to safe custody requirements and legally must be kept in a secure cabinet to prevent unauthorised access.
- 4.38.4. Although not all Class B drugs are subject to the same legal safe custody requirements, it is a requirement that all Class B drugs, for example tramadol, buprenorphine, pentazocine, the barbiturates, gabapentin and pregabalin (this list is not exhaustive), be securely locked away.
- 4.38.5. Veterinary surgeons should keep a record of premises and other places where they store or keep medicinal products, for example, practice vehicles and homes where medicinal products are kept for on-call purposes. The record should be held at the practice's main 'veterinary practice premises' in accessible form.

4.39. Associations with other suppliers of medicines

- 4.39.1. A veterinary surgeon who is associated with retail supplies of all classes of veterinary medicinal products (or makes such supplies), should ensure that those to whom the medicines are supplied, or may be supplied, are informed of:
 - 4.39.1.1. the name and qualification (veterinary surgeon or veterinary paraprofessional) of the prescriber;
 - 4.39.1.2. the name and qualification (veterinary surgeon or veterinary paraprofessional) of the supplier; and,
 - 4.39.1.3. the nature of the duty of care for the animals.

4.40. Retention, storage and destruction of clinical records

- 4.40.1. Records should be kept secure and confidential at all times and there should be adequate back-up in place if records are stored electronically.
- 4.40.2. Practices should retain clinical and client records for a lifespan of the animal under their care or for a period agreed upon prevailing data laws of the country
- 4.40.3. The record keeping requirements for Veterinary Medicinal Products (VMPs) are set out in the regulations/guidelines for use of veterinary medicines. Records of the retail supply (which includes administration) of Class A and Class B drugs must be kept for 5 years. The Veterinary Medicines Directorate provides.
- 4.40.4. Records should be destroyed in a manner which safeguards against accidental loss or disclosure of content and protects client confidentiality.
- 4.40.5. Where a practice intends to cease trading, clients should, where possible, be notified so they have an opportunity to obtain a copy of relevant clinical and client records if they choose to do so. Likewise, provision should be made to respond to requests for other veterinary surgeons to take over the case.
- 4.40.6. In some circumstances, an individual may choose to exercise the “right of erasure” (also known as the right to be forgotten). An individual is therefore able to request the deletion or removal of his/her personal data where, for example, (i) it is no longer necessary to retain the data for the purpose for which it was collected; (ii) the individual withdraws consent on which the processing was based and there are no other legal grounds for processing; (iii) the individual objects to the processing and there are no overriding legitimate grounds for the processing; or (iv) the data has been processed unlawfully. However, the practice does not have to delete the data if it needs to keep it to comply with a legal obligation or to defend a legal claim.

4.41. Vaccination record cards

- 4.41.1. A vaccination record card held by the animal owner may be considered part of the clinical record and may be signed by a veterinary surgeon or a veterinary nurse/ veterinary technician / veterinary paraprofessional. If a veterinary nurse / veterinary technician / veterinary paraprofessional signs the record, it is good practice to add the words ‘under the direction of ...’ and name the directing veterinary surgeon.

- 4.41.2. The animal should be identified on the vaccination record card and the principles set out in UVB advice (or local government or central government policy guidelines) on identification of animals should be followed. Where the local and/or central government gives no guidance, the following recommendations of the UVB should be followed:
- 4.41.2.1. If an alleged identification mark is not legible at the time of inspection, no certificate should be issued until the animal has been re-marked or otherwise adequately identified.
 - 4.41.2.2. When there is no identification mark, the use of the animal's name alone is inadequate. If possible, the identification should be made more certain by the owner inserting a declaration identifying the animal, so that the veterinary surgeon can refer to it as 'as described'. Age, colour, sex, marking and breed may also be used.
 - 4.41.2.3. The owner's name must always be inserted. (In the case, for example, of litters of unsold puppies this will be the name of the breeder or the seller.)
 - 4.41.2.4. Where microchipping, tattooing or any other form of permanent identification has been applied it should be referred to in any certificate of identification.
 - 4.41.2.5. The animal may be presented to a different veterinary surgeon for a subsequent vaccination. To be useful, the vaccination record should be such as to allow the veterinary surgeon to identify the animal, if necessary, following any additional reasonable enquiries. Veterinary surgeons should not sign blank vaccination record cards.

4.42. Vaccination reminders

- 4.42.1. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a "soft-opt in". This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent.

4.43. Branch Surgeries/Clinics

- 4.43.1. Branch surgeries/clinics may be allowed in large and small animal practice and name boards or plates may be put up subject to rule 4.10 in this guide provided that the name boards state the time that the surgery/clinic will be open.

4.44. Kennels and Animal Hospitals

- 4.44.1. Kennels and hospitals are allowed at or near the premises connected with the practice, provided that they are owned or supervised by a veterinary surgeon and provided that they are not advertised in anyway in connection with the practice/clinic.
- 4.44.2. No kennels or animal hospital owned by lay people may be conducted at the address of any professional premises or using the same address as the veterinary surgeon.

4.45. Ownership and control of Veterinary Practices/Clinics

- 4.45.1. A veterinary professional should not carry on a practice/clinic on behalf of some lay person provided that on doing so he/she will take professional responsibility for all cases.
- 4.45.2. A partnership may only be formed with another veterinary professional provided that the relationship between the partners is made quite clear on the name board and on any professional stationery used.
- 4.45.3. A veterinary professional can enter a partnership with a non-veterinary professional only if he/she will bear all professional responsibilities associated with the practice.

4.46. Certificates

A certificate is a written statement made with authority; the authority in this case coming from the veterinarian's professional status.

- 4.46.1. Professional certificates should not contain anything that is untrue, misleading or improper.
- 4.46.2. Certificates must not be given for anything that has not received the attention of the surgeon.
- 4.46.3. The 10 Principles of Certification provide the foundation of certification for all those who draft or prepare, use or sign veterinary certificates. In short, the principles represent best practice in veterinary certification. From time to time, veterinarians may be presented with certificates that do not conform to all of the principles. They are;
 - 4.46.3.1. A veterinarian should certify only those matters which:
 - a) are within his or her own knowledge;
 - b) can be ascertained by him or her personally;
 - c) are the subject of supporting evidence from an authorised veterinarian who has personal knowledge of the matters in question; or
 - d) are the subject of checks carried out by an Officially Authorised Person.
 - 4.46.3.2. Veterinarians should not issue a certificate that might raise questions of a possible conflict of interest.
 - 4.46.3.3. A veterinarian should only sign certificates that are written in a language they understand.
 - 4.46.3.4. A veterinarian should not certify that there has been compliance with the law of another country or jurisdiction unless the provisions of that law are set out clearly on the certificate or have been provided to them by the Competent Authority in writing.
 - 4.46.3.5. A veterinarian should only sign original certificates. Where there is a legal or official requirement for a certified copy or duplicate (marked as such) these can be provided.
 - 4.46.3.6. When signing a certificate, a veterinarian should ensure that:
 - a) the certificate contains no deletions or alterations, other than those which are indicated on the certificate to be permissible, and subject to such changes being initialed and stamped by the certifying veterinarian;
 - b) no section of the certificate is left incomplete;
 - c) the certificate includes not only their signature but also, in clear lettering, their name, qualifications and address and (where appropriate) their official or practice stamps;
 - d) the certificate includes the date on which the certificate was signed and issued and (where appropriate) the time for which the certificate will remain valid.

