



The labyrinth of veterinary operating instructions

VCNZ's **Wayne Ricketts** attempts to dispel confusion on the subject of VOIs.

I REGULARLY RECEIVE queries from veterinarians about veterinary operating instructions (VOIs), which I wrote about in the October 2016 *VetScript*. However, the enquiries continue to reflect a wide range of understanding (including misunderstanding) about what VOIs are.

Yes, they can be confusing. They have evolved over time, as both VCNZ and the NZVA have explored the possibilities of their use and the process of authorisation has become more robust, so that what initially appeared to require a VOI can now be managed under an authorisation.

I recently wrote this article for the Sheep and Beef Society newsletter and have adapted it for a wider veterinary audience. I hope it will go some way towards further demystifying VOIs.

INTRODUCTION

Veterinarians essentially have two methods of authorising the use of restricted veterinary medicines (RVM).

① An authorisation (previously described as a prescription), which might be done at the time of the consultation (you prescribe a treatment there and then) or for future use (commonly referred to as an annual consultation, review consultation or RVM consultation).

② VOIs.

WHAT IS A VOI?

A VOI is a tool allowing an appropriately trained person to administer an RVM in a particular circumstance that does not require a veterinary judgement or diagnosis.

A VOI is a written instruction from a veterinarian to a non-veterinarian to hold and use an RVM in a specific situation where direct veterinary supervision is not required. Putting it another way, a **VOI is a specific instruction, for a specific person(s) to use a specific product(s) in a specific circumstance(s)**. The circumstances must be tightly ring-fenced. A VOI should only be issued in circumstances where there is no reasonable expectation that either veterinary judgement or a veterinary diagnosis is needed to ensure that the use of the product in the specific case is appropriate and justified.

The Code of Professional Conduct notes that most animals treated under a VOI will fit into one of three groups:

- » The prophylactic treatment of healthy animals for the purpose of preventing disease, eg the vaccination of animals in a shelter.
- » The chemical restraint of healthy animals to facilitate the performance of a procedure or manipulation, eg the use of local anaesthetic/xylazine for disbudding calves.
- » The treatment of an animal or animals identified to have a particular condition or state of health, where the presence of that condition or state is so obvious that a veterinarian is not needed to diagnose it in order to justify the authorised treatment, eg the sedation of an agitated horse by a groom on an export flight.

For simplicity, I like to think of the difference between an authorisation and a VOI in the following way:

① Authorisations should be used to authorise the use of RVMs for clients to use on their own animals. Therefore, there is a veterinary-client relationship and a veterinary consultation takes place.

② VOIs are used to authorise the use of RVMs by third parties on animals that belong to 'non-clients'. VOIs don't require a relationship between the veterinarian and the owner of the animals. This means that VOIs can be issued for RVMs to carry out procedures on the animals of other veterinarians' clients, eg disbudding by a third-party operator.

The following examples explore their use:

① AI PROGRAMMES

These are generally carried out by non-veterinarians. RVMs used include controlled internal drug release devices, local anaesthetic and antibiotics. These products can be authorised in two ways:

- i. An authorisation for your client, and they in turn allow the technician to use the RVM on the understanding that they are competent to do so (see later).
- ii. A VOI for the technician that will enable the technician to use RVMs on animals belonging to multiple owners. The RVMs, the situations for use and the technicians would all be specified. The Code of Professional Conduct states that it is unlikely that antibiotics would be authorised by a VOI, because a

veterinary diagnosis is generally always required. In the case of an embryo transfer programme in sheep, antibiotics could be authorised by a VOI as they are being used prophylactically, since these procedures are carried out in non-sterile conditions. In this instance, no veterinary diagnosis is required for their use.

② DISBUDDING OF CALVES

While most calves being disbudded by contractors are dairy calves, the same process also applies to beef calves if they are disbudded by a contractor. VOIs are already being issued to technicians and commercial operators to authorise the supply of local anaesthetic to disbud calves.

