

The Hon. CAMERON MURPHY: So you can investigate and you can prosecute offences. Earlier today we heard evidence that there are laypeople out there performing veterinary services, including things like using anaesthetic on horses in order to perform dental work. Have you prosecuted people that have been engaging in that work for offences of cruelty to animals?

LIZ ARNOTT: I think your question crosses over two pieces of law that I think it is an interesting and difficult conflict. The Veterinary Practice Act lists in its regulations what are restricted acts of veterinary science. Obviously, our organisations don't have jurisdiction where it's a breach of that legislation and veterinary acts are being performed, such as anaesthesia by laypeople—in New South Wales, it's for the Veterinary Practitioners Board. If it is demonstrated that it's a breach of the Prevention of Cruelty to Animals Act and it is reported to us, then that's something we can investigate. But that would have to require an animal to have been caused unnecessary, unreasonable or unjustifiable pain, distress, suffering. There are, I believe, circumstances where those sorts of cases have been investigated by our organisation, but I don't have examples for you.

The Hon. CAMERON MURPHY: Are you able to provide that on notice? One of the things we heard this morning is that these people are out there advertising their services, and I wondered whether you've ever used your powers to investigate what they're doing and whether it's resulted in any acts of animal cruelty that could then be prosecuted. How it has come up today is from vets saying that's one of the things that's making it difficult to maintain a practice, because they're competing against people who are undercutting them, who simply aren't qualified and are performing what is dangerous and perhaps cruel to animals.

STEPHEN ALBIN: That's almost a therapeutic drugs administration issue, with the access to the drugs more than anything else, and it happens with mulesing to sheep. But I can't recall us looking into it at all. We give a lot more money to low-income people to help with their vet bills but we're a lot smaller than RSPCA in terms of our inspectorate, I think about one-tenth of the size. I will take it on notice as well.

The Hon. CAMERON MURPHY: We have a number of public and private charitable organisations that have the power to investigate and prosecute. Having that arrangement, with several different authorities responsible, is it the case that things like this are falling in the gaps between those different authorities and what they focus on in terms of investigations and prosecutions? I am happy for you to take that on notice.

STEPHEN ALBIN: I'll take it on notice.

LIZ ARNOTT: In my view, the structure of the enforcement organisations isn't a risk to it falling through the gaps. What I feel is a consistent issue is these three pieces of legislation that are all quite old and in need of review. Obviously we're not investigating competition with organisations. What you describe is a real animal welfare risk—and I don't doubt that—but it does rely on someone to report it and it does rely on the evidence being available. As was pointed out, where there is the legal supply of drugs to someone, sometimes your witnesses in a certain case are hard to get evidence from. Obviously, trying to protect where that information came from is difficult in some circumstances. Where there is evidence, we investigate it. But we can take on notice circumstances where that's occurred.

Answer: The Therapeutic Goods Administration is responsible for classifying S8 drugs for animals. There are strict storage and usage requirements for such drugs. The Veterinary Practice Act 2003 classifies restricted practice. Animal Welfare Inspectors have jurisdiction under POCTAA. This instance would not be in their jurisdiction unless there were welfare/cruelty issues.

The CHAIR: I might ask them to provide a bit more detail. If there are any other constraints that you think of, perhaps on notice you could come back to us with those, because if the regulations are making life hard for vets because of silly little things that we haven't caught up with, we should look at that.

The Hon. SARAH MITCHELL: Mr Albin, you just mentioned that, for instance, in Dubbo you might have a 12-month licence or permission to be there. Does that work per locality, or local government area? How does it actually work under the Act? I am not familiar.

STEPHEN ALBIN: I'm not an expert in that.

The Hon. SARAH MITCHELL: I'm happy for you to take it on notice.

STEPHEN ALBIN: I'll take it on notice. But my understanding is that it's done by region, by area. In Dubbo, we get the annual licence because we desex on the pound site there.

The Hon. SARAH MITCHELL: But then you've got to go through for every community to do that.

STEPHEN ALBIN: Every community, yes.

The Hon. SARAH MITCHELL: Any suggestions on that, on notice, would be good. I have a few

Some suggested improvements (although the VPB have been accommodating):

ISSUES

Without legislative change a licence will be required for each location. (Maybe changing the legislation is not necessary with the following modifications to operations):

Once licence is approved a simple renewal process for that location, instead of resubmitting the licence again

Renewal fee is a reduced fee, compared to an application fee

Locations requiring a specific date on a an approved licence location.

Scheduling 12mths in advance is unrealistic, our compromise is that we submit written notice to VPB at least 4 weeks in advance before we are planning to attend that specific location.

The hospital licence duration is for 12mth for a specific location, with no specific dates. Written dates will be provided to VPB at a later date.

Major Surgery

This will be limited to desexing procedures under general anaesthetic, except in emergency situations during deployment by DPI.

Fixed Building requirements

Where possible in a location, a fixed building will be utilised

In remote rural locations, where no fixed building is present a enclosed marquee structure would be erected

Fencing / escape proof

Temporary Fencing around door and stairs of truck incorporating the fixed building where possible if required for safety purposes

Our truck door is sensor operated, with the ability to lock and refuse entry and exit unless exit button from the inside is pushed.

Proposal for ongoing care

Where available a letter from 1 vet within the local area visiting. This evidence will confirm support and the ongoing care of animals post op. Formal cost agreements will be in place also.

In the case no licensed veterinary hospital is present within a 30kms radius

I) AWL will we provide the in person after care, where possible.

II) We will stay within a 350kms radius of the location for 3-4 days after surgery

III) Technology-based patient consultations will be available with our AWL registered veterinarians (Following the guidelines set by the VPB)

IV) Post operative rechecks will be performed by our AWL team in person 5-7 days post op.