- 4.46.3.7. Certificates should be written in simple terms which are easy to understand.
- 4.46.3.8. 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.
- 4.46.3.9. Certificates should not use words or phrases which are capable of more than one interpretation.
- 4.46.3.10. Certificates should clearly identify the subject being certified.

4.47. Evidence

- 4.47.1. Professional evidence given in any Court of law must be given fairly and with the intention that justice shall be done.
- 4.47.2. A veterinary surgeon called upon to give evidence by any person or in any case should only act as a professional man/woman giving evidence to Court.
- 4.47.3. He/she should give any information in his/her possession that may be relevant to the case.

4.48. Responsibility of the Veterinary Surgeon to the Veterinary Surgeon's Act.

- 4.48.1. It is the duty of every veterinary surgeon to report to the Board any offence against the Veterinary Surgeon's Act that may come to his/her notice.

4.49. Relationship between veterinary professionals

- 4.49.1. The professional relationship between veterinary surgeons must be based on honor, good faith and mutual trust.
- 4.49.2. A veterinary surgeon that has been working as a partner, assistant or locum tenes in a practice must not set himself/herself up in that area except with the consent of his/her partner or employer expressed clearly in writing.
- 4.49.3. A government officer or holder of any full-time post who intends to set himself/herself up in practice in an area with which he/she has become acquainted while in such employment should consult the UVB as to whether such a step is proper.
- 4.49.4. Where the owner of an animal calls in a veterinary surgeon on an urgent case and the veterinary surgeon normally in attendance is unable to attend for some avoidable reason then the veterinary surgeon called in must do what is necessary and no more. He/she must at once inform the veterinary surgeon concerned on whose behalf, he/she acted.

4.50. Consultations

- 4.50.1. Consultations among veterinarians is permissible on invitation of the surgeon in attendance, who should make all the arrangements. The consulted veterinarian should not handle the case in the absence of the surgeon normally in attendance, but if the latter does not appear then the consulted veterinarian may see the case and report as soon as possible to the surgeon.

- 4.50.2. No veterinary surgeon should refuse to call in a consultant when asked by his/her client without good reason.
- 4.50.3. A separate fee should be charged for the consulted veterinarian and handed to him/her. He/she should not merely get a part of the total fee charged by the veterinary surgeon.
- 4.50.4. Nothing must be done to make it appear that the veterinary surgeon is acting as an agent for the consulted veterinarian.

4.51. Suppression

- 4.51.1. If a surgeon is called upon by an owner to see a sick animal which is or has recently been a case of another surgeon, he/she should decline to do so except as a consultant or unless the first surgeon has retired from the case or has been informed by the owner that his/her services are no longer required.
- 4.51.2. The called in Veterinary surgeon should also inform the practitioner whom he/she is superseding.

4.52. Setting up a Practice/Clinic

- 4.52.1. When a veterinary surgeon sets himself/herself up in a practice, he/she should inform all other veterinary surgeons in that neighboring area.

4.53. Registration of practice premises

- 4.53.1. Practice premises from which veterinary surgeons supply veterinary medicinal products, biologicals and devices must be registered with the UVB as 'veterinary practice premises'. Premises likely to be considered as 'veterinary practice premises' are those:
 - 4.53.1.1. from which the veterinary surgeons of a practice provide veterinary services; and/or,
 - 4.53.1.2. advertised or promoted as premises of a veterinary practice; and/or,
 - 4.53.1.3. open to members of the public to bring animals for veterinary treatment and care; and/or,
 - 4.53.1.4. not open to the public, but which are the base from which a veterinary surgeon practices or provides veterinary services to more than one client; and/or,
 - 4.53.1.5. to which medicines are delivered wholesale, on the authority of one or more veterinary surgeons in practice.
- 4.53.2. Main and branch practice premises from which medicines are supplied are veterinary practice premises and must be registered with the UVB.

4.54. Insurance examination

- 4.54.1. When a veterinary surgeon is asked by an insurance company or a similar body to examine on their behalf a case already under treatment, he/she must first ascertain the name of the attending veterinary surgeon and give adequate notice of the time and date when he/she proposes to make his/her examination.

4.55. Relationship with lay persons

- 4.55.1. No veterinary surgeon should allow any person to use the title “Veterinary Surgeon” or to use any other title calculated to the belief that the person is registered or licensed, or to behave in any matter so as to lead to such a belief either by using his/her name or by impersonating him/her or in any other way.
- 4.55.2. No veterinary surgeon may meet a lay person in consultation.
- 4.55.3. No veterinary surgeon shall be under technical supervision of a lay person in matters of veterinary profession.
- 4.55.4. A veterinary surgeon may not allow any lay person whether in his employment or not to diagnose any disease of animals or to give any medication or surgical treatment to animals.
- 4.55.5. A lay person may be employed under the immediate supervision of the veterinary surgeon as a surgical dresser, groom, or kennel attendant.
- 4.55.6. No such person described in 4.51.4 may visit any case or undertake any surgery or treat any sick animal.
- 4.55.7. All matters requiring professional skill and judgement should be handled by a veterinary surgeon. At no time should a lay person take any actions administrative or otherwise on matters for which the veterinary surgeon is professionally liable.
- 4.55.8. A veterinary student attending a practice does so in order to gain knowledge and experience and must not be employed as unqualified assistant.
- 4.55.9. Unqualified or lay persons may not practice for gain or reward, as laid down by the Veterinary Surgeons Act 1958, revised 1964 and amended 1970.
- 4.55.10. A lay person may perform minor or first aid treatment to relieve pain from a suffering animal provided that he/she does not do this habitually or for gain or reward.

4.56. Interpretation of this guide.

- 4.56.1. The Uganda Veterinary Board shall be the body empowered to enforce this guide.
- 4.56.2. The Board shall make an interpretation of this guide.
- 4.56.3. Any failure to comply with the laws of Uganda or any conviction arising out of such failure, when reported to the Board, may cause the offender to become the subject of an enquiry by the Board under section 17(1) (a) of the Act.
- 4.56.4. Offences against the Guide would summarily have to be considered under section 17(1) (b) of the Act.
- 4.56.5. The Board may consider any other matter not mentioned in this Guide.
- 4.56.6. Each case will be charged strictly on its merit and according to the facts.

