



UNDER THE CARE OF A VETERINARIAN OR VETERINARY BUSINESS

Purpose of this document

The concept of an animal being “under the care” of a Veterinarian or Veterinary Business is the basis of the relationship between veterinarians, their clients, and their animals. It is critical to the role of veterinarians in society, including promoting the health of animals, public health and the role of animal products in our economy.

This document defines what “under the care of a veterinarian” means and what veterinarians must consider when accepting a client.

This document proposes adding a definition of “under the care of a veterinarian” to the Code of Professional Conduct. It also proposes consequential amendments to other parts of the COPC that interact with the concept of “under the care of a veterinarian”.

Definition of “under the care of a veterinarian”

The proposed new definition is:

An animal or group of animals is under a veterinarian’s care when the veterinarian has been given and accepted the responsibility for their ongoing health and welfare, or a specified aspect of it in the case of veterinarians offering a specific and limited range of veterinary services.

Requirement for a written record of accepting an animal into care

We propose adding a new Section 2A to the Client Relationships part of the COPC:

When a veterinarian accepts an animal to be under their care, they must:

- 1. Document the agreement to provide veterinary services to the specified animal(s) and this must be signed by the client.*
- 2. Record the agreement in the clinical record.*

We also propose adding explanatory notes for the new section 2A:

A working relationship is established when the person in charge of an animal registers and becomes a [client](#) of the Veterinary Business, and the Veterinary Business has agreed to provide veterinary services for the specified animal/s. This must be included in the client



records and confirmed in writing and signed by the client as part of the conditions of service agreed between the parties.

As part of the agreement for services, and in relation to the animal/s described in the agreement, the veterinarian will have:

- been given and will have accepted responsibility for veterinary services related to the ongoing health and welfare of the animal/s including a herd, flock or group of animals.*
- agreed to providing, or having a formalized arrangement with another veterinary business to provide, emergency care after considering the circumstances and the potential for adverse effects from, or failure of, the agreed course of action.*

The documented agreement for production animals should include a description of the farm business and the farm location (where the animal/s usually lives), the farm infrastructure including farm size, stock type and the type and number of each class of animal under the veterinarian's care.

The written agreement should:

- describe the services being provided by the veterinarian.*
- Include the availability of emergency and after hours care or details where an arrangement has been made for another Veterinary Business to provide these services.*
- Include an expiry clause after which time, and where the animals have not been seen, the terms of the relationship including the responsibility for providing emergency care services terminate.*
- be reviewed and renewed annually or whenever there is a material change to the nature of circumstances or the relationship.*
- For production animals, include an undertaking that all people administering RVMs will be appropriately trained.*
- include a dispute and a termination clause.*

The client must also be asked to disclose other veterinarians registered to the farm and if the farm is under the care of more than one veterinary business. Where there is one or more veterinary businesses registered to the farm, they must be asked to give consent for information on authorized treatments to be shared between the veterinarians [link to guidance]. This is expected to include information about the RVMs already available to the farm either as existing stock or as an authorisation for future supply.



Add new definition of “sufficient information”

The proposed new definition of “sufficient information” is:

The necessary information to ensure the proposed course of action (including treatment) is appropriate to meet the health and welfare needs and best interests of the animal/s and the client. This must take into account gaining personal knowledge of:

- *Scientific evidence*
- *Currently accepted standards of care*
- *Patient circumstances, including any history or presence of disease challenges, and the general health status of the animal/s*
- *Client circumstances, including consideration of the spectrum of care options that may be appropriate*
- *In production animal settings*
 - *Information on a representative number of animals and their individual circumstances*
 - *Information on the farm system, herd health management, previous animal health information and the environment.*

In ongoing care situations, collecting sufficient information will require regular and appropriately frequent reassessments.

*Gathering sufficient information should involve the veterinarian performing an [in-person clinical assessment](#), and where appropriate a [physical examination](#), of the relevant animal/s at the time of a consultation. If not, the animal/s must have been seen recently or often enough, and at least **within the last six months**.*

The proposal would also remove the commentary on “sufficient information” from the explanatory notes to section 3 of the Veterinary Medicines section of the COPC, for consistency.

Amendments to the definition of “Veterinary Consultation”

Due to the new definition of “sufficient information”, setting out in detail what is required, the “veterinary consultation” definition will be simplified to remove double ups:

A veterinary consultation must include the veterinarian:

1. *interviewing the client (or a legitimate and authorised representative of the client)*
2. *collecting and recording sufficient information ~~relevant to the individual circumstances to ensure the proposed course of action (including treatment) is appropriate to meet the needs and best interests of the animal(s) and the client~~*



3. *obtaining appropriate consent to the proposed course of action*
4. *being given, and accepting responsibility for, the ongoing health and welfare of the animal(s) concerned in relation to the consultation. This includes arranging emergency care after considering the circumstances and the potential for adverse effects from, or failure of, the agreed course of action*
5. *determining and providing the appropriate level of advice and training so as to be satisfied that the agreed course of action can proceed as planned.*

~~A veterinary consultation will usually involve the veterinarian seeing the animal(s) at the time of the consultation. If not, the animals must have been seen recently or often enough for the veterinarian to have sufficient personal knowledge of the condition/health status of the animal(s). This consultation is required in order for the veterinarian to be able to propose the particular course of action.~~

Amendment to clarify rules around authorisations in anticipation of use

We propose adding a new paragraph 7 to section 3 of the Veterinary Medicines part of the COPC. This will be to clarify the rules around authorisation in anticipation of use (sometimes called future supply) for animals under a veterinarian's care.

7. *When authorising RVMs in anticipation of use, the veterinarian must:*
 1. *Issue specific instructions to a specified person, or persons, for use on specified animals in specific situations beyond immediate use requirements.*
 2. *Ensure the quantity of RVM and duration in which it can be held is limited and appropriate, taking into consideration the potential for the circumstances to change.*
 3. *Have sufficient information and enough current knowledge of the health status of the animal(s) to ensure that the ongoing use and choice of RVMs remains appropriate and necessary.*
 4. *Make available to the client a printed summary of all the RVMs authorised in anticipation of use.*
 5. *Review information from the client about what authorisations and stocks of products are already on farm, and the expiry dates of that stock.*
 6. *Conduct regular and appropriately frequent reviews to confirm that the circumstances have not changed and the choice of RVM and treatment regime is still appropriate. At a minimum the [period of review](#) must be at least within the last six months.*



Exceptional or emergency situations

We propose to clarify, in explanatory notes, that in exceptional cases where there is an animal emergency or natural disaster, and as part of the consultation process an in-person assessment is not possible, the veterinarian must use their judgement to decide whether to authorise RVMs without conducting an in-person clinical assessment. The veterinarian should be prepared to justify their decision and must record this justification in the clinical notes.

Authorising an RVM in the absence of an in-person clinical assessment

We propose providing guidance in explanatory notes about deciding when, in exceptional cases, an in-person clinical assessment and a physical examination is not possible as part of the consultation. In those situations, the following factors (veterinarians should note this list is not exhaustive) must be considered:

- a. The health condition(s), or potential health condition(s), being treated and any associated risks including zoonotic and associated public health risks.
- b. The nature of the RVMs being authorised, including any possible risks and side effects.
- c. Whether the RVM is being authorised under the 'Off Label Use' cascade as outlined in the COPC and therefore the associated risks have been considered.
- d. The time since the last in-person clinical assessment and physical examination of the animal/s or premises was performed by a veterinarian.
- e. Whether there is access to the previous clinical history or knowledge of the health status of the animal/s at the premises.
- f. The understanding and knowledge about whether the Client is capable of, or has capable staff to, competently carry out the authorising veterinarian's instructions.
- g. Whether the animal/s is/are known to the veterinarian and/or whether there is an existing relationship with the client.
- h. The practicality of a physical examination for individual animals e.g. where the animals are remote and inaccessible.
- i. The health status of the herd, flock, or group of animals.
- j. The overall state of the animal's health and welfare.
- k. The impact of any authorisation made without physical exam on the ability to gather subsequent diagnostic information.
- l. Agreement with the client of the next available time for follow-up assessment and clinical examination that is practical and appropriate for the RVMs requested.



- m. What a reasonable frequency of in-person clinical assessments for the ongoing care of the animal/s would be.
- n. The number of animals requiring treatment and the amount of product required, sufficient to meet the immediate use requirements.

Competence and training

We propose adding a new paragraph 8 to section 3 of the Veterinary Medicines part of the COPC, clarifying that veterinarians must ensure that those they authorise to administer RVMs are competent to do so:

8. Ensure the people who are authorised to administer RVMs are competent to administer the treatments safely and as directed, and document that they have done so.

New explanatory notes will also clarify that veterinarians must determine and provide the appropriate level of advice and training¹ (if any) to the specific people administering the RVMs to ensure they can:

- recognise and provide appropriate treatment for conditions/diseases identified under the authorisation;
- administer the veterinary medicine competently;
- be satisfied that it will only be used for the specific conditions authorised;
- store the veterinary medicine responsibly, safely and appropriately;
- monitor the effects of treatment on the animal/s;
- make provision for veterinary intervention in the case of [adverse events](#) (including non-response to treatment) or deterioration.

Veterinarians must record the specified people who are considered competent to administer the RVMs in their authorisation documents.

Clarifying emergency services must be available to animals under a veterinarian's care

We propose amending section 7 of the Veterinary Services part of the COPC to make it clear that emergency services must be provided for animals under a veterinarian's care.

¹ [VCNZ Code of Professional Conduct/Veterinary Medicines/Stewardship](#)



Veterinarians in clinical practice must make an emergency service available at all times. This service is required so that ~~their clients'~~ animals [under their care] can receive essential veterinary treatment in order to relieve unreasonable or unnecessary pain or distress.

Glossary

It is proposed that the following terms will be amended or added to the COPC.

Client: A person (or organisation) in charge of animal(s) that the veterinarian has agreed to take under their care.

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Clinical Assessment: A clinical assessment means a compilation and evaluation of the available information through making direct observations of the animals and their environment that is sufficient for the veterinarian with enough information to diagnose and prescribe safely and effectively.

For production animals, a clinical assessment should include being physically present on the premises where the animals are farmed and having visualized the various stock classes under their care. It may include a physical examination however this may not be necessary in every case.

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Period of review: The interval between an initial authorisation and an in-person review of the circumstances, choice of RVM, and treatment regime.

Veterinarians must decide, when authorising RVMs, the most appropriate period of review for each RVM after considering the maximum period of review. The following maximum periods of review is six months.

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Person In Charge: As defined in the Animal Welfare Act: "in relation to an animal, includes a person who has an animal in that person's possession or custody, or under that person's care, control, or supervision."

Physical Examination: Physical examination is the process of evaluating objective anatomic findings through the use of observation, palpation, percussion, and auscultation.

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