What can veterinary paraprofessionals do?

VCNZ has a well defined view on the role of veterinary nurses and technicians and the work that veterinarians can delegate to them. However we only have statutory responsibility over veterinarians, so what follows needs to be read in that light.

VCNZ is very supportive of qualified veterinary nurses and technicians carrying out the veterinary functions/technical tasks their training equips them for. Bachelor of Veterinary Technology graduates, for example, have veterinary nursing skills and are also trained for an expanded role in clinical examination, history taking, implementing treatment/preventative plans, emergency response, and advanced pain management.

In the human health sector, nurses and technicians play a major role in service provision which frees doctors to concentrate on the more challenging work that their level of education equips them for. However a major difference is that human health nurses and technicians are registered and legally accountable for their actions. This is needed in the veterinary sector.

When is a vet tech not a vet?

Besides the differences in education and training, vets are registered, veterinary nurses and technicians are not. Only vets can use the legally protected title of ‘veterinarian’. Only vets can authorise human and restricted veterinary medicines (RVMs); carry out significant surgical procedures; and issue veterinary certificates.

Apart from these restrictions in the Veterinarians, Animal Welfare and ACVM Acts, there is no other legislation which sets out what vet technicians and nurses can and cannot do. This lack of clarity is another reason why VCNZ, NZVA and others, continue to push for the regulation of veterinary paraprofessionals.


- delegating functions to non veterinarians (refer to section (i) of the explanatory notes to paragraph 5 of the Animal Welfare part of the Code)
- writing Veterinary Operating Instructions (VOI) to authorise non veterinarians to hold and use RVMs in situations where there has not been a veterinary consultation (refer paragraph 4 of the Veterinary Medicine part of the Code and associated explanatory notes)

In the event of something going wrong, the delegating vet is ultimately responsible. Veterinarians might be held accountable if it is considered there was insufficient supervision, inadequate training or for delegating inappropriately e.g. making a poor judgement about the competence of the paraprofessional.

VPIS has recognised the accountability of veterinary technicians for the work they perform by offering indemnity cover.
When delegating procedures, veterinarians must consider the possibility of adverse events and ensure that emergency care provisions are in place. While the paraprofessional concerned may have the skills, training (and perhaps the RVMs issued under VOI) to manage certain adverse events themselves, prior provision for situations where emergency veterinary involvement may be required must also be in place.

There is a lack of clarity around what surgical procedures are significant and restricted to veterinarians. Greater clarity may come when the new Animal Welfare Bill is passed. Meantime the Code provides guidance to help determine whether or not a surgical procedure is significant (refer to section (j) of the explanatory notes to paragraph 5 of the Animal Welfare part of the Code).

Under this guidance, the following procedures would be considered to be significant and restricted to veterinarians:

- any surgical procedure in companion animals, including desexing whether the animal is male or female
- any surgical procedure in any other species except those that would be regarded as routine farming practices eg docking lambs etc
- extracting teeth in any species

Using the same guidance, and bearing in mind the Code’s advice on delegating, VCNZ considers that vets can exercise their professional judgement in deciding whether to delegate a number of technical procedures to appropriately trained and competent veterinary paraprofessionals including:

- undertaking annual health checks and vaccinations (under VOI if there hasn’t been a recent veterinary consultation and subject to making it clear that any vaccination record provided to the client is not a veterinary certificate)
- inducing and monitoring anaesthesia - provided the animal concerned is under the care of the delegating vet who is onsite and able to respond immediately in the event of an adverse event. For example the vet is next door in the consult room.
- scaling and polishing teeth of companion animals
- inserting microchips
- giving injections including intravenous injections and placing intravenous catheters
- lancing small superficial abscesses
- undertaking minor superficial wound repairs involving skin sutures
- and in production animal practice:
  - artificial Insemination (bovine and ovine)
  - pregnancy testing of cows (manual and ultrasound)
  - post partum checking
  - calving
  - hoof trimming
  - sample collection (blood, milk etc)
  - drenching
  - disbudding and Dehorning
  - freeze branding
  - semen collection
  - teatscaling and intramammary treatment
  - Hormonal Growth Promotant administration
  - TB testing
VCNZ considers that veterinarians can delegate to appropriately trained and competent veterinary paraprofessionals, the responsibility for first response to after hours emergency calls. However, and as noted above, while the paraprofessional concerned may have the skills, training (and perhaps the RVMs under VOI) to manage certain adverse events themselves, prior provision for situations where emergency veterinary involvement may be required must also be in place.

In all situations where veterinary procedures are delegated to veterinary nurses or technicians, the clients concerned must be aware that the services are being provided by a veterinary paraprofessional, not a vet.