4.57. Use and re-use of samples, images, post mortems and disposal

- 4.57.1. There may be occasions when veterinary surgeons have to consider taking samples for diagnostic or treatment purposes, or post-mortem. These samples may include blood, tissue, body parts or whole cadavers. After samples have been taken, it may be that the re-use of the sample for other proper purposes is considered.
- 4.57.2. The starting point for the use of samples is informed consent. A client should consent to a sample for initial diagnostic or treatment purposes, whatever the size or species of the

animal, whether it is a farm animal or domestic pet and whether the animal is living or dead. Generally, a client should also consent to any re-use of the sample for other purposes. The District Veterinary Officer and Commissioner in charge of Animal Health should be informed of the laboratory findings after use of samples.

- 4.57.3. Veterinary Surgeons who do not have should obtain detailed guidance on informed consent from the UVB. This will include guidance on written/oral consent; contractual relationships; establishing who the client is; confirming the client has understood what has been said; mental incapacity; dealing with young persons and children; and, consent forms.
- 4.57.4. In situations where another veterinary surgeon becomes involved in the treatment of an animal, for instance, with a referral or transfer to a dedicated out-of-hours provider, the referring veterinary surgeon should ensure that consent is obtained from the client for the referral. Once the animal has been transferred to the second practice, consent for procedures subsequently carried out is a matter for the second practice.

4.58. Clinical and client records

- 4.58.1. Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client (whether over the telephone or in person). They should also include outline plans for future treatment or investigations, details of proposed follow-up care or advice, notes or digital recordings of telephone conversations, records of messages shared through computer/telephone applications, fee estimates or quotations, consents given or withheld, contact details and any recommendations or discussion about referral or re-direction.
- 4.58.2. The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.
- 4.58.3. Ideally, client financial information and any other personal or sensitive information should be recorded separately from clinical records. This is because only relevant clinical information / information in the interests of the treatment of the animal should be provided to colleagues taking over responsibility for a case. It is however acceptable to include a statement in the clinical records that treatment has been limited or declined by the client for financial or other reasons.
- 4.58.4. Explicit consent may be required in order to record and use certain personal or special category data (previously known as sensitive personal data) about a client, such as any special needs of the client or other health information.
- 4.58.5. It may be permissible to mark the client record to indicate that the client is aggressive, violent, etc, without client consent, on the basis that an employer has a legitimate interest to record such information so as to afford protection to their employees. If practicable, veterinary surgeons should inform the client that the flag has been put on their record and why, and the flag should be reviewed periodically. Likewise, it may be permissible to mark

the client record to indicate that a client is a bad debtor without client consent, on the basis that there is a legitimate interest for the business to get paid for the services it provides. Ideally, the practice's privacy policy would state that the practice may flag client records for these reasons, in which case it would not be necessary to notify individual clients if and when it occurs.

4.59. Amendments and additions

- 4.59.1. Clinical and client records should be made at the time of the events being recorded or as soon as possible afterwards. There may however, be justifiable reasons to retrospectively amend clinical records, for example, in order to correct an inaccurate entry or to include additional information. In such cases, the amendment, the details of the person making the amendment and the date on which it is made should be clearly marked. Any correction should, where possible, be noted alongside the relevant entry. Care should be taken not to obliterate the original entry. This is to avoid giving rise to allegations that the amendments have been made unprofessionally or dishonestly.
- 4.59.2. Veterinary surgeons should take extra care when using older electronic records systems, which allow for the deletion or over-writing of the previous records. This is to ensure that mistakes and inadvertent amendments are not made.
- 4.59.3. If multiple team members are involved in updating the same clinical record, it is important to make sure that the identity of the person making the entry is clear.

4.60. Dealing with factual inaccuracies

- 4.60.1. Clients have the right to request the rectification of personal data if it is inaccurate or incomplete.
- 4.60.2. In some cases, clients may consider that information contained within the records that is not their personal data, is inaccurate or incorrect and may request that the information be corrected. If a client objects to or complains about an entry in their records, veterinary surgeons should discuss the client's concerns with them and make a record of the discussion. It should be noted, however, that diagnosis and clinical opinion is a matter of clinical judgement and should not be changed solely at the client's request. There is no obligation to amend professional opinion. If, however, the veterinary surgeon agrees that the records should be amended due to errors or factual inaccuracies, the advice above should be followed.
- 4.60.3. If, after discussion and following the steps above, the client remains dissatisfied, the most appropriate course of action may be to insert the client's opinion alongside that of the veterinary professional, making it clear that the additions were inserted at the client's request.

4.61. Access to clinical and client records

- 4.61.1. Clinical and client records including diagnostic images and similar records, are the property of, and should be retained by, veterinary surgeons in the interests of animal welfare and for their own protection. Although clients do not own their clinical records, they have the right

to access information about themselves under data protection legislation as well as under professional guidelines set by UVB.

- 4.61.2. Unless the subject access request is excessive or repetitive, a copy of the information must be provided free of charge, and the information should generally be provided without delay and no later than one month after receipt of the request. This is subject to certain exceptions. Care must be taken where the disclosure would involve disclosing another individual's personal data or confidential information. Veterinary surgeons may need to seek the consent of other people to the disclosure of their personal data, or consider redacting it where appropriate.
- 4.61.3. Under UVB's guidelines, at the request of a client, veterinary surgeons provide copies of any relevant clinical and client records. This includes relevant records which have come from other practices, if they relate to the same animal and the same client, but does not include records which relate to the same animal but a different client.
- 4.61.4. In many cases it will be made clear to clients that they are not being charged for radiographs or laboratory reports, but for diagnosis or advice only. In situations where images are held on film, the film remains the property of the practice, with the client being charged for diagnosis or advice. In this situation, copies should still be provided in response to a request, wherever possible. Where images are held digitally, clients are also entitled to a copy.
- 4.61.5. Relevant clinical information should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases. Cases should be referred responsibly. Additional requests for information should also be dealt with promptly.

4.62. Veterinary teams and leaders

- 4.62.1. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals form the veterinary team. The team leader shall be a veterinary surgeon.
 - 4.62.1.1. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals working for an organisation or practice have shared responsibilities relating to the provision of veterinary services by the team and business. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals have a personal professional responsibility to comply with the UVB Codes of Professional Conduct.
 - 4.62.1.2. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should fully understand the scope and any limitations of their role and ensure that they work within these.
 - 4.62.1.3. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should communicate with colleagues and others within the organisation or practice, to coordinate the care of patients and the delivery of veterinary services.
 - 4.62.1.4. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals who have concerns about the professional conduct (including health and performance) of a colleague are encouraged to discuss the matter with the appropriate senior person, for example, the appointed senior veterinary surgeon of the

practice. If the matter cannot be resolved with such an approach, any concerns should be brought to the attention of the UVB.

