

Act of Veterinary Surgery
Final
1 June 2007

UEVP-07-012

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ACT OF VETERINARY SURGERY
Final Draft adopted by UEVP General Assembly
Krakow (PL), 01 June 2007

1. In recent years we have seen an increasing number of influences on the work of the veterinary profession in Europe.
2. The European Union has expanded, emphasising the differences in the role of the veterinary surgeon in each member state, or the differences in which that role is applied or controlled. At the same time some member states have been reviewing and updating their veterinary legislation and others expect to do so in the near future.
3. A veterinary act (task) which is exclusively reserved to veterinarians in one country may commonly be delegated to lay persons in another country. At the present time, it becomes increasingly clear that there are too many people carrying out veterinary tasks without a clear mission, or without minimum education or training.
4. Some may be acting illegally, although there are cases where some activities are legal under national legislation. Illegal activity may take place because there is a lack of clear definition between those acts which should be the exclusive preserve of the veterinary surgeon and those which can safely be undertaken by non-veterinarians. Illegal work may also be tolerated because there is unwillingness by enforcement agencies to apply statutory controls.
5. The European public has come to demand a high level of protection of animal welfare for all species, and a high degree of quality assurance in the ethical production of food of animal origin as the profession assists in safeguarding both animal and public health. Companion animals have become even more important as 'members of the family'.
6. However, in many countries groups of non-veterinarians who perform certain 'veterinary tasks' are already established. Increasingly, these groups wish to undertake more of the traditional veterinary work and, in some countries at least, there are moves by government bodies to undermine the role of the veterinarian and to encourage the transfer of the veterinary role to others.

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7. Where veterinary acts are undefined and unregulated, there is a danger that the welfare of animals and the reputation of the veterinary profession may suffer, and animal and public health are compromised.
8. **The purpose of this paper, therefore, is to establish a common position within UEVP as to what constitutes a veterinary act; and to establish the circumstances under which some of those acts may be delegated to non-veterinarians, and to whom, taking into account what is done 'in the field'. It is also an opportunity to define what an act of medicine and surgery performed on animals is, independently from the legal and official definitions.**
9. In trying to establish its position, it becomes increasingly important, therefore, that UEVP should have a clear vision of the role of the veterinarian, the acts which only they are competent to perform, and the circumstances and conditions under which some tasks could be delegated to others outside the profession. It is important that the acts which any individual are able to perform have a legal or professional basis linked to the level of competence of that person.
10. The level of expertise should be set at the highest level consistent with the task. Even where a task is reserved to a veterinary surgeon, if s/he is not competent to perform that task it should be referred to someone who possesses the necessary competence either at the level of a true Specialist or, at least, to a colleague who has a special interest and competence.

What is unique about a veterinary surgeon?

11. The veterinary profession is a registered and regulated profession. Access to the profession is limited and restricted and determined by high standards of education and training (numerus clausus, diploma, doctorate etc). Additionally, the right to practise is given by competent authorities or regulatory bodies and can only be undertaken under an atmosphere of a well established code of conduct. The right to practise is subject to sanctions in the event of professional, or sometimes personal, misconduct.
12. The EU legislation clearly states our professional qualifications (Directives 78/1026 and 2005/36) but it says nothing on the detail of our professional activities or their possible delegation. The outcome should be that the medical and surgical care of animals is reserved to the veterinary surgeon but the implementation of detail is left under the individual responsibility of each member state.
13. The veterinary profession believes that it should be acknowledged that it possesses a unique competence and expertise which can guarantee a high level of animal health and welfare, as well as bringing an important contribution to human health and public safety. The veterinary monopoly is thus justified whilst, at the same time, acknowledging the possibility of delegated acts, which must be clearly defined.
14. Such restrictions are in the interests of ensuring that animals are treated only by people qualified to do so.

Are we concerned with specifics or principles?

15. Up to this point the Working Party has concentrated its thoughts around the specific categorisation of certain tasks as acts of veterinary surgery and then attempting to define those acts which could be delegated and to whom. Following discussion at the last General Assembly of UEVP it now seems more appropriate to concentrate on the principles of those issues rather than trying to be too specific. There is concern that too specific an approach would cause difficulties in some individual member countries.

Definition of Animal

16. An animal is defined as “all species in the kingdom ‘Animalia’ except humans”
17. It should be recognised that an animal is both a thing and a living being at the same time. We use it as a tool or a manufactured product, man even changes its appearance. According to the Amsterdam Treaty of the European Union, an animal is a sentient being. But it is under the care, the authority and the goodwill of its owner, who can do whatever he wants as long as he respects the animal welfare legislation. Lastly the animal undergoes physical modifications and painful acts which both have no health indication but only for herd management reasons, breeding matters, aesthetic reasons, etc.

What is a veterinary act?

