

GUIDANCE NOTES:

VETERINARIANS IN ANIMAL RESEARCH AND TEACHING

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# Introduction

The *Australian code for the care and use of animals for scientific purposes 8th edition 2013* (Australian code) outlines several roles involving the care and use of animals for research and teaching that could potentially be filled by veterinarians. For example, Category A members of an Animal Ethics Committee (AEC) must possess a degree in veterinary science registrable in Australia as veterinary advice is required to support the management and oversight of a program of veterinary care, quality management, and project design to safeguard animal well-being*.* Licence holders must also consider appointing a suitably qualified person (with veterinary or other appropriate qualifications) who is authorised by the institution to ensure that activities proceed in compliance with and the decisions of the AEC.

Depending on the volume and nature of animal use, institutions may choose to employ one or more veterinarians or have an arrangement with veterinarians external to the institution to fulfil these roles. In deciding on the best solution, licence holders should carefully consider the key responsibilities for each. Role requirements and reporting arrangements must avoid or manage conflicts of interest and provide for the specific capabilities required in the institution.

The appointment of an ‘Animal Welfare Officer’ means different things at different institutions. While all veterinary functions share an equal commitment to improving animal welfare, their specific responsibilities within an institution may be inconsistent, if not incompatible. For effective communication and resolution of problems, roles must not be perceived as compromised by conflicting obligations.

Veterinarians must familiarise themselves with the legal boundaries of their various roles. Veterinarians are not authorised to overrule an AEC or approve modifications to approved protocols. However, they may take emergency actions to relieve an animal’s pain or distress, and their authority to do so should be communicated to animal users and care staff. This does not replace the obligation to promptly report adverse events to the AEC.

# Compliance officer

The Australian code requires institutions to promote compliance and create procedures for detecting and addressing non-compliance so that behaviours that create and support compliance are encouraged, and behaviours that compromise compliance are not tolerated. Licence holders must consider appointing a suitably qualified person (with veterinary or other appropriate qualifications) who is authorised by the institution to ensure that activities proceed in compliance with the Australian code and the decisions of the AEC.

Responsibilities of this role may include advising the AEC and acting as its delegate to:

* promote replacement, reduction and refinement (3R’s) within the institution;
* conduct post-approval monitoring of projects and activities;
* investigate non-compliance;
* investigate unexpected adverse events;
* conduct animal ethics induction and training;
* assess investigator competency;
* provide advice to applicants to the AEC; and
* inspect animal facilities and fieldwork locations.

Agriculture Victoria considers the appointment of at least one person, authorised by the institution to be responsible for compliance, an essential component of a best practice compliance monitoring program (refer to the compliance monitoring guideline for more information).

#  Program of veterinary care

The Australian code requires institutions to provide a program of veterinary care overseen by a competent person with appropriate veterinary qualifications.

The extent of this program will depend on several factors such as the:

* variety of species used and number of animals involved;
* number and distribution of animal facilities; and
* nature and complexity of the activities conducted.

The number of veterinarians employed by an institution should be proportionate to the animal use and sufficient to enable effective veterinary care at all times. Relying on the goodwill of external AEC members to deliver a compliant program of veterinary care is not recommended.

A program of veterinary care should cover the following, as applicable:

* animal clinical care, including monitoring and management of genetically modified animals;
* emergency care;
* preventative medicine;
* best practice breeding and colony management; management of genetic integrity;
* best practice anesthesia and analgesia;
* best practice surgical technique including aseptic technique;
* assessment of health status for animal importation and animal quarantine;
* health surveillance;
* advice on transportation;
* advice on animal husbandry, including housing and enrichment;
* investigation of unexpected adverse events and disease outbreaks;
* advice on project design including acclimatisation, procedures, monitoring and humane endpoints; and
* procedural training.

Appendix 1 contains a detailed list of considerations for designing a suitable program of veterinary care. The Australian code, the *Victorian code of Practice for the Housing and Care of Laboratory Mice, Rats, Guinea Pigs and Rabbits* (the laboratory animal housing code)and the following documents, referenced in the Australian code, inform the list:

* *Guidelines for adequate veterinary care* (American College of Laboratory Animal Medicine);
* *Guidance for named veterinary surgeons* (Royal College of Veterinary Surgeons); and
* *Guidelines for the veterinary care of laboratory animals* (Federation of European Laboratory Animal Science Associations, European Society of Laboratory Animal Veterinarians, and European College of Laboratory Animal Medicine).

The veterinarian(s) responsible for the program of veterinary care must seek AEC approval for relevant activities, for example use of animals in a health monitoring or training program. This role is therefore incompatible with the role of compliance officer, for those activities for which they are responsible.

# Animal facility management

The Australian code defines the person responsible for the overall management of a facility used for breeding and holding animals (the facility manager) as a person who must be competent, with appropriate animal care or veterinary qualifications or experience.

The responsibilities of the animal facility manager are detailed in section 2.5 of the Australian code. These include seeking approval from the AEC for all activities associated with the care and management of animals in the facility. The animal facility manager role is therefore incompatible with the role of compliance officer, for those activities for which they are responsible.

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# Membership of the AEC

Veterinarians may, provided they meet the mandatory criteria, occupy any of the AEC membership categories. However, veterinarians who have another role in the organisation will have conflicts of interest between their organisational roles and their role on the committee. These may be manageable, or, if not recognised, may pose a risk to compliance within the organisation.