- 4.62.1.5. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should be aware of and adhere to all of their responsibilities as set out in the relevant equalities legislation and should take steps to challenge unlawful discrimination, harassment and victimisation where it arises.
- 4.62.1.6. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals must understand and comply with practice policy regarding data protection.
- 4.62.1.7. Some veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals are responsible for leading or managing other members of the veterinary team or running the practice in full or in part. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals in such roles have additional responsibilities.
- 4.62.1.8. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals continue to have responsibility for animal health and welfare when they perform non-clinical duties and they remain accountable to the UVB for their decisions and actions.
- 4.62.1.9. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals in leadership roles should ensure that any working systems, practices or protocols allow veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals to practise in accordance with the UVB Codes of Professional Conduct. If in the course of a UVB investigation into a concern it appears that a veterinary surgeon or veterinary nurse / veterinary technician / veterinary paraprofessional has followed working systems, practices or protocols which contravene the UVB Codes of Professional Conduct, the veterinary surgeon or veterinary nurse / veterinary technician / veterinary paraprofessional responsible for the working systems, practices or protocols will be at least as accountable as the veterinary surgeon or veterinary nurse / veterinary technician / veterinary paraprofessional who has followed them.
- 4.62.1.10. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals who knowingly or carelessly permit anyone to practise veterinary surgery illegally may be liable to a charge of serious professional misconduct. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals in leadership roles should make sure that staff are clear about the proper scope of their role and responsibilities.
- 4.62.1.11. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should ensure processes are in place to ensure that professional staff for whom they are responsible are registered.
- 4.62.1.12. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals supervising other veterinary professionals should confirm that the latter's names are currently in the Register of Veterinary professionals maintained by the UVB and have not been suspended or removed from the Register.

- 4.62.1.13. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should ensure that support staff for whom they are responsible are competent, courteous and properly trained. They should ensure that support staff are instructed to maintain client confidentiality, comply with practice policy regarding data protection and to discharge animals only on the instructions of the duty veterinary surgeon; and, do not suggest a diagnosis or give a clinical opinion. Support staff should be advised to pass on any request for urgent attention to a veterinary surgeon and be trained to recognise those occasions when it is necessary for a client to speak directly to a veterinary surgeon.
- 4.62.1.14. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals should regularly review work within the team, to ensure the health and welfare of patients; and, ensure that processes are in place to enable changes in practice when indicated. Veterinary surgeons and veterinary nurses / veterinary technicians / veterinary paraprofessionals in leadership roles should lead on clinical governance. They should enable and encourage staff to raise concerns and should act on concerns brought to their attention.

4.63. The appointed senior veterinary surgeon

- 4.63.1. Veterinary surgeons provide veterinary services through a variety of entities such as limited companies, charities, partnerships or sole practitioners and may be managed by non-veterinary surgeons. At all times, veterinary surgeons remain subject to their professional responsibilities and the UVB Code of Professional Conduct. To provide appropriate professional direction, the UVB expects the organisation to appoint a senior veterinary surgeon.
- 4.63.2. The appointed senior veterinary surgeon should;
- 4.63.2.1. Have an appropriate level of seniority, for example, director, head of clinical services or other equivalent status within the organisation.
 - 4.63.2.2. Have overall responsibility within the organisation for professional matters; for example, this includes ensuring that clinical policy guidelines and procedures for addressing clients' complaints about the provision of veterinary services are in line with the UVB Codes of Professional Conduct.
 - 4.63.2.3. Have overall responsibility within the organisation for the procedures by which medicines are obtained, stored, administered, sold or supplied, and disposed. Class A drugs may only be obtained by a veterinary surgeon (even though they may be paid for by a business entity) and may only be sold or supplied from veterinary practice premises registered with the UVB.
 - 4.63.2.4. Ensure that their colleagues within the organisation, especially those who are not veterinary surgeons or veterinary nurses / veterinary technicians / veterinary paraprofessionals, recognise the professional responsibilities of veterinary surgeons and veterinary nurses, in particular those set out in the UVB Codes of Professional Conduct and supporting guidance issued by the UVB.

4.64. Professional indemnity insurance and equivalent arrangements

- 4.64.1. Veterinary surgeons must ensure that all their professional activities are covered by professional indemnity insurance or equivalent arrangements. The purpose of professional indemnity insurance is to cover compensation claims in the event an allegation of negligence is made against the professional.
- 4.64.2. In addition to professional indemnity insurance, veterinary surgeons may also decide to take out insurance to provide cover in the event a concern is raised with the UVB (although this is not required). Many policies will include both types of cover, however it should not be presumed this is the case. Veterinary surgeons should have particular regard to this issue when carrying out locum work, as although the practice's insurance is likely to provide cover for negligence claims, it may not provide any other type of cover.
- 4.64.3. For 'equivalent arrangements' to be satisfactory, they must cover four key areas:
 - 4.64.3.1. There must be sufficient funds available to cover potential future claims;
 - 4.64.3.2. Those funds must be readily available in the event that losses need to be compensated – funds are not readily available where use affects significantly the work of the business or life of an individual;
 - 4.64.3.3. There must be an established procedure in place for dealing with claims and accessing those funds, so that all parties have clarity about the process; and
 - 4.64.3.4. There must be arrangements in place to ensure claims are dealt with by those who are independent of those who are the subject of the claim, so that decision-making is not based on personal interest.
- 4.64.4. Veterinary surgeons seeking to rely on the equivalent arrangements provision should seek professional advice (e.g. from a solicitor or accountant) to ensure equivalence with professional indemnity insurance.

4.65. Delegation to veterinary paraprofessionals

- 4.65.1. Registered veterinary paraprofessionals are those whose names are recorded in the Register of Veterinary Paraprofessionals maintained by the UVB. Student veterinary nurses are those enrolled with the UVB for the purpose of training at an approved centre or practice.
- 4.65.2. Registered veterinary paraprofessionals are subject to the UVB Code of Professional Conduct for Veterinary paraprofessionals and a similar regulatory jurisdiction.
- 4.65.3. The privilege of giving any medical treatment or carrying out minor surgery, not involving entry into a body cavity, is given to:
 - 4.65.3.1. Registered veterinary paraprofessional under the direction of their veterinary surgeon employer to animals under their employer's care. The directing veterinary surgeon must be satisfied that the veterinary paraprofessional is qualified to carry out the medical treatment or minor surgery.
 - 4.65.3.2. Veterinary student under the direction of their veterinary surgeon supervisor/mentor/trainer to animals under their supervisor's/mentor's/trainer's care. In addition, medical treatment or minor surgery must be supervised by a veterinary surgeon or registered veterinary paraprofessional and, in the case of minor surgery, the supervision must be direct, continuous and personal. The medical treatment or minor surgery must be carried out in the course of the student's training.