③ VACCINATION OF ANIMALS IN AN ANIMAL SHELTER

Companion animals going into a shelter can be vaccinated by non-veterinary staff, provided they have been deemed competent by the veterinarian issuing the VOI for the vaccines. Vaccination records can be signed by those staff members, as long as they don't give the impression that they are veterinarians. Similarly, under a VOI, veterinary nurses or technicians can vaccinate farm dogs on farm, and kittens and puppies away from the clinic, without the presence of a veterinarian.

OTHER SALIENT POINTS

- i. VOIs are issued by veterinarians at their discretion – there is no compulsion or obligation to issue a VOI when a client requests one.
- ii. RVMs specified in a VOI can only be used for the specified purpose documented in the VOI.
- iii. VOIs are unlikely to be considered an appropriate way to authorise the use of antibiotics where either veterinary judgement or a veterinary diagnosis is needed to ensure that their use is appropriate and justified, as opposed to prophylactic use.

VOIS ARE NOT A PATHWAY TO ALLOWING NON-VETERINARIANS TO CARRY OUT SIGNIFICANT SURGICAL PROCEDURES.

- iv. VOIs cannot be used to authorise the use of controlled drugs.
- v. Anyone administering an RVM under an authorisation or a VOI must be competent to do so, and the skill, experience or qualifications required must be stated.
- vi. The veterinarian is responsible for ensuring the people named in the VOI are trained and competent to carry out the instructions – this may involve training.
- vii. VOIs should not be issued if a veterinarian is concerned that the procedures to be undertaken by the non-veterinarian may result in negative animal welfare outcomes – eg equine dentistry by a lay dentist.
- viii. VOIs must be documented and signed by the issuing veterinarians.
- ix. Possible adverse events must be explained.
- x. There is no mandated method of documentation, but the ACVM guidance material (see reference: www.foodsafety.govt.nz) provides an excellent template and checklist.
- xi. Records must be kept and product used must be reconciled by the end user.
- xii. VOIs do not need to be approved by MPI, nor are they routinely audited, but they may be required to be produced in the event of an adverse outcome or for other reasons (eg an on-farm audit).
- xiii. A VOI can be issued for varying periods. An end date must be stipulated, but it cannot exceed 12 months, after which time the VOI must be reviewed and reissued.

The ACVM guidance material provides an excellent guide to VOIs. In fact, a number of veterinarians have advised me

that they are now using the templates in the guidelines as a basis for setting out some of their authorisations as well. This approach makes great sense to me, as it demonstrates a much stronger level of veterinary stewardship when authorising RVMs, and ties in neatly with the work that the NZVA is doing in this space.

SIGNIFICANT SURGICAL PROCEDURES

VOIs are not a pathway to allowing non-veterinarians to carry out significant surgical procedures. The 2015 amendment to the Animal Welfare Act 1999 includes a new definition of significant surgical procedures, which will come into effect on or before May 2020. The definition will be implemented concurrently with the introduction of animal welfare regulations for painful and/or surgical procedures being developed by MPI in 2017 and 2018.

Essentially, the regulations will ring-fence a number of existing procedures that are significant surgical procedures but have historically been carried out by non-veterinarians. Non-veterinarians will be permitted to carry out these procedures with conditions, eg in some cases analgesia will be required, such as for the disbudding of calves.

This article may raise more questions or identify other situations where you are using VOIs. I welcome any questions, as they are useful for sharing with other veterinarians and help us to identify the information that we should include in the Code of Professional Conduct. ⁽⁵⁾

REFERENCES:

- www.foodsafety.govt.nz/elibrary/industry/Veterinary_Operating-Guidelines_Issuing.pdf
- www.vetcouncil.org.nz/CPC/VetMed/CPC_VetMedicines.php
- www.vetcouncil.org.nz/documentation/Other/NZVA_Guide_VeterinaryAuthorisingDispensing.pdf