



Veterinary Council Update September 2013

In this issue:

1. Reminder - nominations to stand for election to VCNZ – closing date 3 October 2013
2. New VCNZ Statement on the Authorisation of Dry Cow Therapy
3. After hours emergency care issues
4. VCNZ expectations around restricted veterinary medicine authorisation
5. Use of neuticals
6. Informed consent
7. 'General Practitioner' services for intensive livestock operations
8. Proposed 5% increase to practising certificate fees in 2014
9. Clients' right to request a script

1. Reminder – nominations to stand for election to VCNZ – closing date 3 October 2013

A reminder that the closing date for nominations from veterinarians to stand for election to the Veterinary Council is 3 October 2013. If you are interested in making a difference to the regulation of your profession, please put yourself forward or suggest to suitable colleagues that they do so.

Click [here](#) for further information.

2. New VCNZ Statement on the Authorisation of Dry Cow Therapy (DCT)

The Council thanks those who provided comments on the draft DCT statement. This has been amended to reflect the feedback received and the final statement is available [here](#).

3. Afterhours emergency care issues

Veterinarians are reminded that the Code of Professional Conduct requires them to either provide an after hours emergency service themselves or to make prior arrangements with others to do so.

Veterinarians must effectively communicate to after hours callers how to access emergency care if they are not providing this service themselves. Answer phone messages must include relevant telephone numbers, addresses and possible directions. As detailed in the Code of Professional Conduct: *All veterinarians providing clinical services must make provision for an emergency service. Clients must be informed about the availability of this service by means of a telephone answering service and a notice at the unattended clinic.*

It is difficult to stipulate a maximum timeframe for accessing emergency services because individual circumstances vary considerably. In the human health sector primary health organisations (PHOs) must provide first level after hours services for 95% of their enrolled population within 60 minutes. The Council recognises that in the veterinary sector there are many parts of the country where a one hour time frame is not achievable.

With the advent of specific emergency after hours clinics it is accepted that some animal owners may have to travel further to receive service. The disadvantages of longer travel may be offset by the advantages (e.g. constant veterinary supervision) associated with the type of veterinary service offered by such clinics. The same issue can apply when veterinary practices work together co-operatively to share the provision of emergency services. When considering referring clients to another clinic for emergencies veterinarians should give thought to what is a reasonable / acceptable time or distance for their clients to travel taking into account local factors and conditions.

If referring to an after hours clinic the referring veterinarians must be prepared for the veterinarian on the spot, who is accountable while the animal is in their care, to exercise their professional judgment in deciding on the care. The after hours veterinarian is not just baby sitting, they are monitoring over the weekend and/or night and therefore must be able to amend the treatment plan to take account of changes in the patient's condition. However the after hours veterinarian must be prepared to discuss a changed treatment plan with the referring veterinarian.

Providing an emergency veterinary service outside normal business hours can be more expensive. Those costs may be fairly passed on to the users of the service.

4. VCNZ expectations around restricted veterinary medicine authorisation

The Code of Professional Conduct requires veterinarians, when using or authorising restricted veterinary medicines (RVM), to comply with the requirements and expectations of MPI ACVM Group in relation to authorisation and the [Veterinary Medicines](#) section of the Code of Professional Conduct.

RVM supply in the absence of a valid authorisation

VCNZ is aware that in the absence of an available veterinarian or a valid authorisation to supply, and where it is a matter of animal welfare, some practices allow support staff to sell a requested RVM to a client, with a veterinarian retrospectively calling the client to discuss the situation. While technically a breach of the Code, VCNZ accepts that, in emergency situations, where the veterinary authorisation has expired or a previously authorised quantity has been exceeded, that such a sale might possibly be justified.

However supplying a RVM that has not previously been authorised is unacceptable. Veterinary consultation is required to meet the requirements of the Code and the ACVM's expectations of responsible veterinary stewardship of RVMs.

Low input farms and the 'right number' of farm visits

VCNZ has been asked for guidance on the 'right number' of farm visits in order to authorise RVMs.

It is not possible to stipulate the 'right number' of farm visits required as this depends on a number of variables including the type of farm, the type of product and the range of products. While a single on-farm veterinary consultation per year might be appropriate for a sheep property to authorise vaccine for Scabby Mouth, it would not be considered acceptable for the range of RVMs required for a dairy farm.

Similarly, national mastitis consultants may only be on farm 1 – 2 times a year before authorising mastitis treatments but at the same time they are receiving, analysing and monitoring relevant diagnostic data on a daily basis.

While only a veterinarian can authorise the supply of RVMs to a client, knowledge of what is happening on a farm may be a composite of the veterinarian's own personal knowledge and observations supplemented by that obtained by his/her veterinary staff while on-farm. Relying only on a client's word over the phone or at an in-clinic consultation does not meet the requirement for responsible stewardship of RVMs.

In situations where clients may also be using an alternative veterinary practice for some of their on farm services, consideration needs to be given to which practice is in the better position to authorise RVMs. It is difficult to meet the requirements of the Code to accept responsibility for the ongoing health and welfare of the animal/s in relation to the matters that have been consulted on where a fair proportion of the on-going care on the property is being provided by an alternative veterinarian. For example if lame feet are being seen by

another practice, the veterinarians from that practice are better placed to meet the requirements of authorisation of products associated with lameness.