- 4.65.4. The UVB has interpreted these as follows:
- 4.65.4.1. 'direction' means that the veterinary surgeon instructs the veterinary paraprofessional or veterinary student as to the tasks to be performed, but is not necessarily present.
 - 4.65.4.2. 'supervision' means that the veterinary surgeon or registered veterinary paraprofessional is present on the premises and able to respond to a request for assistance if needed.
 - 4.65.4.3. 'direct, continuous and personal supervision' means that the veterinary surgeon or veterinary paraprofessional is present and giving the student veterinary nurse his/her undivided personal attention.
- 4.65.5. A veterinary paraprofessional employed in a practice or veterinary student is not entitled independently to undertake either medical treatment or minor surgery.
- 4.65.6. In considering whether to direct a veterinary paraprofessional or veterinary student to carry out procedures (outside the scope defined for the veterinary paraprofessional), a veterinary surgeon must consider how difficult the procedure is in the light of any associated risks, whether the nurse is qualified to treat the species concerned, understands the associated risks and has the necessary experience and good sense to react appropriately if any problem should arise. The veterinary surgeon must also be sure that he/she will be available to answer any call for assistance, and finally, should be satisfied that the paraprofessional feels capable of carrying out the procedure competently and successfully.
- 4.65.7. Veterinary surgeons when supervising veterinary paraprofessionals undertaking procedures outside the scope defined for the veterinary paraprofessional, should confirm that the paraprofessional's name is currently on the Register of Veterinary Practitioners maintained by the UVB and are duly licensed.

4.66. Maintenance and monitoring of anaesthesia

- 4.66.1. Veterinary paraprofessionals and veterinary students may be directed to assist veterinary surgeons with the maintenance of anaesthesia and the monitoring of patients under anaesthesia. The following advice applies to these tasks:
- 4.66.2. Inducing anaesthesia by administration of a specific quantity of medicine directed by a veterinary surgeon may be carried out by a veterinary paraprofessional or, with supervision, a veterinary student, but not any other person.
- 4.66.3. Administering medicine incrementally or to effect, to induce and maintain anaesthesia may be carried out only by a veterinary surgeon.
- 4.66.4. Maintaining anaesthesia is the responsibility of a veterinary surgeon, but a suitably trained person² may assist by acting as the veterinary surgeon's hands (to provide assistance which does not involve practicing veterinary surgery), for example, by moving dials of an anaesthetic machine or by moving the plunger of a syringe.
- 4.66.5. Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person.

² Evidence of suitable training must be provided if the team member is not a registered veterinary paraprofessional. In-house training is acceptable.

- 4.66.6. The most suitable person to assist a veterinary surgeon to monitor and maintain anaesthesia is a veterinary paraprofessional or, under supervision, a veterinary student.

4.67. Vaccination of companion animals

- 4.67.1. To give a first vaccination with a prescription only medicine, the animal must be under care of the prescribing veterinary surgeon and the veterinary surgeon must carry out a clinical assessment and then the veterinary surgeon may administer, or under his or her direction, a veterinary paraprofessionals and veterinary student may administer. If the veterinary surgeon is to certify the vaccination, the certification rules apply and generally he or she must do it him or herself or witness it done.
- 4.67.2. The subsequent vaccination some two weeks or so later (close in time to the first vaccination) is usually authorised by the veterinary surgeon at the time of the first vaccination (directed by the veterinary surgeon when the animal is under his or her care and when the clinical assessment is carried out), and therefore the administration of this second vaccination and all dealings may be through a veterinary paraprofessionals and veterinary student at the practice, provided the veterinary surgeon is not intending to certify this vaccination. Nevertheless, it is helpful for a veterinary surgeon to be on the premises at the time the vaccine is administered to the animal, to be able to assist in the event of the animal suffering an adverse reaction.
- 4.67.3. For booster or subsequent vaccinations not close in time to the first vaccination, the advice is the same as for the first vaccination.

4.68. Veterinary paraprofessionals and dentistry

- 4.68.1. Veterinary paraprofessionals and veterinary students working under the direction of a veterinary surgeon may carry out routine dental hygiene work.
- 4.68.2. The extraction of teeth using instruments may readily become complicated and should only be carried out by veterinary surgeons. The UVB considers that the extraction of teeth using instruments is not within the meaning of “minor surgery”.

4.69. Treatment of animals by unqualified persons

- 4.69.1. Veterinary students
- 4.69.1.1. Veterinary students, as part of their clinical training, are required to undertake acts of veterinary surgery.
- 4.69.1.2. Two categories of students are recognised: full-time undergraduate students in the clinical part of their course and overseas veterinary surgeons whose declared intention is to sit the UVB Statutory Examination for registration with the UVB within a reasonable time. The students may examine animals, carry out diagnostic tests under the direction of a registered veterinary surgeon, administer treatment under the supervision of a registered veterinary surgeon and perform surgical operations under the direct and continuous personal supervision of a registered veterinary surgeon.
- 4.69.2. The UVB has interpreted these as follows:

- 4.69.2.1. 'direction' means that the veterinary surgeon instructs the student as to the tests or treatment to be administered but is not necessarily present.
- 4.69.2.2. 'supervision' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.
- 4.69.2.3. 'direct and continuous personal supervision' means that the veterinary surgeon is present and giving the student his/her undivided personal attention.

4.70. Unqualified (or 'lay') practice staff

- 4.70.1. Many veterinary practices employ staff who are not veterinary surgeons, veterinary paraprofessionals and veterinary students. Regardless of any training or experience these staff members may have, in the context of the veterinary practice, such staff should be regarded as unqualified or laypeople. Their job titles should not be misleading and should reflect their demarcation from qualified members of staff. In particular, veterinary surgeons and veterinary paraprofessional should not hold out a colleague as a 'veterinary professional' unless that colleague is appropriately registered with the UVB.
- 4.70.2. The UVB recognises that veterinary surgeons may wish to delegate certain tasks to unqualified members of staff. There is no specific legal dispensation in the Veterinary Surgeons Act for a veterinary surgeon to delegate to a layperson employed by a veterinary practice. This means that unqualified members of staff have no legal dispensation to undertake delegated medical treatments or minor surgical procedures, regardless of how well trained or experienced they are considered to be.
- 4.70.3. In the absence of any legal basis for such delegation, and with the aim of preserving animal welfare, the advice is that any delegation to a lay member of staff needs to be justified and is a matter of professional judgement in any individual case following risk assessment. The delegation should:
 - 4.70.3.1. Be reasonable in all the circumstances;
 - 4.70.3.2. Not put the animal at risk; and
 - 4.70.3.3. Not amount to more than 'minor medical treatment' of the sort which an owner could undertake, for example, the administration of uncomplicated oral medications or subcutaneous injections.
- 4.70.4. The delegation of veterinary procedures, even 'minor medical treatment', will involve consideration of all the circumstances, not just the procedure itself. The delegating veterinary surgeon should therefore have regard to the following:
 - 4.70.4.1. the nature of the task (i.e. its level of complexity);
 - 4.70.4.2. the individual animal concerned (i.e. species, its condition, the likelihood of complications, the owner's wishes);
 - 4.70.4.3. the individual staff member (i.e. their training and experience, their confidence and willingness to accept delegation, their awareness of when to seek the assistance of a qualified colleague); and
 - 4.70.4.4. the availability of qualified assistance.
- 4.70.5. The UVB considers that there are certain tasks that should not be delegated to unqualified members of staff; examples include intramuscular or intravenous injections, and invasive

procedures such as the introduction of an IV catheter or the passage of a urinary catheter or any form of surgery.