18. Individual national members of UEVP have attempted to define acts of veterinary surgery in their own way according to the requirements of their own legislation. As an organisation the UEVP General Assembly has already indicated that it does not wish to be prescriptive by defining specific tasks as acts of veterinary surgery. Rather than specify which individual tasks should be classified as veterinary acts, Durand (L’acte vétérinaire – October 2005) suggests that the veterinary acts should be defined by easily understood criteria as follows:
 - a. all material or intellectual interventions (*acts/tasks/activities*) that have as their objective to diagnose, treat, or prevent disease, injury, pain, or defect in an animal, or to determine the health status of an animal, particularly its physiological status;
 - b. all interventions that affect the physical integrity of an animal;
 - c. all interventions that cause or have the potential to cause pain;
 - d. all invasive interventions.
19. Criterion (i) emphasises the traditional role of the veterinarian in the art as well as the science of veterinary medicine and surgery, whereas the remaining three criteria refer to the more practical aspects of veterinary activities. It should be noted that some interventions may be either material or intellectual, or both, and may also satisfy either one or more of the criteria.

20. It should also be noted that by defining criteria rather than specific tasks, allowance is made for greater flexibility of interpretation. For UEVP, 'invasive' can be defined as the penetration (with or without instruments) of any anatomical cavity of an animal. Similarly, we regard penetration of the skin or any mucosa as an 'invasion'. Thus the giving of an injection, for example, becomes a veterinary act.
21. There can be little room for doubt that the acts of examination, diagnosis, recommendations for treatment, and the prescription of medicines or surgery are all strongly linked and must be the exclusive preserve of the veterinary surgeon. A diagnosis cannot be made without examination, either physical examination of the animal or investigative examination of samples. A treatment cannot be recommended or a surgical intervention performed without an examination and a diagnosis. The same applies to a veterinary prescription.
22. On the other hand, there are situations where wild animals may require interventions by humans. In such cases the level of veterinary control/supervision/delegation will depend on a variety of circumstances such as species, specific problem, availability of medicines, welfare, disease transmission and public health implications.

Who undertakes the various tasks?

23. Having discussed the definitions for criteria for veterinary acts, it is necessary to consider who are the 'actors'.
24. The Working Party has taken the view, supported by the General Assembly, that by virtue of their training, competence, and level of responsibility, there are certain duties which should only be undertaken either by or under the control of the veterinary surgeon. This position is taken in order to safeguard animal welfare, animal health, and public health. Only a veterinary surgeon can take the holistic approach in any given situation and, in addition to the application of scientific principles, to exercise the art of veterinary medicine and surgery by virtue of evidence based scientific knowledge and established experience.
25. However, it must also be recognised that certain tasks are capable of delegation under controlled circumstances and that a pragmatic approach should be adopted. The variation in national customs makes it difficult to adopt a common position but, for example, veterinary nurses are being given a responsible role in veterinary healthcare, the level of their contribution being more advanced in some countries than in others. Again, in some countries other paraprofessionals (or even technicians) have been given, or have taken, a more active role.
26. It is now clear that veterinary acts are carried out by a variety of persons, legally or not. The goal of this section, therefore, is to determine who performs what, or which group of people perform which veterinary act.
27. However, certain principles should be established first.

- a) Law and practise must conform. It is not acceptable that the different groups should be given the legal right to care for animals or to undertake certain interventions without an equal legal obligation for competence and regulation.
- b) The competence of the individual must be assured
- c) It is necessary to determine the level of responsibility and the relationship with the veterinarian who may have overall responsibility and control, for example:
 - i. interventions may be carried out under the authority of and in the presence of the veterinarian
 - ii. interventions may be carried out under the authority of the veterinarian who is able to intervene in an emergency
 - iii. interventions carried out in the absence of the veterinarian
 - iv. independent or autonomous interventions
- d) the level of legal responsibility must be proportional to the level of practical responsibility.

28. Overall, based on models already established in the medical health professions we can foresee a general, and sometimes specialised, competence for veterinarians (who are basically qualified to carry out all interventions) and specific or restricted competences for clearly identified professions or activities.