The Code provides that RVMs should not be supplied unless veterinarians are doing sufficient on-going work on the farm to allow them (or their practice) to have full awareness of the condition/health of the animals on that farm. The fact that a client does not request a veterinarian's presence on the farm is not sufficient to justify a decision to base authorisation of RVMs solely on in clinic consultations. Veterinarians are expected to be on the farm enough times to have sufficient personal knowledge of the condition/health status of the animals they are treating.

5. Use of Neuticals

A veterinarian has recently asked whether inserting neuticals (prosthetic testicles) is acceptable.

The Code requires that *veterinarians must not carry out treatments or procedures on animals unless they meet the following criteria. Treatments or procedures must:*

- *only be performed:*
 - *when the procedure is reasonable and appropriate in the circumstances in order to prevent, diagnose or treat an illness or injury; or*
 - *in accordance with accepted farming practices (e.g. de-velvetting deer); or*
 - *in accordance with generally accepted principles of responsible pet ownership (e.g. de-sexing cats and dogs).*
- *only be performed with appropriate pain management.*
- *not be performed primarily for the convenience of the owner.*
- *meet accepted professional standards.*

This procedure has no benefit to the animal and can be used to conceal genetic defects. VCNZ therefore considers that the insertion of neuticals cannot be justified.

6. Informed consent

Veterinarians are reminded that the Code requires them to *obtain appropriate consent before proceeding with a proposed treatment/course of action. Clients must be provided with the information that they need, in a way that enables them to understand and give consent to the proposed treatment/course of action.*

Informed consent is a process. While it may involve the signing of a form it also must include discussion with the client and be tailored to the individual circumstances of the case.

In obtaining consent clients need to be made aware that the consulting veterinarian may not be the one who conducts any subsequent surgery.

Refer to paragraph 2 and associated explanatory notes of the [Client Relationships](#) section of the Code for further information.

7. 'General Practitioner' services for intensive livestock operations

A recent complaint case has highlighted some 'learnings' for the profession as a whole. The complainant raised concerns about the services provided by a 'general practitioner' veterinarian over a number of years to his pig farm. There was a history of health and serious mortality issues, which were resolved when another veterinarian with expertise in pig medicine was called in.

The Code requires that *veterinarians must recommend that a second opinion be sought when judgment indicates this would be desirable and feasible. Veterinarians should have no hesitation in recommending to an animal owner to consult another colleague who is a*

registered specialist or who has particular skills and equipment, or who can provide a service not possessed by the first veterinarian.

This did not happen in this unfortunate case.

Veterinarians providing 'general practitioner' clinical services to intensive livestock operations need to be proactive in alerting their clients to the options available for specialised/whole farm advice. Referral to a specialist or consultant (in this case of pig medicine) should be offered. It is not acceptable for veterinarians to decide not to offer this option because they assume that the client cannot afford it.

8. Proposed 5% increase to practising certificate fees in 2014

VCNZ's statutory activities are funded almost entirely by the practising certificate and registration application fees paid by veterinarians.

We have previously signalled that VCNZ revenue is not sufficient to fund its operations, particularly in the face of significant complaints and disciplinary costs. Our position has been that small incremental increases to the APC fee are preferable to major hikes.

Having reviewed its financial position and forward projections, and in the face of an ongoing disciplinary case, which to date has cost in excess of \$145,000, VCNZ has confirmed the need for another small APC fee increase to ensure that a minimum acceptable reserve level is retained.

The Council is therefore proposing to increase the APC fee for 2014 by 5% to \$485.

A discounted fee (of \$460) will apply for early payment during the bulk APC renewal round in the New Year.

Your views are welcome. Please send any comments - preferably by email to - margriet.philipsen@vetcouncil.org.nz by 31 October.

9. Clients' right to request a script

Veterinarians are reminded of the Code requirements to honour requests from clients for written authorisations in lieu of dispensing. In other words where there has been a consultation and a veterinarian has proposed treatment with a veterinary medicine, the client is entitled to request from the veterinarian a written authorisation to take away and have the product dispensed by a different trader rather than have the consulting veterinarian dispense it. The consulting veterinarian is obliged to comply with that request. The expectation is that this would apply in every situation where the veterinarian would have otherwise dispensed product themselves.

In terms of timing the expectation is that the written authorisation should be provided to the client within a reasonable timeframe and that except in exceptional circumstances this would be within 24 hours.

Should the veterinary authorisation need to be filled urgently the authorising veterinarian may fax or orally communicate the script to the person who will dispense it provided the faxed or oral script is followed up with the original signed hard copy script within 7 days.

Veterinarians are entitled to charge a reasonable fee for writing the authorisation. However, it would be unethical for a veterinarian to require that the client meet a different standard of consultation in order to be entitled to a written authorisation as compared to the standard of consultation that would normally be required if the veterinarian was dispensing the product. For example making the client undertake further diagnostic work because a written authorisation has been requested, when such work wasn't considered necessary for the veterinarian to originally dispense the product themselves.