Veterinarians who deliver the program of veterinary care must seek AEC approval for many of their responsibilities, as must facility managers. This may result in category A members frequently stepping out of the room while a decision is made on, e.g. applications, consideration of annual reports, relevant non-compliance or complaints. Management of this conflict will involve at least having more than one category A member, and in large organisations should be avoided altogether.

# Project supervisor or research assistant

Veterinarians may provide expertise to projects and may, at times, act as the principal investigator or co-investigator in projects. Where animal facility veterinarians are undertaking a role within an approved project or activity — as distinct from support provided under the program of veterinary care — conflict of interest and time allocation must be managed.

It is important for veterinarians named in applications to the AEC to understand the separation of their responsibilities to provide veterinary care from their obligations as an investigator. Modifications to any part of an approved protocol must not commence until approved by the AEC, regardless of benefit. Emergency actions to relieve an animal’s pain or distress may be undertaken whenever required and must be promptly reported to the AEC.

# Specialised expertise

Veterinarians may provide specialised expertise as internal or external consultants. Examples include:

* undertaking specialised procedures within an approved project;
* teaching procedures and techniques; and
* providing specific advice to investigators or the AEC.

# Advisory support

Veterinarians may provide support to the institution and should be involved, as appropriate, in considerations of:

* occupational health and safety;
* facility design;
* emergency planning; and
* biosafety.

# Disclaimer

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# Appendix 1: Implementing a program of veterinary care checklist

This checklist will guide licence holders in the implementation of a program of veterinary care in accordance with the *Australian code for the care and use of animals for scientific purposes 8th edition 2013*. The extent of this program will depend on several factors, including:

* the size of the establishment;
* the number of animals involved;
* number and distribution of animal facilities;
* the species used; and
* the nature and complexity of the activities conducted.

| Responsibility  | Implemented (Yes/No/Not Applicable) | Comment |
| --- | --- | --- |
| Disease detection and surveillance, prevention, diagnosis, treatment, and resolution |
| Isolation/quarantine procedure |  |  |
| Assessment of health status of incoming animals – appropriate for study  |  |  |
| Training of staff in principles of disease containment  |  |  |
| Monitoring of animal well-being and health via appropriate procedures including monitoring forms  |  |  |
| Assessment of biological products (cells, tissues, fluids, tumours) for health status  |  |  |
| Consideration of source of animals in relation to resident population and health status  |  |  |
| Diagnosis and treatment of disease; implementation of disease control measures |  |  |
| Monitoring for zoonotic diseases |  |  |
| Handling and restraint; anaesthetics, analgesics, and sedative drugs; and methods of euthanasia |
| Advise on animal handling and training/conditioning  |  |  |
| Development and review of guidelines for euthanasia, analgesia, sedatives, anaesthetics  |  |  |
| Training in euthanasia, analgesia, sedatives, anaesthetics, aseptic technique |  |  |
| Assessment of competency in techniques and procedures (NB conflict of interest managed) |  |  |
| Review of drug records |  |  |
| Advise about surgical planning and surgical facilities |  |  |
| Advise on surgical and post-surgical care |  |  |
| Provision of recommendations on best practice and monitoring of:* pre-operative procedures
* surgical and aseptic technique
* post-operative care
 |  |  |
| Evaluation of surgical success via retrospective review of records  |  |  |
| Animal well-being |
| Authority and institutional support to intervene, including euthanasia |  |  |
| Involvement in ensuring appropriate facilities are used for animal housing, care and use |  |  |
| Advise on acclimatisation – to human contact and procedures used  |  |  |
| Consideration of special husbandry needs based on phenotype |  |  |
| Involvement in procedures and practices related to breeding animals  |  |  |
| Provision of recommendations on best practice and monitoring of experimental models involving induction of tumours |  |  |
| Provision of recommendations on best practice and monitoring of models involving immunomodulation (including irradiation) and antibody production |  |  |
| Provision of recommendations on best practice and monitoring of non-human primates |  |  |
| Provision of recommendations on best practice and monitoring of genetically modified animals  |  |  |
| Provision of recommendations on best practice and monitoring of experimental models involving prolonged restraint |  |  |
| Provision of recommendations on best practice and monitoring of use of animals in projects where death is the endpoint  |  |  |
| Provision of recommendations on best practice and monitoring of transport |  |  |
| Periodic welfare assessment including species-appropriate provision of environmental enrichment  |  |  |
| Pre and post procedural care in accordance with established veterinary practices  |  |  |
| Assistance in developing research models to minimise discomfort and suffering  |  |  |
| Assistance in developing monitoring systems relevant to experimental model defining the most appropriate:* intervention or treatment points and humane endpoint
* experimental endpoint (planned endpoint)
 |  |  |
| Routine and regular visits of animal facilities – inspection and assessment of animals and their accommodation |  |  |
| Involvement in investigation of unexpected adverse events |  |  |
| Ethical review and use of animals in research and testing |
| Conflict of interest managed if involved in ethical review and approval of animal care and use  |  |  |
| Advise on experimental design regarding experimental model, collection of samples, methods and techniques  |  |  |
| Advise on record keeping – establishment of guidelines |  |  |
| Related concerns |
| Assistance in development and administration of training in care and use of laboratory animals |  |  |
| Assistance in establishment and monitoring of occupational health program (hygiene, allergy, infection, and injury) |  |  |
| Involvement in planning that may impact on animal well-being such as design and planning of new facilities  |  |  |
| Provision of input to emergency plans |  |  |