- 4.70.6. Veterinary surgeons should generally ensure that the client is made aware of any procedures to be performed by practice staff who are not veterinary surgeons, where appropriate.
- 4.70.7. The directing veterinary surgeon remains responsible for their decision to delegate to unqualified members of staff. Should a delegation decision become the subject of a professional conduct investigation, the UVB would consider the reasonableness of the veterinary surgeon's decision. A clearly-reasoned and recorded decision should therefore be behind every delegation to an unqualified member of staff.

4.71. Social media and online networking forums

- 4.71.1. 'Social media' is the term used to describe websites and online applications that encourage social interaction between users and content creators. It encompasses all technology that can be used to share opinions and insights, information, knowledge, ideas and interests, and enables the building of communities and networks. Examples include media sites that allow public posts and comments (e.g. Twitter), content sharing websites (e.g. YouTube, Instagram and Flickr), professional and social networking sites (e.g. LinkedIn, Facebook), internet forums, discussion boards, blogs (Tumblr, Wordpress, Blogspot, etc) and instant messaging.
- 4.71.2. It is recognised that social media is likely to form part of veterinary surgeons' everyday lives and they are free to take advantage of the personal and professional benefits that social media can offer. Social media can for example be a valuable communication tool and can be used to establish professional links and networks, to engage in wider discussions relating to veterinary practice, and to facilitate the public's access to information about animal health and welfare. However, the use of social media is not without risk and veterinary surgeons should be mindful of the consequences that may arise from its misuse.
- 4.71.3. Veterinary surgeons have a responsibility to behave professionally and responsibly when offline, online as themselves and online in a virtual world (perhaps as an avatar or under an alias). This responsibility also applies to private forums as there is no guarantee that comments posted will remain private (for example, someone could take a screenshot and post it on public social media platforms). Veterinary surgeons may put their registration at risk if they demonstrate inappropriate behaviour when using social media. The standards expected of veterinary surgeons in the real world are no different to the standards they should apply online, and veterinary surgeons must uphold the reputation of the veterinary profession at all times.

4.72. Protecting your privacy

- 4.72.1. Veterinary surgeons should also consider how to protect their own privacy when using social media. It should be remembered that online information can readily be accessed by others and once it is published online, the information can be difficult, if not impossible, to remove. Added to this are the risks that other users may comment on the information, or circulate or copy this to others. Veterinary surgeons should be thoughtful about what they post online as

they may be connected directly or indirectly to clients, client's friends and other staff members. Private messages can easily be forwarded. For that reason, it is sensible to presume that everything shared online will be there permanently. Veterinary surgeons should also be mindful that content uploaded on an anonymous basis can, in many cases, be traced back to the original author.

- 4.72.2. Veterinary surgeons should read, understand and use appropriate privacy settings in order to maintain control over access to their personal information. It is advisable for veterinary surgeons to review their privacy settings on a regular basis to ensure that the information is not available to unintended users. However, veterinary surgeons should remember that this does not guarantee that their information will be kept private and personal information could potentially be viewed by anyone including clients, colleagues and employers.

4.73. Good practice when using social media

- 4.73.1. When using social media, veterinary surgeons should:
- 4.73.1.1. be mindful of the image of the profession.
 - 4.73.1.2. be respectful of and protect the privacy of others, and comply with the data protection laws and their own practice's privacy policy.
 - 4.73.1.3. consider whether they would make the comments in public or other traditional forms of media. If not, veterinary surgeons should refrain from doing so.
 - 4.73.1.4. be proactive in removing content which could be viewed as unprofessional.
 - 4.73.1.5. remember that innocent references to social activities that might be construed as taking place on duty / on call could be misinterpreted or used as the basis for a complaint.
 - 4.73.1.6. maintain and protect client confidentiality by not disclosing information about a client or a client's animal which could identify them on social media unless the client gives explicit consent.
 - 4.73.1.7. comply with employer's or organisation's internet or social media policy.
- 4.73.2. When using social media veterinary surgeons should avoid making, posting or facilitating statements, images or videos that:
- 4.73.2.1. contravene any internet or social media policy set out by their employer or organisation (Remember that comments or statements made or facilitated by veterinary surgeons may reflect on their employer / organisation and the wider profession as a whole)
 - 4.73.2.2. cause undue distress or provoke anti-social or violent behaviour
 - 4.73.2.3. are offensive, false, inaccurate or unjustified (Remember that comments which are damaging to an individual's reputation could result in a civil claim for defamation for which veterinary surgeons could be personally liable. Defamation law can apply to any comments posted online made in either a personal or professional capacity)
 - 4.73.2.4. abuse, bully, victimise, harass, threaten or intimidate clients, colleagues, staff or others. Veterinary surgeons and veterinary nurses should not speak or write disparagingly about another veterinary surgeon or veterinary paraprofessional. This covers all forms of interaction and applies to comments about individuals online.
 - 4.73.2.5. discriminate against an individual based on his or her race, gender, disability, sexual orientation, age, religion or beliefs, or national origin (comments demonstrating hostility towards an individual's race, disability, sexual orientation, religion or transgender

identity may amount to a 'hate crime' and may be reported to the authorities and prosecuted in a criminal court)

- 4.73.2.6. bring the veterinary profession into disrepute (veterinary surgeons should be mindful that their online persons can have a negative impact on their professional lives)

4.74. Maintaining client confidentiality

- 4.74.1. Veterinary surgeons have a legal and ethical responsibility to maintain client confidentiality. Veterinary surgeons must not disclose information about a client or the client's animals to a third party, unless the client gives permission or animal welfare or the public interest may be compromised.
- 4.74.2. This principle also applies to veterinary surgeons using social media. Veterinary surgeons should maintain and protect client confidentiality by not disclosing information about a client or the client's animal, which could identify them on social media unless the client gives explicit consent. If consent is obtained, this should be recorded separately (ideally in the clinical records). Written consent may be particularly helpful in the event of any future challenges. Practices should ensure that such consent is freely given, specific, informed, unambiguous and affirmative. It must also be possible to withdraw consent easily.
- 4.74.3. It is recognised that some veterinary surgeons use social media websites that are not necessarily accessible to the general public, for example, to discuss veterinary practice and related issues. If a veterinary surgeon considers it is appropriate to discuss a case – for example to further an animal's care or the care of future animals – steps should be taken to anonymize the client, and/or the client's animal. Veterinary surgeons should note that although individual pieces of information may not breach client confidentiality, the totality of the published information could be sufficient to identify a client.
- 4.74.4. Some clients may use public forums to make negative or adverse comments about a veterinary surgeon or practice, or to raise concerns about the treatment provided to their animal(s). Veterinary surgeons should seek to avoid engaging in disputes in a public forum and may invite clients who make negative comments or raise concerns to contact the practice directly to discuss further. Discretion should be used when deciding how much to say publicly. Veterinary surgeons should be very careful not to breach applicable data protection laws and caution should be taken so as not to disclose confidential information, which could result in a complaint to the UVB.

