



February 2017



## **Welcome Sean McKinley**

Sean has now started as our new Chief Executive. It's been a busy first week for Sean, who started his new role with back to back meetings, including Council's first meeting of the year.

Sean comes to VCNZ from the Social Workers Registration Board. He's a member of the New Zealand Institute of Directors, and is on the board of the Council on Licensure, Enforcement and Regulation (CLEAR), which is an association of individuals and organisations involved in professional and occupational regulation.

Sean's settling into the role and we're all looking forward to working with him.

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## **Veterinary Medicines section of the Code**

Council's Professional Standards Committee will be reviewing the Veterinary Medicines section, including antibiotic prescribing standards, in light of antimicrobial resistance and more prescriptive international standards. We'll be in touch with more on this project.

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## **Using human medicines in places of restricted veterinary medicines**

### **'The cascade principle'**

A recent query to the VCNZ about the use of a human anaesthetic based on cost, in place of a restricted veterinary medicine with the same active, prompts this reminder. Can the cost of the product be part of the decision process in selecting a drug for use? Yes, but it should not be the only parameter.

When veterinarians are considering the use of any human medicine the Code of Professional Conduct requires them to determine if there is a registered veterinary medicine that will adequately achieve the intended effect and use that in preference.

The process of reaching a decision about which product to use can be compared to a linear cascade (see figure below).

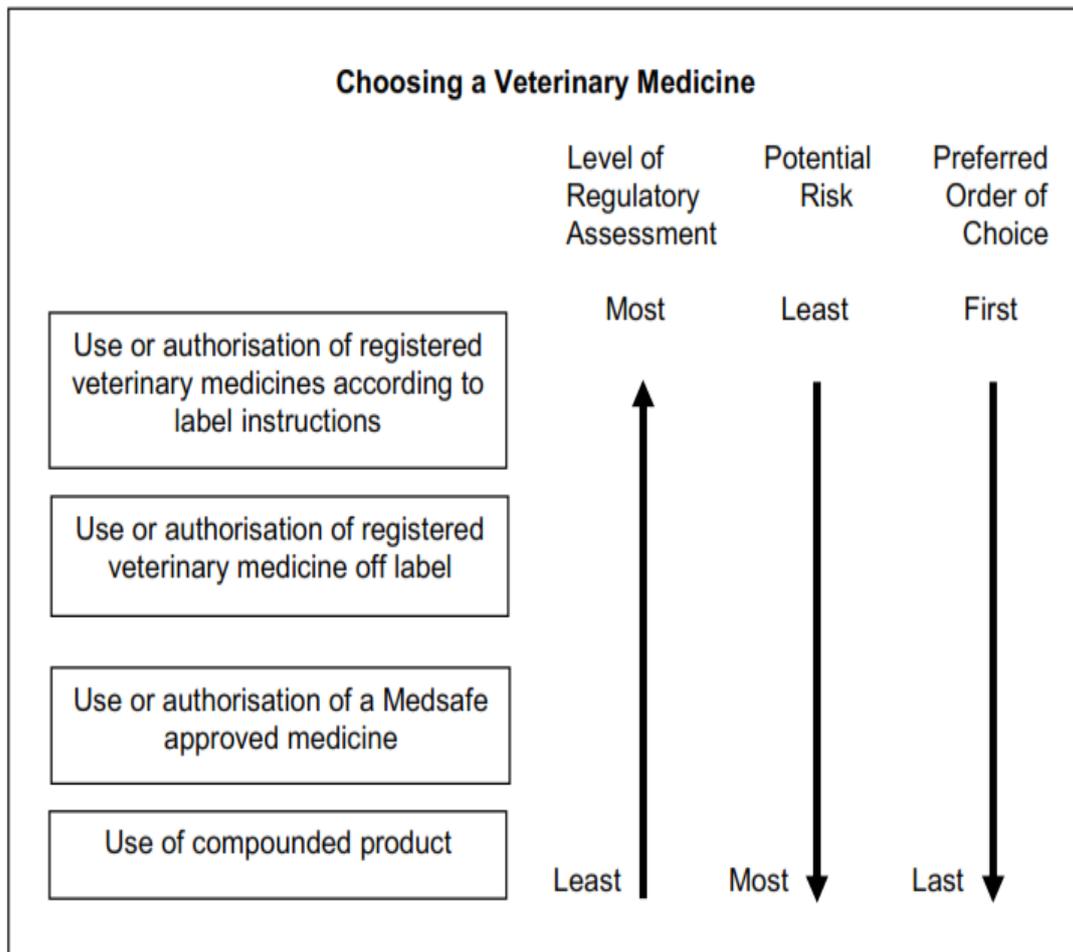
If there is a registered veterinary medicine that can be used in compliance with the label and registration conditions (or an exempted veterinary medicine e.g. topical products, shampoos, etc) to achieve the intended clinical effect, it should be considered first.