29. Therefore, the ‘actors’ can be identified as:

30. **Veterinary surgeons** - The holder of a diploma as a veterinary surgeon has a general competence to carry out all veterinary acts. This competence is guaranteed by the selection for entering veterinary schools, and by the quality of the initial training as well as of the life-long learning throughout the professional career. This is fully established by the Directive EC 2005/36 on professional qualifications. Moreover a system of visitation of the veterinary schools or faculties has been set up by the EAEVE and the FVE in order to evaluate the required levels of education provided by these establishments: it reinforces the scope of the Directive, seeks to create an accreditation system and favours the quality of education. Lastly in a large majority of countries, the veterinary profession is regulated and must behave according to the rules of a code of conduct. The FVE has set up a code of good veterinary practice (GVP) which was adopted several years ago by its 32 member countries, and could serve as a basis for further national improvement or to complement any existing legislation. This GVP code will soon be revised. In the future a European code of conduct will aim to provide additional guarantees of the quality of services provided by veterinarians, and protect the interests of both animals and consumers.
31. **Farmers/keepers of animals** – a significant proportion of those people in charge of food producing animals have not received a proper qualification or training in animal care. This is a serious concern, not least because the farm is first step in the food chain and that, according to the Hygiene package Directive, the farmer and the practitioner are the first key persons in the FCI. The farmer must have adequate training in husbandry and the administration and the observance of treatments to be able to manage and guarantee the sanitary quality of his products. He also is responsible for the welfare of the animals under his care. Sight must not be lost of the fact that some interventions performed in some

countries by owners or keepers of animals may conform to the criteria for acts of veterinary surgery. But acts of husbandry like grooming, feeding, clipping, milking, cleaning etc which are the everyday work of farmers/keepers of animals do not, of themselves, give the right to extend the scope of activities to some acts of veterinary medicine or surgery. As soon as an act of husbandry fills one criteria mentioned above, it becomes a veterinary act. Nevertheless these workers need to receive proper education and training to guarantee the sanitary status of the animals under their care. This will also allow possible delegations carried out with the support and the cooperation of the veterinarians.

32. **Pet owners** – although some owners may have a basic competence to perform certain interventions on their own animals (for example, nail clipping, teeth cleaning, grooming etc), it is necessary that both they and their veterinary surgeon take responsibility for ensuring that they are equally competent to undertake more advanced techniques, such as the administration of tablets, the giving of insulin by injection, monitoring and/or changing wound dressings, and many others. In some cases, the owners may have a right under national law to undertake many interventions to their own ‘property’, consistent with welfare legislation. However, there can be no substitute for appropriate training and a responsible approach to such matters.
33. Both groups have a shared responsibility for the welfare of animals, the safe administration of medicines and, in appropriate cases, the production of safe food. However, the level of responsibility must be proportional to the level of knowledge and expertise and in many cases will be a shared responsibility with others, including the veterinarian.
34. **The paraprofessionals** – the OIE defines paraprofessionals essentially as groups of non-veterinary health professionals who should work under the control or direction of a veterinary surgeon. Veterinary nurses are the most obvious example although other groups of paraprofessionals may vary from country to country. Again according to OIE, both vets and paraprofessionals should be regulated by a statutory body which has the duty to register veterinary ‘actors’ as well as the power to de-register in cases of professional misconduct or incompetence. Perhaps the most important issue is that all personnel should be part of a veterinary team, directed by a veterinarian who has legal and moral responsibility for the actions of all members of the team.
35. **Practitioners of complementary and alternative medicines** – such groups receive variable credibility and acceptance from country to country. They are more likely to be functioning outside the ‘veterinary team’ discussed above. It is all the more important, therefore, that they function to a professional code which guarantees minimum levels of training and regulation and that they engage in no activity which challenges the laws relating to the practise of veterinary medicine and surgery. At the very minimum, for example, all prior diagnosis should be undertaken by a veterinary surgeon.
36. Complementary and alternative medicine (CAM) includes a large range of therapies carried out by various professionals which cannot all be accepted if we take into consideration the existence of an evidence base or/and a system of assessment and treatment. More, by having an individual diagnostic approach,

only osteopathy, chiropractic, homeopathy, acupuncture, herbal medicine and physiotherapy could be taken into consideration. These CAMs should be undertaken by a fully qualified veterinarian or further to a prescription established by a veterinary surgeon.

37. In conclusion, therefore, there is an unbreakable link between animal health (whatever the species), animal welfare, food safety and public health and welfare and the veterinarian occupies a pivotal position within that chain.
38. Thanks to the criteria which clearly define the veterinary act, this creates a better understanding of the veterinary medicine and surgery as well as the scope of the veterinary activities/tasks/interventions.
39. However, the European veterinary profession wishes to act responsibly and does not seek monopolistic protection for itself. It could well be that the delegation of certain tasks/interventions can be encouraged in the interests of the client, the consumer, and the general public, which has a right to expect economic activities as well as ethical procedures in terms of welfare and the environment. It acknowledges that there is a role for others to play, suitably competent and suitably regulated, within a legal framework and as long as veterinary acts have to be carried out by persons who are technically and legally competent. In the course of encouraging the delegation of certain tasks it is expected that anomalies surrounding the current legality/illegality can be removed. It must also be expected that lay persons are properly trained in full cooperation with the veterinary profession in certain, limited, procedures which provides effective treatment for all animals and ensures enhanced public confidence in the production of safe food and in the veterinary profession.