



Summary of VCNZ survey on Controlled Drugs

Late last year we surveyed veterinarians on controlled drugs. The responses will help our review of the Veterinary Medicines section of Code of Professional Conduct.

Notes: Percentages have been rounded to the nearest whole number. Percentages are given as a percentage of answers to each question, not a percentage of total survey respondents. Some questions asked for more than one answer, if necessary. Not all respondents answered every question.

Respondents

- 367 responses overall
- 40% of respondents work in small animal practice
- 39% in mixed practice
- 15% in rural practice
- 6% in other practice.

Responsibility in clinics

Overall responsibility:

- senior vet 53%
- practice manager 15%
- vet 14%
- senior vet nurse 4%
- other answers included vet nurse, all vets, CEO, team leader, director, owner, and combinations of the answers above.

Day to day responsibility:

- vet 38%
- senior vet nurse 26%
- senior vet 18%
- vet nurse 8%
- practice manager 6%
- other answers included all staff, all vets, and office staff.

Record keeping

- 86% of respondents said the clinic keeps records of all controlled drugs
- 8% use electronic records
- 35% use a controlled drug register
- 57% use both.

Additional comments on record keeping included the difficulties of maintaining two systems; the benefits of using a Controlled Drugs Register for early detection of errors and as a 'double check' against the electronic records; how to record wastage.

Reconciliation

- 87% of respondents said records are reconciled.
- 6% of respondents used electronic records
- 37% used a controlled drug register
- 57% used both.

Responsibility for reconciling:

- senior vet nurse 54%
- senior vet 43%
- vet 29%
- practice manager 20%
- vet nurse 14%

Reconciliation frequency:

- monthly 22%
- weekly 19%
- 2–5 monthly 13%
- daily 9%
- different time frames depending on the product 9%.

Discrepancies

- 84% of respondents said they experienced minor discrepancies but nothing significant or of concern
- 20% said there were sometimes more significant discrepancies
- 3% said there were never discrepancies

When there's a discrepancy:

- 85% of respondents said they re-check
- 71% investigate and resolve in the practice
- 69% discuss with staff at the practice
- 40% review clinic systems
- 32% increase the frequency of reconciliations
- 3% talk to NZVA or VCNZ.

Other comments on discrepancies and reconciliation included:

- difficulties knowing what is significant and what can be attributed to wastage
- difficulties with accurate record keeping for multi injection vials or drugs used in very small volumes
- human error (not recording or product not charged)
- euthanasia billed as an event rather than as per ml of the drug.

Disposal of controlled drugs

- 58% of respondents said one person was present when controlled drugs are disposed of
- 42% said two or more people were present.

Responsibility for disposal

- senior vet 51%
- vet 45%
- senior vet nurse 35%
- vet nurse 21%
- practice manager 13%

Respondents said that their method of recording disposal was:

- controlled drugs register 44%
- electronically 8%
- both controlled drugs register and electronically 33%

VCNZ guidance

- 93% were aware that VCNZ has expectations and guidance on controlled drugs
- 63% had read them
- Of those who had read the guidance:
 - 62% found the expectations and guidance clear
 - 25% found the expectations and guidance easy to follow
 - 13% found it easy to comply with the requirements.

We asked how VCNZ could make the expectations and guidance more useful. Comments included:

- present information in an abbreviated way for practices to use/display (eg posters, flowcharts and/or checklists).
- make them more concise/simpler/less open to interpretation
- practical guidance on how to meet the requirements
- take existing workflow and practice systems into account
- recognise the difficulties of complying in busy and/or large practices.

Other general comments:

- More guidance on frequency of reconciliation and what is considered abnormal variation
- Clear guidelines on acceptable losses due to drawing up
- Specific, clear lists of controlled drugs (and other veterinary drugs) and their recording requirements eg which drugs need to be recorded, how often to audit, procedure if discrepancy found
- Advice/clarification on how to manage drugs in vehicles
- Expectations of the degree of accuracy in large doses in LA/equine situations need to be realistic
- Current guidelines are clear on what needs to be done, but there is nothing on how to achieve that.