4.75. Other members of the veterinary team

- 4.75.1. Veterinary Surgeons should also follow the above guidance when using social media.
- 4.75.2. Veterinary surgeons and veterinary paraprofessionals should ensure that support staff for whom they are responsible are aware of any practice protocols on data protection and the use of social media.

REQUIREMENTS FOR VETERINARY CLINICS AND HOSPITALS

5. Guide for establishment of veterinary Clinics and Hospitals

5.1. Location and general appearance

- 5.1.1. The practice/clinic must be situated in a clean environment.
- 5.1.2. The practice/clinic must be maintained clean and tidy.
- 5.1.3. The practice/clinic should be located following rule 4.12

5.2. Display of names and titles in/or outside the premises

- 5.2.1. A veterinary practitioner may display on a signboard the following particulars:
 - Name of clinic
 - Practitioner's Particulars: (qualifications include specialty)
 - Address
 - Telephone Number
 - Working hours
- 5.2.2. The signpost size shall be as prescribed in 4.10

5.3. License

- 5.3.1. A practicing license for the veterinary surgeon shall be obtained each calendar year at a fee prescribed by the Board.
- 5.3.2. An Operating License for the clinic shall be obtained for each calendar year.
- 5.3.3. The License Certificate shall be framed and hang clearly on the wall in the premises at all times.
- 5.3.4. Registration and Practicing Certificates of the Practitioner(s) shall be available in the premises at all times.

5.4. Personnel

- 5.4.1. A Veterinary clinic shall only be licensed under a registered Veterinary Practitioner.

5.5. Minimum standards for Large Animal Clinics

- 5.5.1. A consulting room at or from which a person practices a veterinary profession shall be a permanent structure.
- 5.5.2. A consulting room shall consist of a reception and office area.
- 5.5.3. There shall be access to toilet facilities.
- 5.5.4. The internal wall and floor surfaces shall be of such a nature that it can be cleansed and disinfected.
- 5.5.5. The roof should be strong enough to protect the materials inside.
- 5.5.6. Appropriate ceiling should be provided to have room temperature not exceeding 25 degrees Celsius.

- 5.5.7. No direct public entrance to a consulting room may be provided.
- 5.5.8. The building must have windows and ventilators to provide sufficient aeration.
- 5.5.9. The premises must have adequate natural light and/or electricity.
- 5.5.10. The clinic should have an adequate supply of clean water.

5.6. Facilities at Large Animal Clinics

- 5.6.1. A consulting room at or from which a person practices a veterinary profession shall have the necessary facilities in order to ensure that:
 - 5.6.1.1. An outpatient service can be rendered there.
 - 5.6.1.2. Where possible a laboratory service for its own requirements can be rendered there, with minimum facilities at its disposal including at least a microscope and centrifuge, or access to such services is available.
 - 5.6.1.3. A drug supplies service for its own requirements can be rendered there.
 - 5.6.1.4. There are facilities for sterilisation of equipment.
 - 5.6.1.5. During the consulting hours specified on a board, it is manned by a person who practices the veterinary profession to serve clients.
- 5.6.2. Provision shall be made at the clinic for the storage and disposal of:
 - 5.6.2.1. Waste material in a manner, which will prevent the contamination of the facilities concerned as well as the environment.
 - 5.6.2.2. Carcasses in a manner, which will ensure that it will not start to decompose before being disposed.
 - 5.6.2.3. Bottles in such a manner that they would not be available for re-use.
 - 5.6.2.4. Sharp objects.
- 5.6.3. Protective clothing; overcoats, aprons, and gumboots shall be available.

5.7. Records at the Large Animal Clinics

- 5.7.1. Separate records shall be kept at the clinic with regard to:
 - 5.7.1.1. The name and address of the owner of the patient concerned.
 - 5.7.1.2. Patient's names, identification markings and tattoos where applicable as well as the species, breed and sex of a patient concerned.
 - 5.7.1.3. The physical examination, diagnosis, vaccination programme as well as medical or surgical treatment of each patient, including medicines prescribed or administered.
- 5.7.2. Reports of notifiable diseases to the respective District Veterinary Office are mandatory. However, periodic reports will be provided to the respective District Veterinary Office when requested by the latter in writing.
- 5.7.3. All such record as well as diagnostic images, laboratory and pathology results shall with exception of the circumstances specified below be retained for at least three years.
- 5.7.4. The said diagnostic images shall on request of the owner of a patient or his/her representative be handed over to such owner or representative who shall sign a release in exchange for receipt of such record. In this case a register of the transfer should be kept indicating the date as well as the particulars of the owner concerned.

5.8. Minimum standards for Small Animal Clinics

- 5.8.1. A small animal clinic at/or from which a person practices the veterinary profession shall be a permanent structure.
- 5.8.2. A small animal clinic shall consist of:
 - 5.8.2.1. A reception and office area.
 - 5.8.2.2. A waiting room for clients with access to toilet facilities.
 - 5.8.2.3. One or more examination rooms.
 - 5.8.2.4. One or more rooms for treatment and pre-operative preparation of patients.
 - 5.8.2.5. A separate room which is equipped as an operating room and a ward in which patients can be kept.
- 5.8.3. The pre-operative preparation rooms shall be convenient to the operating room.
- 5.8.4. The operating room shall be equipped with an adequate light source, a surgical table with an impervious operating surface.
- 5.8.5. All legal and safety requirements shall be complied with in case radiography is carried out on site.
- 5.8.6. The internal wall and floor surface of a small animal clinic shall be of such nature that it can be cleansed and disinfected and shall in the case of an operating room and ward, be waterproof and washable so that hygienic conditions can be maintained.
- 5.8.7. Aseptic condition shall be maintained in an operating room, which includes:
 - 5.8.7.1. The use of sterilized gloves and drapes.
 - 5.8.7.2. The sterilisation of all surgical instruments.
 - 5.8.7.3. The re-sterilisation of all surgical instruments at least every three weeks.
- 5.8.8. A ward shall:
 - 5.8.8.1. Be provided with a separate cage for each patient.
 - 5.8.8.2. Be adequately ventilated.
- 5.8.9. The drainage and washing water from a small animal clinic shall run off in an adequate sewer.
- 5.8.10. The roof should be strong enough to protect the materials inside.
- 5.8.11. Appropriate ceiling should be provided to have room temperature not exceeding 25 degrees Celsius.
- 5.8.12. The clinic should have an adequate supply of clean water.

5.9. Minimum requirements for Small Animal Hospitals

- 5.9.1. A small animal hospital at/or from which a person practices the veterinary profession shall be a permanent structure.
- 5.9.2. A small animal hospital shall consist of
 - 5.9.2.1. A reception and office area.
 - 5.9.2.2. A waiting room for clients with access to toilet facilities.
 - 5.9.2.3. One or more examination rooms.
 - 5.9.2.4. One or more rooms for the treatment and pre-operative preparation of patients.