If there is no such suitable product, but there is a registered or exempted veterinary medicine available, which can be expected with discretionary (off-label) use, to meet the treatment and welfare needs of the animal(s) and manage the risks identified in the ACVM Act (e.g. animal welfare, residues), it can be considered as an alternative treatment option.

If no registered or exempted veterinary medicine is available which, even with discretionary use, meets the treatment and welfare needs of the animal(s) a "human medicine" or preparation specially compounded by or for a veterinarian may be used, provided the risks identified in the ACVM Act can still be managed.

In all cases the decision for discretionary use must balance the negative effects of the drug with its benefits to the animal.

It's a good practical test if you ask yourself "Is the non-veterinary drug I am using the only form of it in the clinic?" If it is then you are not applying the Cascade appropriately – i.e. considering use on a case by case basis. Think Augmentin for example – if Augmentin is the only amoxicillin clavulanic acid tablet on the shelf you are also not applying the Cascade correctly.



Further detail and an explanation of the 'cascade principles' is set out in the Council's [Statement on the Discretionary Use of Human and Veterinary Medicines](#).

## February Vetscript

In the February issue of Vetscript, Wayne Ricketts considers the what the future of the veterinary profession might look like.





## ATTENTION DAIRY CATTLE VETS

# AMR usage survey and roadshow

## Opportunity for vets to learn more about AMR

Dr Scott McDougall will present a roadshow workshop in late February and early March.

Details on the event are [here](#).

The aim is to provide clinical veterinarians with the tools and knowledge to develop and implement farm-specific diagnostic and treatment plans. There'll be information on antimicrobial classes, actions, and common modes of resistance. Recent research on farm, knowledge, attitudes, skills, and aspirations around antibiotic usage and resistance will be presented.

Workshops are 2–5pm with an afternoon tea break. There is no charge for attendance.

Scott is looking for questions around antimicrobial usage and AMR. Please email your questions to [SMcDougall@anexafvc.co.nz](mailto:SMcDougall@anexafvc.co.nz) and Scott will attempt to answer these questions at the roadshow.

## Invitation from MPI

MPI's Live Animal Exports and Animal Imports teams are holding a series of meetings about cats and dogs imported into New Zealand and cats and dogs being exported to all countries from New Zealand.

These sessions are aimed at veterinarians and practice staff involved with preparing animals for export and import and our registered pet exporters.

Topics include:

- overview of numbers of cats and dogs being imported/exported each month
- a brief overview of how to prepare any dog or cat for export
- practical demo of the website, and how to access the information

- owner statutory form
- who to call if things go wrong
- dispensations (why we need to stop relying on them)
- export program review
- NZ-origin cats and dogs going overseas for a short-stay (30 days or less)
- export and import of dog semen (depending on show of interest)
- other items that you wish to be addressed

These evening sessions will be held at 6.30pm on:

**28 March: Wellington** at MPI, Pastoral House, 25 The Terrace Wellington

**22 March: Auckland** at MPI, Auckland Biosecurity Centre, Corner Tom Pearce Drive and Jimmy Ward Crescent Auckland

**5 April: Christchurch** at MPI, 14 Sir William Pickering Drive, Christchurch

Please RSVP to [animalexports@mpi.govt.nz](mailto:animalexports@mpi.govt.nz) with the number of attendees and which session you'll be attending.

If you have anything you'd to be addressed specifically, please contact Megan Bestbier [megan.bestbier@mpi.govt.nz](mailto:megan.bestbier@mpi.govt.nz)

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## [Vet Bonding Scheme](#)

The MPI website has been updated to reflect the changes to the [Vet Bonding Scheme](#). The funding round for 2017 opens on 14 August and closes at 5pm on 25 August 2017.