- 5.9.2.5. A separate room which is equipped as an operating room.
- 5.9.2.6. A ward in which patients can be kept.
- 5.9.2.7. An area in which patients can be exercised, and is designed and constructed in a manner which will prevent escaping and promote the maintenance of hygiene.
- 5.9.2.8. Residential facilities for the person who has to care for patients after normal working hours.
- 5.9.3. The pre-operative preparation rooms shall be convenient to the operating room.
- 5.9.4. The operating room shall be equipped with an adequate light source and a surgical table with an impervious operating surface.
- 5.9.5. All legal & safety requirements shall be complied with in case radiography is carried out on site.
- 5.9.6. The internal wall and floor surface of a small animal hospital shall be of such a nature that they can be cleansed and disinfected, and shall in the case of an operating room and ward, be waterproof and washable so that hygienic conditions can be maintained.
- 5.9.7. Aseptic conditions shall be maintained in an operating room, which includes:
 - 5.9.7.1. The use of sterilised gloves and drapes.
 - 5.9.7.2. The sterilisation of all surgical instruments.
 - 5.9.7.3. The re-sterilisation of all surgical instruments at least every three weeks.
- 5.9.8. A ward shall:
 - 5.9.8.1. Be provided with a separate cage for each patient.
 - 5.9.8.2. Be adequately ventilated.
- 5.9.9. The drainage and washing water from a small hospital shall run in an adequate sewer.

5.10. **Minimum requirements for Production Animal Hospitals**

- 5.10.1. An animal hospital for production animals at or from which a person practices the veterinary profession shall be a permanent structure.
- 5.10.2. An animal hospital for production animals shall consist of:
 - 5.10.2.1. A reception and office area.
 - 5.10.2.2. A waiting room for clients with access to toilet facilities.
 - 5.10.2.3. One or more examination rooms.
 - 5.10.2.4. A stable in which patients can be kept.
 - 5.10.2.5. An area in which patients can be exercised, and is designed and constructed in a manner which will prevent escaping and promote the maintenance of hygiene.
 - 5.10.2.6. Residential facilities for a person who has to care for patients after normal working hours.
- 5.10.3. The internal wall and floor areas of an animal hospital for large animals shall be such nature that it can be maintained.
- 5.10.4. Aseptic conditions shall be maintained in an operating room as routine during operations.
- 5.10.5. A load ramp for the safe loading and off-loading of patients, as well as a crush pen with a waterproof and washable floor surface shall be available at such animal hospitals for production animals.

5.11. Facilities at Animal Hospitals

- 5.11.1. A clinic or animal hospital at or from which a person practices the veterinary profession shall have the necessary facilities in order to ensure that:
 - 5.11.1.1. A diagnostic service, including radiological diagnosis where possible can be rendered there or access to such a service is readily available.
 - 5.11.1.2. Anaesthesia, including inhalation anaesthesia, can be applied during operations.
 - 5.11.1.3. An emergency and intensive care services can be rendered there.
 - 5.11.1.4. A laboratory service for its requirements can be rendered there, which facility shall have at its disposal routine equipment including at least a microscope, centrifuge or access to such service is available.
 - 5.11.1.5. Veterinary drugs supply service for its own requirements can be rendered.
 - 5.11.1.6. Postmortem examinations can be done there.
 - 5.11.1.7. During the consulting hours specified on a board be manned by a person who practices the veterinary profession to serve clients.
- 5.11.2. An animal shall not be hospitalized overnight at a clinic except if full-time supervision is available at the clinic concerned.
- 5.11.3. An animal with a contagious disease shall not be hospitalised at a clinic or an animal hospital unless facilities for the isolation thereof exist.
- 5.11.4. An animal hospital shall be provided with fire extinguishing apparatus.
- 5.11.5. The bedding material for the patients at the animal hospital shall be stored away from any water and it if is kept in an adjoining room; such room shall be separated from the ward concerned by means of a fire partition wall.
- 5.11.6. Provision shall be made at a clinic or an animal hospital for the storage and disposal of:
 - 5.11.6.1. Waste material in a manner, which will prevent the contamination of the facilities concerned as well as the environment.
 - 5.11.6.2. Carcasses in a manner, which will ensure that it will not start to decompose before being disposed of.

5.12. Records of Clinics and Animal Hospitals

- 5.12.1. Separate records shall be kept at a clinic or animal hospital with regard to:
 - 5.12.1.1. The name and address of the owner of the patient concerned.
 - 5.12.1.2. All patients' names, identification markings and tattoos where applicable.
 - 5.12.1.3. The species breed and sex of the patient concerned.
 - 5.12.1.4. The physical examination, diagnosis, the vaccination programme as well as the medical or surgical treatment of each patient, including medicines administered or prescribed.
- 5.12.2. All such records as well as diagnostic images, laboratory and pathology results shall with the exception of the circumstances specified be retained for at least three years.
- 5.12.3. The said diagnostic images shall on request of the owner of a patient or his/her representative be handed over to such owner or representative, who shall sign a release in exchange for receipt of such records. Provided that a register be kept of the transfer indicating the date as well as the particulars of the owner concerned.

5.13. Appropriate fees

- 5.13.1. Any person practicing the veterinary profession shall inform the person in charge of the animal in respect of which a service is to be rendered beforehand of the approximate fee which he/she intends to charge for such service;
 - 5.13.1.1. When so requested by the person in charge of the animal.
 - 5.13.1.2. When such fee exceeds the fee usually charged for such service.
 - 5.13.1.3. When a service is required in addition to the original service anticipated.
- 5.13.2. Any person practicing the veterinary profession and claiming payment from a person in respect of any service rendered by him/her shall furnish such person with a detailed account within 30 days after being so requested by that person.
- 5.13.3. A person who has been furnished with such detailed account may in writing apply to the Board to determine the amount which, in the opinion of the Board, should have been charged in respect of the service to which the account relates.
- 5.13.4. The Board shall as soon as possible after receipt of such application, afford the person who furnished the account concerned the opportunity to submit to the Board in writing his/her case in support of the amount charged.
- 5.13.5. The Board shall, after consideration of the account and any document referred to above determine the amount which in the opinion of the Board should have been charged for the service to which the account relates and notify the applicant and the person who furnished the account thereof in writing.
- 5.13.6. A determination of the amount by the Board shall be final.

5.14. Reference books and digital materials

- 5.14.1. Veterinary practitioners are encouraged to keep reference books at the clinic & hospital and also subscribe to digital databases, books, journals and other educational sources of information.

Board discretion

The Board may on written application and at its own discretion grant exemption from the provision of specific rules

Appendix 1: Sample of record format

CLINICAL NOTES

DATE:

CLIENT:

NAME:

ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE:

E-MAIL:

ANIMAL

Species:

Sex:

Age:

Breed:

Identification:

History:

Clinical Signs:

Tentative Diagnosis:

Laboratory Request:

Laboratory Results:

Prescribed Treatment:

Advice: