

Code of Professional Conduct for Veterinarians

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VETERINARY COUNCIL
OF NEW ZEALAND
Te Kaunihera Rata Kararehe o Aotearoa



Contents

Introduction	3
Animal welfare	5
Client relationships.....	19
Professional relationships	25
Professional integrity.....	36
Veterinary services.....	55
Veterinary medicines	69
Legislative requirements.....	104
Glossary	116
VCNZ statements and policies.....	121
Other guidance.....	121

Visit www.vetcouncil.org.nz to make sure you have the latest version of the Code.



Introduction

The primary purpose of the Veterinary Council of New Zealand (VCNZ) is to protect the public interest by ensuring that veterinarians are competent and fit to practise. The Veterinarians Act 2005 provides VCNZ with a number of mechanisms to achieve this purpose including setting minimum standards for practising as a veterinarian, setting and monitoring standards for veterinary performance and promoting and encouraging high standards of professional education and conduct.

VCNZ sets standards in consultation with the public and the veterinary profession. This Code sets out the professional conduct standards the public, the profession and VCNZ expect veterinarians to meet and to be measured against.

The work of veterinarians can take many forms. Their roles and responsibilities, whether in clinical or non-clinical practice, extend beyond individual patients and clients to include, amongst other things, food safety, public health and biosecurity. The principles of this Code are intended to be broad enough to define the expectations of veterinarians in any area of veterinary practice.

The Veterinarians Act 2005 restricts the right to practise as a veterinarian in New Zealand to those who are appropriately qualified, are registered with VCNZ and hold a current practising certificate. The rights conferred by veterinary registration go hand in hand with legal and professional responsibilities and are placed at risk if these obligations are ignored or flouted.

Veterinarians must comply with all of the requirements in this Code irrespective of whether they are charging fees for the services provided, ie if veterinary services are provided pro bono, this does not waive the veterinarian's obligations.

Structure of the Code

The Code has been structured around seven fundamental principles that form the basis of the professional behaviour expected of veterinarians. These principles are:

1. protecting animal welfare and alleviating animal suffering
2. practising in a way that promotes effective communication, trust, meets confidentiality and consent requirements and recognises clients' right to choose
3. interacting with colleagues honestly and with respect and in a way that fosters good relationships and communication
4. acting in a manner that promotes the public's trust and confidence in the profession
5. striving to provide a high standard of veterinary practice
6. exercising sound professional judgement when authorising, dispensing, recommending, selling and using veterinary medicines
7. practising in accordance with relevant legislation and other applicable standards.

Supporting each principle is a series of statements which set out the specific expectations and a glossary with definitions of some of the terms used in the Code.

More detail on the expectations, and how veterinarians can comply with them, is provided in comprehensive explanatory notes which are embedded in the online version of the Code. These notes, and other identified resources also provide specific examples of the Code's application.

[Top of this section ↑](#)



Legal status of this Code

The principles and responsibilities specified in this Code have been prescribed, by notice in the New Zealand Gazette, as minimum standards for practising as a veterinarian under Section 88 of the Veterinarians Act 2005.

All veterinarians must comply with the Code.

How this Code will be used

For those entering the profession, the Code identifies the fundamental principles of professional veterinary practice and serves as an educational tool.

For those within the profession the Code provides the basis for monitoring their own practice. The related online explanatory notes serve as an educational tool to guide veterinarians on meeting their professional obligations.

For those outside the profession the Code provides guidance for assessing the professional conduct standards expected of veterinarians.

The Code will be used by VCNZ and its Committees as a standard by which to measure veterinarians' professional conduct in the event of complaints and concerns being raised.

The minimum standards are identified in the Code and related explanatory notes by the use of the word 'must'. The explanatory notes include additional advice and recommendations to encourage veterinarians to maintain, or aspire to, high standards of professional conduct. In this case the word 'should' is generally used.

The overarching expectation of the Code is that veterinarians will exercise sound professional judgment in all their professional endeavours. The Code is not exhaustive. It is accepted that there is not necessarily one right decision in every set of circumstances and that the Code cannot define how every situation must be managed. VCNZ expects veterinarians to evaluate situations (whether in relation to a clinical matter or not), apply the principles of this Code and make competent and reasonable decisions about the most appropriate course of action taking into account the individual circumstances and the best potential outcomes.

Veterinarians are professionally accountable for their practice, which means being personally responsible for what they do or do not do. Veterinarians are encouraged to take advice from senior colleagues and managers, but when faced with conflicting responsibilities they must exercise their own professional judgment in deciding on the appropriate course of action and use this Code as a basis for making that decision.

Revision of the Code

This Code is based on VCNZ's interpretation of the professional conduct standards that the public and the profession expect all veterinarians to meet. It may need to be reviewed in the light of any changes to these expectations or any significant issues arising from its implementation. Unless required earlier, a review will take place every three years.

[Top of this section ↑](#)



Animal welfare

This section was last updated in July 2016

[Back to contents](#)

Veterinarians have a special duty to protect animal welfare and alleviate animal suffering.

Understanding the Guiding Principle

Veterinarians are expected to use their training and knowledge for the benefit of society. Animal welfare is more than protecting animals from cruelty. It also relates to promoting their health and wellbeing. Because of their training veterinarians have expert knowledge on how to assess animal health and welfare, and how to optimise the care and management of animals. It follows that veterinarians have an over-riding professional duty to protect animals from unreasonable or unnecessary pain or distress.

Section 1

Veterinarians must be familiar with and comply with the [Animal Welfare Act 1999](#) and the relevant Codes of Welfare. In the course of their work, veterinarians must consider and take all reasonable steps to protect the needs of animals in relation to the five basic requirements of:

- a. proper and sufficient food and water**
- b. adequate shelter**
- c. the opportunity to display normal patterns of behaviour**
- d. appropriate physical handling**
- e. protection from, and rapid diagnosis of, injury and disease.**

This obligation is qualified however, as the needs in each individual case are assessed according to what is appropriate to the species, environment and circumstances of the affected animal(s).

Understanding section 1

- a. The Animal Welfare Act 1999 establishes the legal framework of obligations and responsibilities applying to people who are in charge of animals. These requirements equally apply to veterinarians when they assume responsibility for the care of animals whether in a professional or personal capacity.
- b. The Animal Welfare Act 1999 also places specific responsibilities on veterinarians. Veterinarians are expected to have a working knowledge and understanding of how to apply those expectations in the course of their work. Relevant provisions of the Animal Welfare Act 1999 include:
 - i. the destruction of sick and injured animals
 - ii. responsibilities associated with restricted, controlled and significant surgical procedures
 - iii. roles of veterinarians on Animal Ethics Committees.





- c. Codes of Welfare developed by the National Animal Welfare Advisory Council (NAWAC) specify minimum standards and recommendations for best practice. Veterinarians are expected to be familiar with and comply with the published standards relevant to their area of practice.
- d. The five animal welfare freedoms were developed in 1965 by the Farm Animal Welfare Council in the United Kingdom and are now recognised internationally as identifying the critical needs of all animals (and what might be interpreted as the legal minimum requirements). They provide a framework for assessing the welfare of animals in varying situations.
- e. [Section 4](#) of the Animal Welfare Act 1999 identifies those critical requirements as the basis for defining the physical health and behavioural needs of animals. The Animal Welfare Act 1999 then uses that definition in [section 10](#) to establish the obligation of owners and persons in charge of animals to meet those needs in accordance with good practice and scientific knowledge.
- f. When reviewing the physical, health and behavioural needs of an animal, each of the five basic requirements should be considered taking into account what is appropriate for the species, environment and circumstances of the particular animal. It may not be appropriate to consider that the same solutions and standards necessarily apply to all species in all situations.

Section 2

In the course of their work veterinarians must not ignore circumstances where they have reasonable grounds to suspect non-compliance with the requirements of the [Animal Welfare Act 1999](#) and Codes of Welfare. Veterinarians must be satisfied that their co-workers and their clients are informed of and comply with the relevant provisions of the [Animal Welfare Act 1999](#) and Codes of Welfare that relate to work they are undertaking.

Understanding section 2

- a. Arguably, because of their training and knowledge, and the expectations placed on them by society as the 'animal health professionals', veterinarians are assumed to have expert knowledge of the principles of animal welfare. As such veterinarians are expected to be advocates for animal welfare.
- b. It follows that veterinarians have a responsibility to educate themselves, their co-workers (staff and veterinary colleagues) and their clients about the relevant welfare standards that apply in their field of veterinary practice. They must be satisfied that co-workers and clients are informed of the existence of the relevant provisions of the Animal Welfare Act 1999 and Codes of Welfare as they pertain to their own particular circumstances, and that they are aware of the applicable standards.
- c. As well as informing their co-workers and clients of these provisions, veterinarians have a responsibility to ensure compliance with animal welfare standards. While it is not the role of veterinarians to actively audit clients in relation to animal welfare, they must not ignore situations





where they have reasonable cause to suspect that animal welfare standards have been breached.

- d. The Animal Welfare Act 1999 casts a broad net of potential liability in relation to offences. Veterinarians should be aware that a variety of situations may arise where liability may extend to them even though they are not the owner of the animal(s). Some examples are set out below.
 - i. [Sections 164, 165](#) of the Animal Welfare Act 1999 set out vicarious liability provisions that relate to principals of organisations, employers and others who do not act to prevent breaches of the Animal Welfare Act 1999 by their staff and in relation to animals under their care.
 - ii. [Section 29\(h\)](#) identifies potential liability offences for those who are associated with aiding and abetting of offences under the Animal Welfare Act 1999. Knowing of and not taking all reasonable steps to remedy potential breaches of the Animal Welfare Act 1999 might be interpreted as aiding and abetting.
 - iii. Various sections of the Animal Welfare Act 1999 set clear legal obligations and responsibilities on the 'person in charge' of animal(s). The 'person in charge' is defined very broadly and encompasses every person who is seen to have the animal under their care, control or supervision. This definition extends to include the animal's veterinarian in situations where the animal is being treated or managed under the specific instructions of the veterinarian.

Section 3

Veterinarians must act [immediately](#) to remedy situations where they have cause to suspect unreasonable or unnecessary pain or distress in an animal(s), or possible breaches of animal welfare legislation.

Understanding section 3

- a. As well as any legal responsibility, veterinarians also have a professional obligation to take immediate action to remedy situations where they have reasonable cause to suspect violations of the Animal Welfare Act 1999. They are expected to exercise sound professional judgement when deciding how to act in these circumstances. In order to determine the best course of action, veterinarians need to gather as much relevant information regarding the circumstances, as they require to exercise their discretion and should carefully document their involvement showing clearly that they have taken all necessary steps to manage their legal and professional responsibilities.
- b. The [Flow Diagram of Actions](#) following observation of Animal Welfare Case provides a suggested protocol to consider when presented with a welfare case.
- c. Situations which must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police, or the Animal Welfare Hotline 0800 008 333) include:





- i. where animal welfare is reasonably considered to be at risk (ie a suspected offence under the Animal Welfare Act 1999) and a veterinarian suspects that the owner or person in charge of the animal is not acting reasonably to relieve the situation
 - ii. Situations of severe neglect or cruelty to animals, whether the owner person in charge is a client or not.
- d. Privacy Principle 11(e)(i) of the [Privacy Act 1993](#) allows the disclosure of personal information where it is reasonably believed such disclosure is necessary to avoid prejudice to the maintenance of the law by any public sector agency, including the prevention, detection, investigation, prosecution, and punishment of offences. The decision to disclose client information and details when reporting suspected breaches of the Animal Welfare Act 1999 to the appropriate authorities can therefore be made when there are valid and justifiable reasons for doing so. If veterinarians are unsure whether to report, they are encouraged to discuss this with VCNZ, NZVA, MPI Animal Welfare or their lawyer.
- e. When reporting a client to the authorities the veterinarian needs to act in good faith, having regard to all relevant information and preferably base their decision on personal knowledge and not unverified information. If unsure about their responsibility to report, veterinarians are encouraged to ring VCNZ, NZVA, MPI Animal Welfare or their own lawyer for advice.
- f. Only the specific information necessary for the maintenance of the law should be disclosed, and only to inspectors appointed by the Minister under the Animal Welfare Act 1999. This includes but is not limited to police officers and inspectors employed by MPI and the SPCA.
- g. In situations where veterinarians have reasonable cause to suspect violations of the Animal Welfare Act 1999 other than severe neglect or cruelty; and where the owner or person in charge of the animal(s) is a client and can be communicated with, the veterinarian should, discuss the situation with that person and develop an action plan to relieve the situation.

Note: Where, for whatever reason the veterinarian decides they cannot discuss their concerns with the client the matter must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police or the MPI Animal Welfare Hotline 0800 008 333).

- h. Where an action plan has been developed to remedy a situation, the plan should identify criteria to measure improvement, with benchmarks which must be achieved within agreed timeframes. A system of monitoring agreed outcomes must be put in place. Depending on the circumstances an appropriate plan of action might include: improved nutrition in poor condition animals, specific treatment or possibly euthanasia.
 - i. Where improvements are seen the monitoring should be ongoing until the veterinarian is convinced a satisfactory outcome has been reached. If follow-up monitoring shows no improvement, or the plan hasn't been followed, or the situation is worse, the matter must be reported to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police or the MPI Animal Welfare Hotline 0800 008 333).





- j. Veterinarians should communicate their concerns to their manager or a senior veterinarian in the practice at the start of the process and at each step throughout.
- k. Detailed records of each step of the process should be maintained by the veterinarian. A documented plan is crucial in the event that the care of the animal or the role of the veterinarian is called into question in the future. Photographs are a useful additional tool to record progress.
- l. Where a new client presents an animal which has clearly been suffering unreasonable or unnecessary pain or distress for some time, the veterinarian must ascertain from the client whether or not the animal has previously been attended by a veterinarian, and if possible confer with that veterinarian. The owner's compliance with any previous veterinary treatment and recommendations should be taken into account in determining whether paragraphs (h) or (i) above are applicable. The requirements described in paragraph 5 of the Professional Relationships section of this Code in relation to supersession are relevant in this context.
- m. At times veterinarians may have reasonable cause to suspect breaches of the Animal Welfare Act 1999 outside the course of their work, eg when they are on holiday. In these situations, veterinarians are expected to use their judgement to determine whether they intervene directly or report the matter. Circumstances may make it unreasonable or inappropriate for the veterinarian to communicate directly with the person in charge of the animal(s). In such situations the matter must be reported by the veterinarian to an inspector appointed under the Animal Welfare Act 1999 (SPCA inspector, MPI animal welfare inspector, Police or the MPI Animal Welfare Hotline 0800 008 333).
- n. Veterinarians in the course of their work must act lawfully at all times including the times when dealing with situations where they have reasonable cause to suspect animal welfare violations. Veterinarians must exercise sound professional judgement when making decisions relating to animals in these circumstances maintaining appropriate respect for an owner's property rights in relation to their animals. Veterinarians should avoid actions which could, for example, be interpreted as theft or even trespass. For example in situations of:
 - i. a person bringing another person's dog to the clinic for treatment or euthanasia without the consent of the owner
 - ii. entering a property without the owner's permission even though the veterinarian suspects breaches of animal welfare standards.

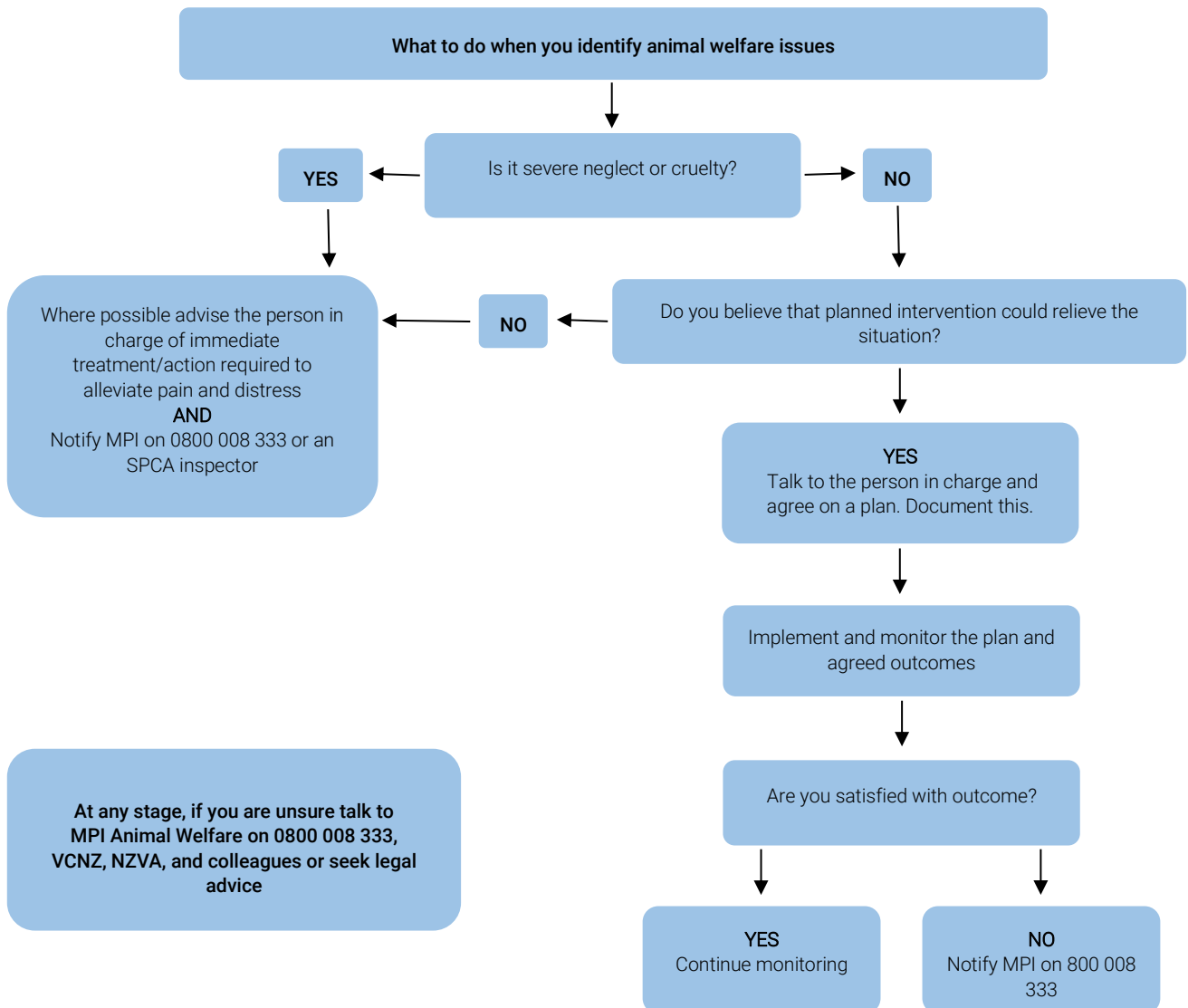
If veterinarians are unsure how to respond in particular circumstances they are encouraged to discuss this with VCNZ, NZVA, MPI Animal Welfare or their lawyer.

- o. VCNZ accepts research linking the association between deliberate physical maltreatment of animals and violence against humans. Veterinarians, when confronted with situations of animal abuse, should consider whether people within that home might be at risk. As well as responding appropriately to the ill treatment of the animal (paragraphs a-o above), veterinarians should use their judgement to determine whether the appropriate government authorities (Police, Child, Youth and Family) should be informed. If veterinarians are unsure whether to report, they are encouraged to discuss this with VCNZ, NZVA, MPI Animal Welfare or their lawyer.





Flow diagram for animal welfare issues:





Section 4

When euthanasia is necessary it must be carried out humanely. In situations where an animal's owner is not known or cannot be contacted, veterinarians must exercise their duty under [section 138](#) of the Animal Welfare Act 1999 to euthanise severely sick or injured animals responsibly.

Understanding section 4

- a. Veterinarians have a professional and legal duty to take steps to relieve unreasonable or unnecessary pain or distress in animals under their care. This includes the need to administer first aid and adequate pain relief (and even euthanasia) whether or not payment can be made at the time of the treatment. They are expected to exercise sound professional judgement when making decisions on treatment, recognising the need in some cases to balance what treatment might be necessary or appropriate against commercial considerations and the wishes of the owner. The over-riding priority is to ensure that animal welfare is not compromised. There is further discussion on this topic as it relates to providing emergency services to clients who have economic restraints in the Veterinary Services explanatory notes [section 7](#), l and m.
- b. Veterinarians are encouraged to develop and foster relationships with local SPCA branches. Such relationships can include standard protocols for how the practice and the SPCA might share responsibility for the emergency care of animals where the owner cannot be identified.
- c. [Section 138](#) of the Animal Welfare Act 1999 identifies the powers of veterinarians relating to the destruction of severely injured or sick animals (excluding marine mammals).

This section deals both with situations when an owner of the animal is known and also when the owner cannot be found within a reasonable time.

- i. Veterinarians are advised to read section 138 of the Animal Welfare Act 1999 very carefully and must be familiar with these legal requirements, their authority under this section and also the limitations on their authority.
- ii. Veterinarians must act with extreme caution, exercising sound professional judgement when using these powers in order to avoid possible legal liability associated with an inappropriate decision to destroy the animal.
- iii. Section 138 requires that where a veterinarian (or Inspector or auxiliary officer appointed under the Animal Welfare Act 1999) finds a severely sick or injured animal and 'reasonable treatment will not be sufficient to make the animal respond and the animal will suffer unreasonable or unnecessary pain or distress' he or she must destroy the animal if the owner cannot be found within a reasonable time. Alternatively, if the owner is available but does not agree with the decision to euthanise the animal this section provides for a





second opinion to be sought.

- iv. The critical factor is that the veterinarian must 'find' the animal. Interpretation of 'find' is broad and includes the situation where a veterinarian is presented with such an animal by an owner or by a member of the public. The significance of the word 'find' is that the veterinarian does need to physically come across the animal, as distinct from simply gaining knowledge of the animal. This suggests that the veterinarian is required to carry out a physical examination of the animal before reaching a conclusion. It follows that where a veterinarian learns of a severely sick or injured animal but has not seen it, the destruction of the animal cannot be authorised by the veterinarian. The veterinarian has a professional duty to examine the animal and take all reasonable steps to locate the owner before considering the option of euthanasia.
 - v. While the legislation does not constrain the veterinarian to act only under the authority of an appointed inspector in making the decision to euthanise the animal, it is strongly recommended that they do so wherever possible. While the veterinarian is most likely to understand the medical basis for the decision to euthanise, the appointed inspector may be able to advise on the soundness of the decision taking into account the legal complexities. In an emergency, if a warranted inspector is not readily available, veterinarians are advised to consult with a member of the police, as police officers are deemed to be inspectors under the Animal Welfare Act 1999.
 - vi. Where veterinarians act independently in reliance on s138, they must be very sure that they follow all the obligatory procedural steps to minimise the risk of associated legal liability and should document the same.
 - vii. If veterinarians are unsure about making a decision to euthanise an animal under section 138 they are encouraged to discuss this with VCNZ, NZVA, MPI Animal Welfare or their lawyer before they act.
- d. [Section 140](#) of the Animal Welfare Act 1999 identifies the obligations applying to veterinarians when presented with a severely sick or injured marine mammal.
- e. The American Veterinary Medical Association Guidelines on Euthanasia define euthanasia as the act of inducing humane death in an animal. In order to be humane euthanasia techniques should result in rapid loss of consciousness followed by cardiac or respiratory arrest and the ultimate loss of brain function. In addition, techniques should minimise distress and anxiety experienced by the animal prior to loss of consciousness. Selection of the most appropriate method of euthanasia in any given situation depends on the species of animal involved, available means of animal restraint, skill of personnel, number of animals, and other considerations. Veterinarians are expected to exercise sound professional judgment and use their knowledge of clinically acceptable and science-based techniques in selecting an appropriate euthanasia technique taking into account the above factors.

The AMVA guidelines provide useful advice on euthanasia. Click on this link:
www.avma.org/KB/Policies/Pages/Euthanasia-Guidelines.aspx.



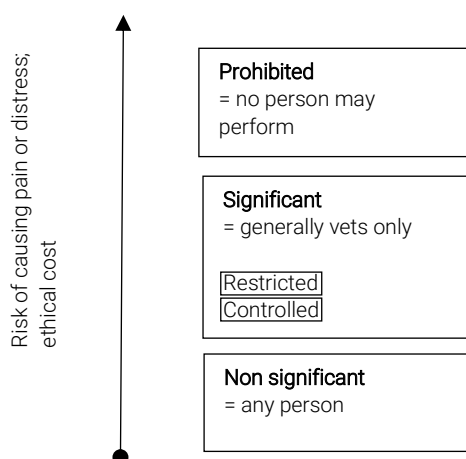


Section 5

Veterinarians must ensure that in the course of their work, only persons appropriately approved under sections 15–20 of the **Animal Welfare Act 1999** perform significant, restricted or controlled surgical procedures. Veterinarians must be satisfied that any person under their authority who performs any type of surgical procedure on an animal is appropriately trained and supervised, and that the animal does not suffer unreasonable or unnecessary pain or distress.

Understanding section 5

Surgical procedures



Type of surgical procedure	Description of surgical procedure
Prohibited surgical procedures (section 21(2))	It is an offence for any person to perform these procedures e.g. cropping the ears of a dog.
Significant surgical procedures (sections 6 and 15)	These procedures may generally be performed only by a vet. In cases of uncertainty the Minister can recommend an order in council to clarify whether a procedure is significant.
Restricted surgical procedures (section 17)	These procedures may only be carried out by a vet, who must satisfy himself or herself that the procedure is in the interests of the animal e.g. debarking a dog.
Controlled surgical procedures (section 18)	These procedures may be carried out by a vet or person with veterinary approval only e.g. develvetting





Non significant surgical procedures	These procedures (not specifically mentioned in the Act) can be carried out by any person e.g. the clipping of a dog's nails.
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- a. Under [Section 6](#) of the Animal Welfare Act 1999 significant surgical procedures include but are not limited to restricted surgical procedures, controlled surgical procedures and any other surgical procedure declared by Order in Council to be significant for the purposes of the Act.
- b. Debarking of dogs, declawing of cats and the docking of the tail of a horse are all classified as restricted surgical procedures. Only veterinarians or veterinary undergraduate students working under the direct and constant supervision of a veterinarian are allowed to perform restricted surgical procedures.
- c. Before a restricted surgical procedure may be performed veterinarians must satisfy themselves that it is in the interests of the animal. The 'interests of the animal' is paramount, not the interests of the animal's owner. For example, the docking of the tail of a horse where there is infection or a cancerous growth can reasonably be thought to be in the interests of the animal. Whereas the docking of the tail of a Shire horse for horse show purposes or for cosmetic reasons is clearly not in the interests of the animal.
- d. Develvetting of deer is a controlled surgical procedure. Only veterinarians, undergraduate veterinary students acting under the supervision of a veterinarian, the owner of an animal who is acting under veterinary approval, and the employee of the owner of an animal acting under veterinary approval may perform controlled surgical procedures. Veterinary approval in the context of the performance of controlled surgical procedures is defined in the Animal Welfare Act 1999 and veterinarians are referred to the Act for the detailed requirements.

When approving laypersons to carry out velvet removal and authorising the purchase and use of restricted veterinary medicines veterinarians are strongly advised to comply with the [MPI ACVM Guidance Document: Veterinary Operating Instructions Appendix: Xylazine, Yohimbine and Lignocaine for Velvet Antler Removal](#). Veterinarians who comply with this standard can be assured that they will meet their legal and professional responsibilities under the Animal Welfare Act 1999, the Agricultural Compounds and Veterinary Medicines Act 1997 and the VCNZ Code of Professional Conduct.

- e. Under the Animal Welfare Act 1999 significant surgical procedures (that are not listed as controlled surgical procedures) must only be carried out by a veterinarian or an undergraduate veterinary student under the direct and constant supervision of a veterinarian.
- f. Any person may perform a surgical procedure on an animal that is not a significant surgical procedure but must do so in a manner that does not result in unreasonable or unnecessary pain or distress.
- g. Where a matter is brought to the attention of VCNZ about a person not authorised under the Animal Welfare Act 1999 performing a surgical procedure which might reasonably be considered to be significant the matter in the first instance will be referred to MPI for investigation of a possible breach of the provisions of the Animal Welfare Act 1999. In circumstances where the surgical procedure has been performed under the authority of a veterinarian VCNZ will consider a





number of factors. These could include whether the veterinarian has acted appropriately taking into account the outcome of the MPI investigation and the circumstances under which the procedure was performed including: the degree of supervision of the person, the level of training of the person and whether the animal has suffered unnecessary or unreasonable pain or distress.

- h. Where a matter is brought to the attention of VCNZ about a non-veterinarian, acting under the authority of a veterinarian, performing a surgical procedure not reasonably considered to be significant, the matter will be considered in the context of whether the veterinarian has acted appropriately in delegating the procedure. Consideration would likely include the circumstances under which the procedure was performed including: the degree of supervision of the person, the training of the person and whether the animal has suffered unreasonable or unnecessary pain or distress.
- i. In considering whether a procedure can be delegated to a non-veterinarian the following criteria should be applied.
 - i. There must be no increased risk of pain or distress to the animal or breach of animal welfare legislation or codes
 - ii. Standards and public confidence in safeguards relating to animal health and welfare, public health, and fitness for purpose of animal products must not be jeopardised
 - iii. Legal requirements and professional obligations involved in certification must not be breached
 - iv. Agricultural compounds and veterinary medicines legislation or codes of practice must not be breached
 - v. The training required to satisfy the above must be specified, courses of instruction should be available and should have been satisfactorily completed by persons carrying out each procedure
 - vi. The veterinary control required should be specified and be appropriate for each procedure, taking account of the qualifications and competence of the person permitted to carry it out
 - vii. Adequate arrangements to secure and enforce the above must be established
 - viii. The consent of the owner knowing that the procedure will be carried out by a person who is not a veterinarian.
- j. Significant surgical procedures are defined by the Governor General, by Order in Council, acting on the advice of the Minister tendered after consultation with the National Animal Welfare Advisory Committee. Alternatively, recognition of a significant surgical procedure may follow a successful court prosecution under the Animal Welfare Act 1999. VCNZ if asked to provide advice on what might reasonably be considered to be a significant surgical procedure will base its advice on a modified version of guidelines prepared by NZVA. The modified guidelines involve a 3 step process. Where the answer to the first two questions is yes and the answer to the third question is no, VCNZ will advise that the procedure can reasonably be considered to be a significant surgical





procedure. More definitive advice would need to be sought from MPI.

- Step 1** Does the procedure lead to significant pain and also involve:
- i. entry into a body cavity; or
 - ii. invasion of the periosteum; or
 - iii. surgical removal of significant viable tissue.

- Step 2** Does the procedure require:
- i. a detailed knowledge of anatomy and physiology; and
 - ii. a knowledge of the medical and surgical management of complications during and post surgery including: herniation, infection, haemorrhage, adhesions, shock, homeostasis, allergic reactions, pain; and
 - iii. an understanding of pharmacology including; pharmacokinetics, and dynamics, anaesthesia and analgesia, allergic response; and
 - iv. an understanding of pathophysiology; and
 - v. an understanding of asepsis and antisepsis.

- Step 3** Is the procedure normally or commonly performed by non-veterinarians in New Zealand?

Section 6

Veterinarians must not carry out treatments or procedures on animals unless they meet the following criteria. Treatments or procedures must:

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





Understanding section 6

- a. It is inappropriate to perform procedures on animals or carry out treatments that are either not necessary or not in accordance with accepted husbandry and management practices. In all cases the welfare of the animals must be preserved.
- b. All surgical and some non-surgical procedures involving tissue damage can be expected to be painful. Analgesia must be included in the planning for all potentially painful procedures. An analgesia plan must be tailored for each patient and type of procedure, and be continued for an appropriate period after the procedure. Being able to assess pain is a crucial part of pain management. Veterinarians are expected to have a sound knowledge of the physiology of pain and pharmacology of pain control substances.
- c. Procedures and treatments must be carried out in accordance with accepted professional standards. 'Accepted professional standards' means:
 - i. those standards specifically published by VCNZ; or
 - ii. (in the absence of a stated and relevant VCNZ standard) those standards generally recognised by the veterinary community including those of NZVA, and taking into account the views of veterinarians practising in the relevant clinical area.
Refer to [VCNZ Statements](#) and [VCNZ Other Guidance](#).
- d. The Animal Welfare Act 1999 prohibits certain procedures and restricts others from being performed on animals. The Act also defines who can perform surgical procedures. In order to further safeguard animal welfare, this Code establishes additional professional obligations which apply to veterinarians for the purpose of ensuring that animals are not subject to unnecessary treatment or procedures not already specified in the legislation. Because of the nature of the relationship between humans and animals, it is not appropriate to restrict procedures to just those which are purely necessary for medical reasons. For example deVelvetting of deer is not carried out for medical reasons but is legitimate when carried out in compliance with legal requirements and accepted industry guidelines. Similarly routine desexing of companion animals is not always performed for medical reasons but is considered a legitimate part of responsible pet ownership.
- e. These obligations are not intended to restrict any particular surgical procedure where it is undertaken for justifiable medical reasons. Each case should be considered on its own merits in terms of whether it is justified depending on the circumstances. For example:
 - i. the excisional biopsy of benign skin tumours from dogs may be justified because of the potential for malignant change
 - ii. treatments or procedures on companion animals carried out as part of a planned breeding programme, may be justified on wider animal welfare grounds
 - iii. the amputation of all or part of a dog's tail without having a justifiable medical reason or because the dog is a particular breed, type or conformation is unacceptable. It is the policy of NZVA that tails should not be docked. While the Animal Welfare (Dogs) Code of Welfare 2010 makes provision for tails to be docked (minimum standard 17), allowing a tail band to be used by an appropriately experienced person operating under a documented quality assurance system (such as the Accredited Tail Dockers Scheme promoted by the New Zealand Kennel Club) veterinarians are required to comply with the Code of Professional





Conduct as the Codes of Welfare do not necessarily reflect veterinary policy or ethics

- iv. the insertion of neuticles (prosthetic testicles) cannot be justified. This procedure has no benefit to the animal and can be used to conceal genetic defects
 - v. the implantation of an intraocular silicone prosthesis following the surgical removal of the contents of the eye (leaving the outer shell or sclera, and implanting a silicone implant within the walls of the eye) is considered acceptable
 - vi. the implantation of a silicone prosthesis in the eye socket following eye enucleation is considered acceptable.
-

Section 7

Where a client's animals are found to carry inherited defects that compromise their welfare or that of their prospective progeny, veterinarians must give the client sound genetic counselling and management advice which is in the best interests of the animal and its progeny.

Understanding section 7

- a. Veterinarians are trained to diagnose health conditions in animals which have a genetic basis. Breeding programmes that select or allow for genetic defects in the offspring compromise those animals' welfare. Veterinarians are expected to provide sound advice to clients planning to breed animals about how to develop reproductive programmes that will reduce the incidence of hereditary diseases.
 - b. Veterinarians are encouraged to seek advice from the appropriate NZVA Special Interest Branch (SIB) for specific information on relevant inherited disorders.
-

Animal welfare resources

- a. [Animal Welfare Act 1999](#)
- b. [Codes of Welfare](#)
- c. [OIE Guidelines for Killing of Animals for Disease Control Purposes](#)





Client relationships

This section was last updated in October 2019

[Back to contents](#)

Veterinarians must practise in a way that promotes effective communication, trust, meets confidentiality and consent requirements and recognises clients' right to choose.

Section 1

Veterinarians must interact with [clients](#) in a way that promotes effective communication and trust. This includes:

- a. **listening to clients, respecting their views, responding to their concerns and preferences and treating them with courtesy**
- b. **not exploiting a client's lack of veterinary knowledge**
- c. **treating all client information and information related to the provision of veterinary services as the private information of the client except in circumstances where:**
 - i. **the client has given consent for the information to be shared; or**
 - ii. **the information is disclosed in accordance with the principles of the Privacy Act 1993; or**
 - iii. **disclosure is required under the Veterinarians Act 2005.**

Understanding section 1

- a. Trust is essential to a positive client-veterinarian relationship. Clients trust that veterinarians are competent and honest. Veterinarians' knowledge and training allows them to potentially influence clients' decisions. Because of this, veterinarians have a greater responsibility to be trustworthy. Veterinarians must not abuse this position or exploit a client's relative lack of knowledge by encouraging them to undertake veterinary treatment or make healthcare decisions that are not in their or their animals' best interest.
- b. **Communication** Veterinarians must be able to communicate effectively with clients. This includes:
 - a. listening to clients and identifying their concerns
 - b. finding out from clients what their veterinary needs and expectations are
 - c. explaining treatment choices and options in a way clients can understand.
- ii. Most of VCNZ's expectations around the quality of veterinarians' communications with clients are set out in its [Policy Document Competency Standards and Performance Indicators for Veterinarians](#). This section of the Code focuses on the ethical aspects of





communication including consent issues and the confidentiality of information.

c. Confidentiality

- i. Veterinarians must ensure the privacy and confidentiality of information collected and stored during the provision of veterinary services.
- ii. Veterinarians have professional responsibilities under the [Professional Relationships](#) section of the Code to share the relevant information they hold with other treating veterinarians or those who need to know.
- iii. However unless it is an emergency situation or there are valid grounds for disclosure, clients have the right to decide/consent to who should have access to this information.
- iv. The Privacy Act 1993 (<http://www.privacy.org.nz/a-thumbnail-sketch-of-the-privacy-principles/>) governs how personal information must be managed. Privacy principles 10 and 11 place restrictions on how organisations can use or disclose personal information.
- v. [Privacy principle 11](#) provides guidance on when it is acceptable to disclose information without client consent. For example:
 - when asked to disclose information about a client or their animals as part of an investigation by a recognised and authorised investigator into alleged breaches of the Animal Welfare Act
 - when required to provide information to VCNZ as part of a Complaints Assessment Committee investigation.

Further advice can be sought from the [Privacy Commissioner's office](#), 0800 803 909.

Section 2

Veterinarians must obtain the client's informed consent before proceeding with a proposed treatment or course of action, including post-mortems. This includes:

- a. making sure clients have enough relevant information to make an informed choice about treatment options**
- b. giving clients the information they need in a way they can understand**
- c. checking clients' understanding of the information, and ensuring they have the ability and authority to give informed consent**
- d. ensuring the informed consent process is adequately documented.**





Understanding section 2

Informed consent

- a. While veterinarians are obliged to obtain clients' informed consent to a proposed treatment/course of action this may not be possible in an animal welfare emergency. For example, when the client/owner can't be contacted and there is an immediate threat to the life of the animal, or an immediate need to relieve unreasonable or unnecessary pain (refer to the [Animal Welfare](#) requirements of this Code).
- b. Informed consent is an interactive process between the veterinarian and client. It's not just a single approval for a treatment plan or a signed consent form. For example, further consent is required where the condition of the animal and/or treatment options change.
- c. Client understanding is enhanced when:
 - i. information is given in lay terms (without technical jargon)
 - ii. clients are given the opportunity to ask questions or request additional information
 - iii. clients can relay their understanding of the information given back to the veterinarian
 - iv. (where appropriate) clients are given enough time to make an informed decision.
- d. 'Enough relevant information' means sufficient, relevant information being given to a 'reasonable' person in the client's position to make a considered decision on whether to accept or reject the recommended treatment/course of action. In general:
 - i. a simple procedure involving minimal risk and using current well-recognised options will require minimal detail
 - ii. a complex procedure will require detailed information, especially if less common/routine options are recommended and/or the risk is high or unknown.
- e. The following information must be provided:
 - i. the likely diagnosis where appropriate and the reason for the proposed course of action
 - ii. treatment options including expected outcomes, risks, side effects, benefits and costs (this can be a range of likely costs)
 - iii. the veterinarian's experience and skills to undertake the treatment, where appropriate
 - iv. referral options, where appropriate
 - v. post treatment requirements and likely costs.
- f. A client's experience and knowledge can influence the degree of detail they need to make an informed choice. Veterinarians should not pre-judge clients' ability to take in the information conveyed/treatment recommendations and should use appropriate questions to check understanding.
- g. The process of obtaining informed consent is ideally documented by a signed, consent form attached to the clinical record. Sample forms are available from the Veterinary Professional Insurance Society (VPIS) through NZVA. When verbal consent is given this must be noted in the clinical record.
- h. The clinical record should also include:





- i. a summary of relevant discussions that took place to arrive at the treatment decision/s
 - ii. a client's decision not to proceed with the veterinarian's recommendation (for example declining a second opinion or referral).
- i. The veterinarian responsible for the case must ensure that informed consent has been given before proceeding. Delegating some or all of the process to other staff (such as a veterinary nurse or receptionist) may be appropriate when:
- i. the proposed treatment is a common procedure, especially when requested by the client eg de-sexing operations
 - ii. the staff have been appropriately trained and protocols are in place and followed.

The accountability for the process remains with the veterinarian in charge of the case and there must be the opportunity for clients to talk with the veterinarian if they have expressed any concerns or request it.

- j. Veterinarians should consider how to best communicate information to the client. It can be helpful to support verbal explanations with written information, use of white boards, anatomical atlas to illustrate procedures etc. This is especially important for post-operative home care information.
- k. Veterinarians are expected to exercise sound professional judgement in determining who is able to consent to treatment. The client may be the owner of the animal, someone acting with the authority of the owner, or someone with statutory or other appropriate authority. If the person providing consent is not the owner, and has not confirmed their authority to act on behalf of the owner, procedures should only be carried out in exceptional circumstances. If there is any question about the person not being the owner or being an authorised representative, this must be documented.
- l. If the owner is less than 16 years of age or has limited capacity to provide consent, veterinarians should consider whether someone else can assist in providing informed consent.
- m. A person under the age of 18 (a minor) can provide informed consent to the treatment or procedure. However, the veterinarian should assess whether they think that person is competent to make such a decision, taking into account factors such as the complexity of the procedure and their apparent level of understanding.
- n. The agreement to pay for the service (procedure or treatment) should be treated as a separate process to obtaining informed consent. An agreement to pay for the service may not be legally enforceable if the person is under the age of 18 years, even though it is acceptable for them to provide consent to proceed. Veterinarians will need to consider whether someone else can assist when setting up arrangements to pay for the work. This could be a parent, guardian, employer or friend.
- o. If the owner is less than 18 years and cannot pay for the service at the time and if an older person is not available to take responsibility for payment, the veterinarian will need to make a judgement on how to proceed taking into account the animal's welfare. Questions which the veterinarian might need to consider include, for example:





- i. what is the minimum amount of treatment needed which addresses the welfare of the animal at the time eg treating a fracture with a Robert Jones bandage, sedation and analgesia?
- ii. would the SPCA or another animal welfare charity accept responsibility for payment or part payment?
- iii. depending on the circumstances should euthanasia be considered?
- iv. is the practice prepared to take a risk to cover the cost and proceed on the basis that they believe the owner intends to pay?

It is recommended that the practice develop a policy setting out how their veterinarians can deal with these situations.

- p. In discussing alternative treatment options veterinarians must not tailor the discussion because of their evaluation of the client's financial status. Failing to inform clients of reasonable medical alternatives (for example referral) breaches the Code.
- q. Part of the discussion to obtain informed consent should include how the veterinarian can contact the client during the procedure to discuss unexpected outcomes. Veterinarians should also gain the client's agreement to act without further consent if it becomes necessary in the interests of the animal.

Section 3

Veterinarians must respect clients' rights to:

- a. use the services of more than one veterinarian**
- b. seek a second opinion or referral**
- c. decline or choose an alternate course of action to the one recommended by the veterinarian, provided the animal's welfare is not compromised.**

Understanding section 3

- a. Clients are entitled to use the services of more than one veterinarian or to seek a second opinion or referral. Clients may also choose to use multiple veterinarians to provide different and particular skills in order to meet their specific veterinary needs. For example reproductive services, nutrition, and herd health consultancy. When it is known that a number of veterinarians are involved with the same client, the veterinarians concerned have particular responsibilities to communicate with each other as set out in the [Professional Relationships section of the Code](#).
- b. When clients decline, or choose a course of action to the one recommended, veterinarians must be satisfied that animal welfare requirements are met (refer to the [Animal Welfare](#) section of the Code and [sections 10–12 and 138 of the Animal Welfare Act](#)).





Section 4

Veterinarians are not obliged to accept new clients, continue to provide services to existing clients, or provide a requested treatment, providing animal welfare and professional standards are met.

Understanding section 4

- a. As long as animal welfare isn't compromised, veterinarians should use their professional judgement, and take into account all relevant circumstances, when considering whether to:
 - i. provide a particular requested veterinary treatment (surgical or medical)
 - ii. undertake any requested diagnostic investigation.

- b. Veterinarians can end their relationship with a client as long as this decision doesn't conflict with any animal welfare responsibilities under a current treatment plan. Veterinarians should notify the client in writing of this decision.





Professional relationships

This section was last updated in September 2016

[Back to contents](#)

Veterinarians must interact with colleagues honestly, with respect and in a way that fosters good relationships and communication.

Understanding the Guiding Principle

- a. Where more than one veterinarian is providing services to the same client the general principle is that the veterinarians concerned, with the client's consent, liaise and share relevant information.
- b. Even where there is no overlap of professional responsibilities veterinarians should make contact with each other to maintain and promote effective collegial relationships.
- c. Isolation from colleagues is a barrier to maintaining professional competence. Veterinarians need to develop and maintain good collegial relationships.
- d. Veterinarians starting work in a new place should make contact with other veterinarians in the area; and continue to communicate effectively and regularly with their local colleagues.
- e. Where good communication and relationships exist between veterinarians, especially between veterinarians in neighbouring practices, there is a greater chance that any issues or conflicts will be resolved easily and professionally. Where there are disputes that aren't easily settled, veterinarians should consider seeking external help to resolve the issues (for example NZVA or a mediator).

Section 1

Veterinarians must share relevant information with those who need to know. Client consent is required unless it is an emergency or there are valid grounds for disclosure.

Understanding section 1

- a. Veterinarians are required to share relevant factual information with those who need to know. This is to ensure (either generally or in individual cases) the welfare of animals; the promotion of public health and national biosecurity; the integrity of certification; the advancement of veterinary knowledge and/or maintenance of public confidence in the profession.
- b. Client consent must be obtained to share this information unless it is an emergency or there are other valid reasons for disclosure. Refer to section 1(c) of the [Client Relationships section](#) of the Code for detail on the legal grounds for disclosure. As well as legal grounds, there may be other circumstances where disclosure without consent can be justified. For example, where the ownership of an animal has changed, the new owner has taken the animal to their own veterinarian; and the previous veterinarian is unable to contact the former owner for consent to





release copies of relevant records. In this case the former veterinarian should be able provide the treating veterinarian with the information that is important to the future health management of the animal; while noting in the clinical record why consent was not able to be obtained.

- c. Clients have the right to use more than one veterinarian. The requirements around professional cooperation exist to ensure the best outcomes for animals and their owners.
- d. When different veterinarians provide services to the same client/animals there is potential for overlap. If the veterinarians don't communicate, there is an increased risk of conflicting or concurrent treatment programmes compromising animal welfare/safety. There may also be increased risks of residues in food producing animals and it will be harder to ensure the integrity of certification.

Section 2

Veterinarians who provide a specific and limited range of veterinary services to client/s (for example consultancy services) must:

- a. **ask the client who their usual [general veterinary practitioner](#) is**
- b. **ask the client for consent to contact this veterinarian and share relevant information while treating the animal(s)**
- c. **only authorise the use of restricted veterinary medicines for specific clinical matters they have consulted on**
- d. **arrange for 24 hour emergency care in relation to the matters consulted on.**

Understanding section 2

- a. Most clients will have one veterinarian who they consider to be their general veterinary practitioner. Over time, this veterinarian will accumulate veterinary records on the herd/flock/animal/s, their husbandry and their environment. This clinical information could be invaluable for the future health management of the animals concerned. In situations where some of that care is provided by different veterinarians it is in the best interests of the client and their animals for the client's general veterinary practitioner to be kept fully informed about the veterinary care provided.
- b. Where veterinarians are planning to provide a specific and limited range of veterinary services they must first find out from the client who their general veterinary practitioner is and seek the client's permission to contact them. The benefits of communicating with this veterinarian should be explained to the client. A client's decision to decline permission does not prevent services being provided, but this should be noted in the clinical records.
- c. After permission is gained, veterinarians should advise the general veterinary practitioner of their involvement and the scope of the services to be provided. The veterinarians involved should cooperate and share necessary clinical information that will improve the veterinary care of the animals involved and/or manage treatment risks.





- d. Where veterinarians provide veterinary services to a geographically distant client, there is a greater need to communicate with the client's general veterinary practitioner. This communication also helps with follow-up veterinary care that the general veterinary practitioner may need to provide.
- e. Sometimes clients may choose to use the services of a number of different veterinarians to provide the regular veterinary care for their animals. The client may not have a general veterinary practitioner. Communication between the veterinarians is still needed, but because the total veterinary input is fragmented it may be difficult to achieve the best possible veterinary care outcomes for the animal(s) and the client.
- f. Where a veterinarian is providing a specific and limited range of veterinary services (for example consultancy or artificial breeding techniques such as embryo transplanting), any restricted veterinary medicines authorised for use will relate to those specific services. Restricted veterinary medicines should not be authorised by this veterinarian unless an appropriate veterinary consultation has taken place to gather sufficient information to support prescribing these products. The veterinarian remains responsible for making provision for continuous emergency care in relation to the matters they have consulted on. If the veterinarian cannot personally provide this, specific arrangements must be made with colleagues in the area to do so.
- g. In situations where a veterinarian is providing services to a geographically distant client and is authorising and supplying restricted veterinary medicines for use by the client or a technician, they remain responsible for the subsequent use of these products. Unless veterinary operating instructions are used, the restricted veterinary medicines must only be authorised for use on animals under the care of the veterinarian. The technician or client must be familiar with the correct use of the products if they are not administered under their direct supervision. Veterinary operating instructions should be used where necessary to control and manage the associated risks (refer to [Veterinary Medicines](#) paragraph 4 for further information on veterinary operating instructions).

Section 3

Referrals, second opinions, and clients transferring to another practice, involve two or more veterinarians providing services, advice or treatment on the same clinical case. In these circumstances:

- a. **The treating veterinarian must, with the client's consent, seek relevant information from the other veterinarians involved. This ensures that:**
 - i. **all relevant clinical information can be taken into account when making treatment or management decisions**
 - ii. **all veterinarians involved with the animal(s) current care know who else is involved.**





- b. Clients have the right to use the services of more than one veterinarian; to seek second opinions; and to ask that their animals' care be transferred to another veterinarian. Veterinarians must:**
 - i. recognise clients' rights and, if appropriate, advise the client of them**
 - ii. recognise when a case falls outside their area of expertise or competence and offer referral to an appropriately qualified colleague**
 - iii. be aware of referral options and identify options to clients**
 - iv. when referring to veterinarians with particular expertise, advise the client of the veterinarian's skills and experience and whether they are registered as a veterinary specialist**
 - v. be satisfied that consent has been given before releasing clinical information (except in an emergency situation)**
 - vi. provide the relevant clinical records for the continued treatment and care of the animal when it is requested by the client or the managing or treating veterinarian**
 - vii. not prevent or delay the transfer of relevant clinical records to a managing or treating veterinarian**
 - viii. not try to discourage the client from seeing another veterinarian**
 - ix. communicate with other veterinarian(s) in a professional manner.**
- c. Veterinarians providing second opinions, treatment or diagnostic services as a result of a referral, transfer or request from a client must:**
 - i. state their opinion about the case in a way which is respectful of the first veterinarian**





- ii. **respect any past and/or ongoing relationship between the client and other veterinarians**
- iii. **with the client's consent, obtain relevant clinical records from the veterinarians who have previously treated the animal**
- iv. **if the client is returning to their first veterinarian, and that veterinarian organised the referral or second opinion, the second vet must provide a summary of their findings and recommendations to the first veterinarian**
- v. **if the client has sought a second opinion or referral directly, seek the client's consent and notify the first veterinarian of their involvement as soon as possible**
- vi. **consider whether it is appropriate to provide their opinion and/or provide specific veterinary advice on a case if they have not examined the patient or reviewed the relevant clinical records**
- vii. **if providing treatment, arrange for 24 hour emergency cover for their patients in relation to the matters consulted on.**

Understanding section 3

General requirements

Veterinarians are expected to:

- a. know when to refer cases
- b. know when a second opinion may be appropriate
- c. understand and respect clients' rights to seek a referral or second opinion
- d. be familiar with their obligations under the Privacy Act in these circumstances.

When asked to provide clinical records about an ongoing clinical case to another practice, veterinarians must be satisfied that the client has consented to the information being released. Clients can provide consent directly to the veterinarian who holds the clinical records, or can transfer their right to access the information to their new veterinarian. In the second situation the client's new veterinarian makes the request for the clinical records. If in any doubt the veterinarian asked to release the clinical records is entitled to ask for evidence that client consent has been given.

Consent may be given verbally or in writing. If verbal consent is given this should be noted in the clinical records. Any conditions on the release of the information should also be recorded.





The provision of relevant clinical records:

- a. ensures that all veterinarians providing services to the animal(s) have relevant historical clinical information to help ensure optimal clinical outcomes and patient safety
- b. keeps both veterinarians informed of each other's involvement and helps ensure the client receives consistent professional advice. When this doesn't happen there is a greater likelihood of client dissatisfaction and an increased potential for complaints.

Second opinions

- a. A second opinion involves seeking an evaluation by another veterinarian to confirm a diagnosis and treatment plan, or potentially to offer an alternative diagnosis and/or treatment options.
- b. Veterinarians may recommend a second opinion for a variety of reasons, for example in complex cases or where there are concerns the client may not accept the treatment recommendations.
- c. Clients may also decide to seek a second opinion without discussing this with their usual veterinarian. They may be apprehensive about their veterinarian's proposed course of treatment or costs; unhappy with the care provided; or hesitant to request a second opinion in case they offend.
- d. Where veterinarians propose euthanasia on welfare grounds and the animal's owner does not accept the recommendation, owners must, on request, be given the opportunity to obtain a second opinion within a reasonable time frame. This is a legal requirement under Section 138 Animal Welfare Act 1999. In situations where veterinarians are not confident that the owner will follow through on obtaining a second opinion and the animal may suffer, they may put a time limit on gaining the second opinion after which an animal welfare/SPCA inspector will be notified.
- e. When veterinarians recommend a second opinion they should help clients by recommending one or more veterinarians with the appropriate expertise. The first veterinarian must provide the relevant clinical records and should contact the second opinion veterinarian to notify them of the possible client visit.
- f. Second opinion veterinarians must be careful not to discredit the first veterinarian. When second veterinarians know the client has sought a second opinion to clarify or confirm the first veterinarian's diagnosis and/or treatment options, they should, after providing the second opinion and providing they are in agreement with the first veterinarian, encourage the client to return to the first veterinarian.
- g. If, after obtaining a second opinion, clients choose not to return to the original clinic, or to have the treatment/investigations carried out at the second opinion clinic, first veterinarians must respect this decision.
- h. Second opinions managed professionally can lead to better quality care, stronger client loyalty and enhanced relationships between the veterinarians involved.
- i. In all cases of second opinions, care needs to be taken to comply with the Commerce Act and in particular not to act in any anti-competitive way.





Referral

- a. Referral involves handing over a case to a veterinarian with particular skills in the appropriate discipline. Clients should be told whether the referral veterinarian is a registered specialist; if not, the client should be given details of their particular skills, training and experience.
- b. The purpose of referral is to obtain a diagnosis and carry out treatment with the expectation that the client will return to the referring veterinarian.
- c. If veterinarians offer referral but the client declines, this should be noted in the clinical record. Consideration should also be given to including this information in consent forms.
- d. Veterinarians should be familiar with the referral options available to their clients and consider offering referral early in appropriate cases. Referring veterinarians must provide relevant clinical records to referral veterinarians. If documentation can't be provided before the appointment, referring veterinarians should phone referral veterinarians to discuss the case.
- e. Referral veterinarians must provide referring veterinarians with detailed reports on diagnoses, treatments and prognoses for referred animals. If clients are provided with a written report, the original veterinarian should also receive a copy.

Client initiated transfers and consents

- a. When clients transfer the care of their animal to another veterinarian their consent must be obtained before contacting the first veterinarian to request the clinical records (unless information is required to assist emergency treatment).
- b. In seeking client consent it is important that veterinarians explain the benefits of having access to relevant clinical information about the animal(s).
- c. When clients don't consent to the second veterinarian communicating with or obtaining clinical records from the first veterinarian, the second veterinarian must consider whether they are able to provide services. The previous clinical records may contain important clinical information. Without this, outcomes and patient safety could be compromised.

Veterinarians must exercise their professional judgement in deciding whether to proceed, balancing the Code's expectations against the best interests of the patient. The welfare and safety of the patient should be of primary importance in making this decision.

When a client refuses permission to communicate with the previous veterinarian, and the second veterinarian elects to treat the patient, it is strongly recommended that this refusal is documented, preferably with the client's signature confirming the appropriate process and discussion has occurred.

- d. With the client's consent, second veterinarians must try to notify the first veterinarian before providing treatment or advice. This demonstrates professional courtesy, and helps ensure optimal clinical outcomes and patient safety. If this isn't possible, the first veterinarian must be told as soon as possible afterwards. Open and honest communication between veterinarians leads to





better communication between the second veterinarian and the client and reduces misunderstandings and the likelihood of complaints.

Accessing, providing and documenting client information for second opinions referrals and transfers

- a. Clinical records belong to the owners of the veterinary practice. However the information in them is the client's. Unless there are legal grounds for withholding this information, veterinarians must release copies, or summaries, of relevant information from their clinical records to clients on request (or to the client's new veterinarian with the client's consent).
- b. When veterinarians obtain client consent to access previous clinical records, they are acting as the client's agent and are entitled to seek relevant clinical records from the first veterinarian. This veterinarian does not need to contact the client to confirm their permission to release the records, but if in any doubt can ask the second veterinarian for evidence that consent has been given.
- c. Clients have the right to limit how much information second veterinarians are authorised to obtain from first veterinarians. For example clients may authorise second veterinarians to obtain clinical information relating to the case but not allow the transfer of financial information. It is recommended that veterinarians clarify with clients what information they are authorised to access.
- d. Second veterinarians need to document that the client has given consent to them to obtain the clinical records of their animal(s) (including any limits set by the client on the extent of the information to be provided). Ideally a written consent form tailored to the circumstances should be signed by the client and kept on file. If a signed form or emailed consent is not possible, a note must be made in the patient's clinical record at the time consent was obtained.
- e. Clinical records should be sent in the format requested. If there are initial time pressures, records can be provided in the most appropriate way (depending on the urgency of the situation). This could be verbally providing the details, or faxing or emailing them. If it's not urgent, posting the information may be sufficient. Veterinarians are expected to use their professional judgement to decide what is acceptable and appropriate in the particular circumstances. The patient's welfare must not be compromised by the decision on how to provide the clinical records.
- f. Clinical records should contain all relevant information including case notes, x-rays, lab results, drugs used and treatment details. Point 4(a) of the [Veterinary Services](#) section of the Code requires a patient's clinical record to contain sufficient detail for another veterinarian to take over the management of the case at any time.
- g. It is not acceptable to delay providing the information because the first veterinarian is not available. Veterinarians/practice owners have professional and legal responsibilities to release relevant clinical information in a reasonable timeframe. To ensure there are no delays, clinic staff, acting on the authority of the first veterinarian, must be delegated the authority to release the required clinical information to the second practice. Similarly, staff can, on the instructions of the second veterinarian, notify the first clinic that the animal is about to be seen or has been seen, and request previous relevant clinical records.





Guidance on charging for the provision of information (based on [Privacy Commissioner Guidance](#))

- a. Individuals have the right to access the personal information held by veterinarians about themselves (including information about their animals).
- b. When veterinarians respond to a client's request to access the clinical records of their animal(s), they must ensure they only provide the requested information and do not inadvertently pass on information that relates to others.
- c. Veterinarians cannot charge for collecting, collating, sorting or redacting (obscuring or deleting) personal information.
- d. Veterinarians may charge clients for:
 - i. the reasonable time spent copying the clinical records where this exceeds 30 minutes
 - ii. copying costs where the number of pages exceeds 20.

Refer to the [Ministry of Justice's Charging Guidelines for Official Information Act 1982 Requests](#). These guidelines are relatively generous and the Privacy Commissioner has stated that a reasonable charge in some circumstances will be considerably less than these guidelines permit.

Professional obligations and courtesies

- a. Second veterinarians are not obliged to provide the original veterinarian with information on their planned treatment of the case or details of the treatment provided (apart from referral situations). However, in the interests of maintaining good professional relationships this information may be shared with the client's permission.
- b. Veterinarians are expected to communicate professionally and not hinder the ongoing management of cases. The patient's welfare and the public perception of the profession must not be compromised by poor communication between veterinarians.
- c. Veterinarians must not contact clients to try to discourage them from seeing another veterinarian. However conducting a professional 'client exit interview' to establish the reasons for switching to another veterinarian may be appropriate as a tool for learning and business improvement if carried out:
 - i. in a way that is not perceived by the client as pressure to return to the first practice; and
 - ii. takes place at an appropriate future time.





Section 4

Veterinarians must treat colleagues with professionalism and respect; not making malicious or unfounded criticisms that may undermine the public's trust or bring discredit to the profession.

Understanding section 4

- a. Veterinarians are expected to settle any personal dispute with colleagues privately. They must not publicly criticise other veterinarians in a way that risks bringing the profession into disrepute. Refer to the [VCNZ/NZVA Social Media Guide](#) for further information.
 - b. Veterinarians who are asked to provide their opinion or veterinary advice on the clinical management of a case which is still under the care of another veterinarian must consider carefully whether it is appropriate for them to do so, if they haven't examined the patient or reviewed the history. While it may be acceptable to provide general comment, veterinarians who choose to provide specific advice on the particular case must:
 - i. with the person's consent, notify the first veterinarian of their involvement
 - ii. limit the extent of their specific advice to what is reasonable given the limits of the information they have reviewed
 - iii. state their opinion in a way which does not discredit the previous veterinarian.
 - c. Veterinarians should distinguish between providing specific veterinary advice about a case and giving general advice.
 - i. Specific veterinary advice is given when a veterinarian gives their opinion on how a particular case should be managed. For example a veterinarian at a party tells another party guest that their dog, which has been hospitalised with a broken leg, doesn't need surgery because the fracture can be satisfactorily managed with a splint.
 - ii. General advice about a case is given when a veterinarian provides information about treatment options and refrains from making specific recommendations. For example in the same party scenario, the veterinarian might explain that there are various treatment options for broken legs and the most appropriate option will depend on a number of factors including which bone/s are fractured, the nature of the fracture and the age of the dog.
-





Section 5

Veterinarians must ensure that veterinary colleagues within the practice are appropriately supported, particularly those who are newly registered or inexperienced.

Understanding section 5

- a. Newly registered or inexperienced veterinarians may not have had the opportunity to fully develop their skills. All veterinarians in the practice must ensure that inexperienced practitioners are appropriately supervised and supported at all times.
- b. Regular practice meetings, seminars and performance feedback/review meetings together with formal induction of new employees helps ensure that practice values are adopted and professional standards are maintained.
- c. When a veterinarian is subject to Council's competence and/or health processes, their employer is expected to provide them with appropriate support. This includes cooperating with all reasonable Council requests that allow the assessment of the veterinarian and where necessary reassessment or monitoring.
- d. When veterinarians start working at a practice, the relationship and accountabilities should be clearly defined and agreed, in a robust and fair contract or employment agreement. Failure to do so can lead to difficulties and disputes.





Professional integrity

This section was last updated in October 2015

[Back to contents](#)

Veterinarians must act in a manner that promotes the public's trust and confidence in the profession.

Understanding the Guiding Principle

- a. Public trust and confidence in the veterinary profession are vital pre-requisites if veterinarians are to carry out their expected roles and functions in society. Public perceptions about veterinarians are influenced by the actions of veterinarians as well as the standards of integrity and competence that veterinarians are held accountable to.
 - b. Registration as a veterinarian conveys certain rights and responsibilities but these will only last as long as the exercise of professional duties is carried out with appropriate diligence. Any loss of public confidence could result in removal of the profession's rights and a diminution of responsibilities.
-

Section 1

Veterinarians must display high standards of integrity and accountability and must not engage in fraud, misrepresentation or deception.

Understanding section 1

- a. Integrity means adherence to professional and ethical standards. It is a personal quality that is characterised by consistency of conduct, honesty and incorruptibility. As such, integrity is an essential and defining element of professionalism.
 - b. Accountability is the professional obligation on veterinarians to be able to justify and be held responsible for their actions.
-

Section 2

Veterinarians must maintain the integrity of certification.

Understanding section 2

Integrity of certification

- a. Integrity of certification is central to the national interest, continuity of trading access, and public confidence in the profession. Any action by a veterinarian which contributes to bringing the integrity of veterinary certification into disrepute is considered very seriously by VCNZ. While this section of





the Code refers mainly to written signed certificates, the principles apply equally to systems using electronic means of certification.

- b. Subject to the variations permitted by paragraph (e) below, the following basic principles apply to all forms of certification by veterinarians.
- i. It is unacceptable for veterinarians to sign certificates which they know or should have known are untrue, misleading, or inaccurate.
 - ii. Certifying veterinarians are personally responsible for their signature on a certificate and therefore must ensure they retain the sole and indisputable right to issue or to refuse to issue a certificate (unless instructed not to issue it by an appropriate authority).
 - iii. Certifying veterinarians must familiarise themselves with the form of certificate and any accompanying instructions, guidelines etc and consider carefully all the implications of issuing it bearing in mind the individual circumstances of each case.
 - iv. Certifying veterinarians must only attest to matters which:
 - are within their current knowledge; or
 - can readily be ascertained personally; or
 - are the subject of a supporting document of attestation from another individual who does have personal knowledge of the matter in question and is officially recognised (eg Government appointed or accredited) as competent to provide such a supporting document or statement; or
 - are supported by regularly updated advice provided by another veterinarian or an officially recognised person who has personal knowledge of the matters in question, and whose name and contact details are recorded on an electronic database accessible to the certifying veterinarian.
 - v. Matters outside the current knowledge of the veterinarian, and not the subject of a supporting document but known to other persons (eg farmer, breeder, truck driver) should be the subject of a declaration by those persons only. The form of declaration may vary from a simple signed statement to a sworn affidavit depending on the significance of what is being certified. Care should be taken to ensure that the person supplying the supporting document has no real or perceived conflict of interest in the matter.
 - vi. Certifying veterinarians must only attest to compliance with law if they are familiar with the matters of law concerned; or the matters are set out on the certificate; or the designer of the certificate has provided clear guidance in relation to the law concerned.
 - vii. In the event of any real, possible or perceived conflict between their own interests (including those of their professional clients) and the interests of the person or organisation to whom the certificate is directed, the certifying veterinarian must not issue a certificate without:
 - identifying the conflict, or possibility of conflict, to the person/s or organisation concerned
 - abiding by the decision on how this should be managed.

Refer to the Explanatory Notes for section 3 of this part of the Code for further guidance





on what to do in these situations.

- viii. The animal(s) or products being certified must be clearly identifiable from the details on the certificate.
 - ix. The veterinarian must not sign and issue a blank or incompletely filled certificate form to be completed later by another party.
 - x. The veterinarian must complete the certificate with care and accuracy and in a manner and using a means which does not lend itself to alteration, or additions, by a second party after the certificate has been issued ie all required information must be entered before the certificate is signed.
 - xi. The certificate must bear not only the veterinarian's signature but also clearly identify their name, qualifications and address or organisation and (where appropriate) bear official or practice stamps. Veterinarians might also give consideration to using their unique VCNZ registration number on the certificate. This provides an easy means of identifying the certifying veterinarian and their contact details should this be required (via checking with VCNZ office staff – vet@vetcouncil.org.nz or 04 473 9600).
 - xii. The certificate must bear the date on which the certificate was signed and issued (pre-dating and post-dating is not permissible) and (where appropriate) the time for which the certificate remains valid. The certificate should not attest to future events beyond the control of the veterinarian.
 - xiii. Only one original certificate must be issued. Where a copy or replacement is provided or retained it must be clearly marked COPY or DUPLICATE or REPLACEMENT as the case may be. Where practicable the veterinarian should ensure that the certificate being replaced is surrendered or withdrawn and either destroyed or clearly identified as to its revised status.
 - xiv. Where, after issuing a certificate, veterinarians become aware that the certificate should not have been issued or is no longer true, they must withdraw or cancel the certificate, identify the copies accordingly, and inform the affected parties of their action forthwith.
- c. Where veterinarians compile and complete their own form of certificate (or one compiled on their behalf) they must ensure that:
- i. the certificate is written in terms which are as simple and easy to understand (by a non-veterinarian) as possible and which are not capable of more than one interpretation.
 - ii. the certificate is written in the language(s) of which they have a thorough understanding. If a translation into another language is required it should be provided and certified by a professional translator and be attached to the veterinarian's original certificate.
 - iii. a copy must be retained and/or be accessible to the certifying veterinarian.
 - iv. preferably, each certificate should be given a unique identifier to distinguish it from other certificates.





- d. Veterinarians completing and signing a standardised form other than an official certificate:
- i. must not add to, or alter, or delete parts of the certificate form unless the certificate indicates that it is permissible to do so.
 - ii. must clarify any statements they do not fully understand or consider to be of questionable integrity and, where appropriate, should seek explanation from the form's designers and, if necessary, advice from VCNZ.
- e. Veterinarians issuing official assurances must first familiarise themselves with all regulatory requirements, instructions and guidelines pertaining to the particular category of official assurance being dealt with and:
- i. ensure they have the necessary prior authority (eg appointment, accreditation, delegation) and knowledge before issuing any particular category of official assurances. (As a general rule only MPI-employed veterinarians are so authorised)
 - ii. must not add to, or alter, or delete parts of the form of assurance provided unless given specific authority to do so
 - iii. should seek further advice from a MPI (or other Government) official with the appropriate authority and knowledge, if in doubt about issuing an official assurance
 - iv. subject to the qualifications set out in (v) and (vi) below, must adhere to the principles listed in paragraph (b) above
 - v. despite paragraph (b)(v) above may accept a supporting document of attestation signed by a person who is not an officially recognised individual provided that they, as the certifying veterinarian, are satisfied the person is in a position to sign the attestation accurately and honestly, and there is no reason to doubt the person's integrity; and
 - vi. may sign an official assurance which invites them to certify 'after due enquiry and to the best of my knowledge' (or similar phrasing) where satisfied as to the authenticity and validity of the document.
- f. In relation to paragraph (e) above it is important that veterinarians distinguish between official assurances explicitly requiring veterinary involvement, and official assurances not requiring veterinary involvement. As a result of international demand the scope of official assurances is now broad, covering: agriculture, horticulture, food, wine, and in recent years 'commercial' claims such as organics and halal. As such, veterinarians are involved in regulatory systems for products with no essential veterinary connection. Under these circumstances veterinarians should exercise their professional judgement soundly and apply the standards and principles of this Code as guidelines when operating in a non-veterinary official assurance environment.
- g. Personal responsibility for one's signature as described in paragraph (b) (ii) above does not preclude the use of electronic signatures. The conditions for use of electronic signatures (including the digitised image of one's actual signature) must include:





- i. security and controls (system encryption, passwords, etc) of the hardware and software systems which are the repositories of the veterinarian's electronic identity.
 - ii. controls sufficient to ensure that no one other than the veterinarian him/herself has access to their electronic identity. The individual veterinarian must ensure they do not compromise the integrity of an electronic system through, among other things, sharing passwords, or remaining logged in to a system while not in attendance, or having the computer they routinely use auto-remember passwords.
 - iii. practising in accordance with the Electronic Transactions Act 2002, administered by the Ministry of Economic Development. To achieve this veterinarians engaged in providing certification or other formal correspondence solely through electronic means should familiarise themselves with the relevant provisions of this Act.
-

Section 3 Veterinarians must identify, declare and manage conflicts of interest so as to demonstrate that they are acting with impartiality and independence.

Understanding section 3

Conflicts of interest

- a. A conflict of interest arises when a veterinarian's duties and responsibilities may be affected by some other interest that the veterinarian has, usually a personal or commercial interest. The test for a conflict of interest is not whether the veterinarian thinks that such an interest may affect their ability or actions but rather the perceptions of other people as to whether the conflict may have an effect on the ability or actions of the veterinarian.
- b. A veterinarian must declare a conflict of interest, or a possible conflict, at the earliest possible time that they become aware of circumstances that exist, or that may arise, as to a conflict. Conflicts of interest may arise at any time and the obligation to declare a conflict of interest, or a possible conflict, is ongoing.
- c. The first step in dealing with a conflict of interest is to identify and declare the conflict, or possible conflict. Veterinarians need to consider the nature of their relationship with the person(s) or organisation(s) concerned and also the nature of their duty or obligation. One test is to ask the question - would a reasonable person, aware of all of the facts, consider that the relationship between the veterinarian and the person(s)/organisation(s) concerned would affect the way in which the veterinarian acted? If the answer is 'yes' or 'maybe', then the circumstances of the conflict, or possible conflict, should be disclosed to the person(s) affected. If the answer is 'no', then it is appropriate to proceed.
- d. The second step in dealing with a conflict of interest is to manage the conflict, or possible conflict, and decide what action to take. This would usually involve discussing the matter with the affected





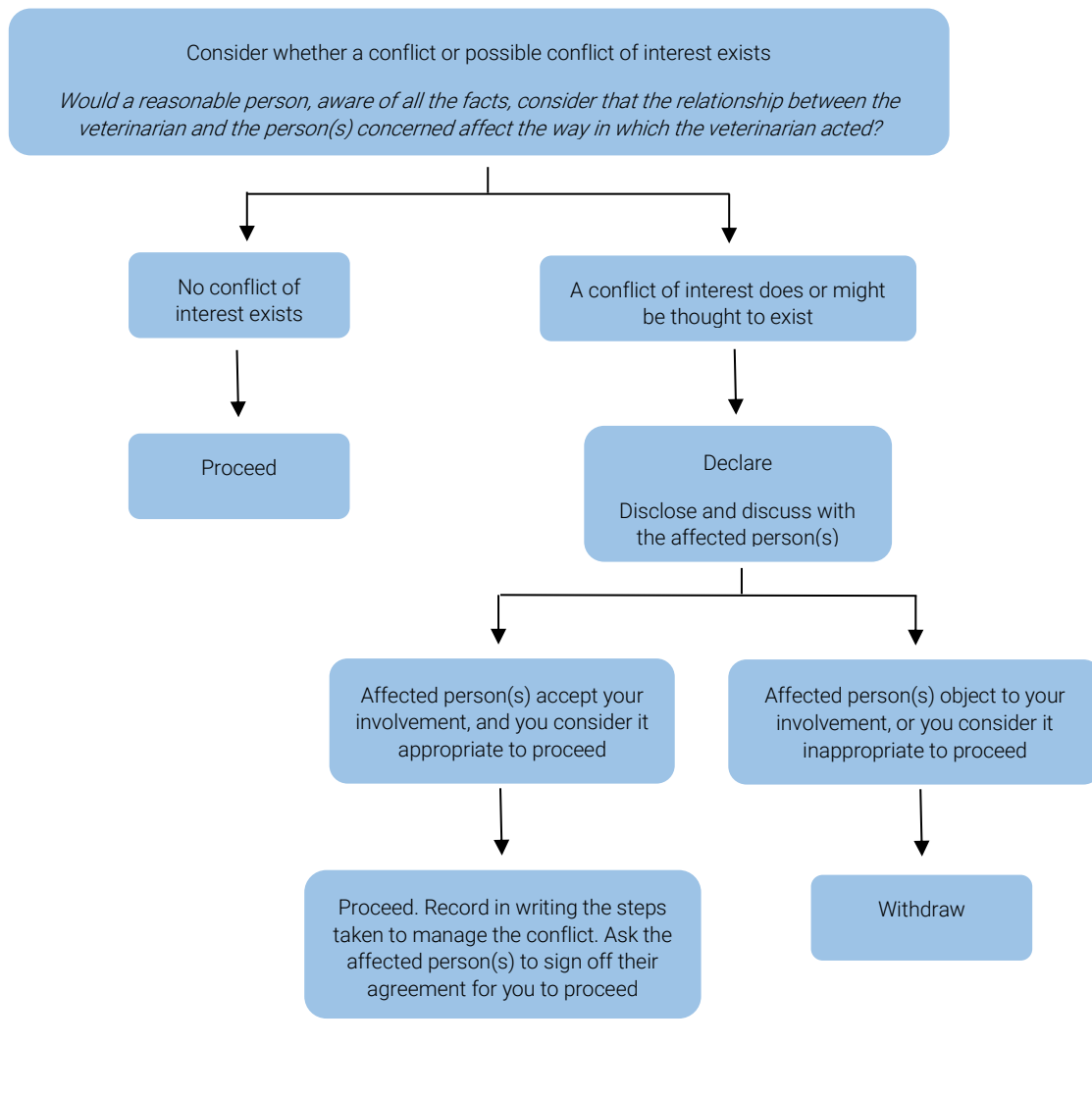
person(s) or organisation. Veterinarians should use their judgement in making a decision whether to proceed. In many circumstances it may be more appropriate to withdraw and to refer the person or matter to another veterinarian.

- e. The existence of a conflict of interest does not necessarily mean that a veterinarian cannot be involved in an activity and must withdraw. However if the veterinarian decides to proceed then a procedure needs to be followed to ensure that the person(s) who may be affected by the conflict is fully informed of the circumstances of the conflict, or possible conflict, and gives consent to the veterinarian continuing to act. If there is any doubt as to what action should be taken, it is better to withdraw.
- f. Veterinarians may have access to workplace policies and procedures for managing conflicts of interest. In the absence of such policies the [Flowchart for Managing Conflicts of Interest](#) offers some guidance on how to manage conflicts.
- g. Veterinarians are advised to keep records in all situations where conflicts, or possible conflicts, of interest arise. These should include:
 - i. the nature of the conflict
 - ii. the process by which the conflict is managed
 - iii. situations where they identified that a possible conflict might exist, but decided that no conflict existed and they proceeded to provide services.
- h. Where a veterinarian is asked for an opinion, or to issue a certificate in an area where the veterinarian has a conflict of interest, then it is advisable to notify the conflict and withdraw. However, if the requester still wishes the veterinarian to provide an opinion or issue a certificate then the veterinarian should declare the conflict as part of the opinion or certificate so that the reader of the certificate or opinion is aware of any associated interest that the veterinarian may have.





Flowchart for managing conflicts of interest



Section 4

Veterinarians must not seek or accept inducements that can be shown to influence their treatment or sales decisions.

Understanding section 4

Inducements

- Veterinarians are expected to make conscientious and judicious use of current best evidence and integrate this with their own clinical expertise and experience when making decisions about the treatment of animals. Veterinarians must also be satisfied that the choice of veterinary medicine used to treat an animal(s) is justified, and that use is appropriate to achieve the intended effect. Veterinarians in a practice are expected to be satisfied that their staff follow the same standards





when making sales recommendations.

- b. The perception that a veterinarian or a practice staff personnel member is making treatment decisions or recommendations on the basis of commercial influence will undermine the public's trust in the profession.
- c. The potential for commercial influence is relevant for decisions involving the authorisation and/or sale of both restricted and unrestricted veterinary medicines.
- d. Veterinarians should use their judgement when offered inducements. Those which are low in monetary value, provide negligible personal benefit, or which are directly relevant to veterinary practice (eg text books, veterinary equipment etc) are likely to be acceptable. Ultimately the test the veterinarian should apply is whether they believe the gift has the potential to influence their professional judgement. Even though the potential for influence may seem low in a given situation it is likely to be more obvious to members of the public than to the veterinarians. Questions worth considering when faced with the offer of an inducement include:
 - i. Would my clients consider that my treatment recommendations might be influenced if I accept?
 - ii. How would the media respond if the inducement was disclosed?
- e. Standard commercial arrangements between suppliers and veterinary practices around the purchase of products such as rebate structures, volume discounts, loyalty programmes and marketing/promotion agreements are acceptable, provided:
 - i. they reasonably reflect the level and type of business transacted between the practice and the supplier; and
 - ii. any commercial benefits are directed to the business (not the individuals who are responsible for making the treatment or sales decision).
- f. The veterinary supply industry often contributes to the financing of veterinary continuing professional development activities through sponsorship. This valuable contribution promotes advances in the clinical and professional standards of individual veterinarians and staff as well as of veterinary practices. Such individual and group sponsorship should be publicly disclosed in order to minimise perceptions of a conflict of interest, and to encourage the conscious avoidance of improper influence.

Section 5

Veterinarians must immediately notify MPI when they suspect the presence of any organism (disease, parasite etc.) not usually seen in New Zealand, and any notifiable organism and then comply with the instructions of MPI.

Understanding section 5

- a. In the event of an exotic pest or disease incursion or notifiable disease outbreak most animal owners can be expected to seek veterinary advice. In both situations early disease recognition and





containment offer the best opportunity for effective pest or disease control and eradication.

- b. Veterinarians are expected to be able to distinguish 'normal' endemic pests and diseases from the abnormal notifiable or exotic. When they suspect a notifiable or exotic disease they must remain on the property and immediately phone the suspected exotic disease hotline 0800 809966 to notify. The Investigation and Diagnostic Centre (IDC) veterinarian on call is required to respond within 15 minutes and determine the next steps of the investigation. The onsite veterinarian should request that all movements on and off the property cease until the IDC veterinarian responds.
- c. The veterinarian must follow the instructions given by the IDC veterinarian.

Section 6

Veterinarians called as either a witness or an expert witness in a court or tribunal must give their evidence honestly and accurately. When presenting expert evidence, veterinarians must do so impartially and within their areas of expertise.

Understanding section 6

Presenting evidence in court

- a. Veterinarians may on occasions be asked to prepare or present evidence for a court or tribunal. This could be either as a witness as to the facts of a case or as an expert witness. All witnesses must give their evidence accurately and honestly. Expert witnesses have extra responsibilities conferred on them by rules of evidence and codes of conduct required by the courts.
- b. Where a veterinarian is called as a witness as to the facts the purpose of their evidence is to set out the factual circumstances. It is not the role of a veterinarian to give an opinion but rather to report the facts accurately in their evidence.
- c. An expert witness may be called either by a party or by the court or tribunal. When a veterinarian is called as an expert witness to give expert evidence in a court or tribunal they must give their evidence impartially and within their area of expertise. The veterinarian may be asked to give an opinion and in doing so they have an over-riding duty to assist the court or tribunal. They are not an advocate for the party that engages them, whether that person is a client or not.
- d. When a veterinarian gives their expert evidence in the courts they are required to comply with the [code of conduct for expert witnesses](#) under the High Court Rules. The Rules require that the expert witness has read the code of conduct and agrees to comply with it.
- e. Veterinarians acting as expert witnesses must state:
 - i. their qualifications as an expert
 - ii. the issues that the evidence addresses; and
 - iii. that the evidence is within their area of expertise.





- f. When giving an expert opinion to the court veterinarians acting as expert witnesses must state the facts, the assumptions on which the opinion is based, and the reasons for the opinion. They must also identify any literature, examinations, tests or other investigations, or any other material used or relied on in support of the expert opinion. Where third party information is relied upon the veterinarian must give details of the qualifications of that person.
- g. Where the court directs the veterinarian to confer with another expert witness to try to reach agreement as to the expert opinions, the veterinarian must comply with the direction of the court. In doing so, the veterinarian must exercise independent and professional judgement and must not act on the instructions and direction of any person to withhold or avoid disagreement.

Section 7

Veterinarians officiating in a professional capacity at animal based events such as races, shows or competitions must:

- a. declare any conflict of interest relevant to their official duties to the appropriate authority at the earliest opportunity**
- b. behave in accordance with the principles and rules of the competition and those of its organisers**
- c. use their professional judgement to prevent any situation which is likely to compromise an animal's welfare**
- d. avoid any act which unfairly influences any animal's performance.**

Understanding section 7

- a. Whether veterinarians are paid, or not, for officiating at animal based events such as races, shows or competitions their obligations are the same.
- b. It is expected that when acting as official veterinarians at animal based events veterinarians will carry out their role in a manner which is competent, correct, fair, and impartial.
- c. Because of the competitive nature of such events and the potential for commercial gain, it is imperative that veterinarians do not officiate in situations where the perception of a conflict of interest might exist, without that conflict being managed appropriately. Refer to the Explanatory Notes for section 3 of this part of the Code for further guidance.
- d. Before undertaking any official duties veterinarians must ensure they have a full knowledge of the expected duties and associated rules.
- e. Where veterinarians' official duties at such events include the performance of veterinary clinical assessments and treatments, they must ensure that they possess the necessary competency, equipment and materials expected.





- f. When making clinical assessments veterinarians must ensure that the welfare of the animals involved is protected and their decisions are not related to the value of the animal or any betting related impact.
-

Section 8 **When treating or prescribing for any animal before a race, show or event, veterinarians must ensure that the relevant rules of the Racing, or Harness Racing Conferences, Greyhound Association or similar bodies are followed.**

Understanding section 8

- a. When attending an animal known to be competing in any event, veterinarians must ensure that they are aware of and comply with the relevant rules of the body responsible for organising the event providing such rules are lawful and do not contradict the requirements of this Code.
 - b. Where available, veterinarians must be aware of, and take account of, relevant published guidelines which provide authoritative advice on detection times for therapeutic substances used when treating competing animals.
 - a. When veterinarians are considering the administration of therapeutic substances, the welfare of the animal must take precedence over decisions based purely on clearance times and the desire to have the animals competing in a particular event.
 - b. Veterinarians must not administer treatments which will unfairly influence the performance of the animal.
-

Section 9 **When promoting services and products:**

- a. **veterinarians must act fairly representing their capability and competence accurately**
- b. **veterinarians must not exaggerate any claim or comparison of the service or product over another or overstate their skills and knowledge by using misleading descriptors.**

Understanding section 9

Promotion of services and products

- a. The promotion of services and products offered by the profession occurs in various ways. Sometimes promotion occurs through direct contact between veterinarians and existing or





potential clients. Other forms of promotion are indirect through electronic or written communications, promotional activities, advertising, and media.

- b. When promoting services and products veterinarians need to take care not to claim or imply any personal superiority of professional attributes relative to other veterinarians and must not act in a manner that may impair public confidence in the profession, such as to discredit other veterinary services or products.
- c. Veterinarians need to be accurate when promoting services and products. They must not mislead or deceive the public directly nor by implication, omission, ambiguity, or exaggerated claim or comparison of their service or product over another. When comparing products, veterinarians must only make comparison between products with a similar intended purpose of use.
- d. Promotion involving scientific terminology should be appropriate but also able to be readily understood by the audience to whom it is directed.
- e. When advertising their services and products, veterinarians must act in accordance with the advertising codes of practice. The Advertising Codes of Practice are overseen by the Advertising Standards Authority and establish the following five basic principles.
 - i. All advertisements must comply with the law of New Zealand
 - ii. No advertisement should impair public confidence in advertising
 - iii. No advertisement should be misleading or deceptive or likely to mislead or deceive the consumer
 - iv. All advertisements should be prepared with a due sense of social responsibility to consumers and to society; and
 - v. All advertisements should respect the principles of free and fair competition generally accepted in business.

The various codes of practice for advertising can be found at www.asa.co.nz.

- f. When advertising a registered veterinary Medicine, veterinarians must act in accordance with MPI guidance. The MPI [Advertising guidelines](#) for products registered under the ACVM Act sets out MPI expectations under the ACVM Act regarding the standards to be maintained by veterinarians when advertising and promoting veterinary medicines.
- g. Endorsements and testimonials involve the public declaration or personal approval by a veterinarian for a product or service. Such activities are a form of advertising and must comply with the guidelines above. In addition any veterinarian providing an endorsement or testimonial must:
 - i. be a bona fide user of the product or service;
 - ii. disclose any financial, business or other relationship they have with the seller/supplier; and
 - iii. be able to substantiate any claims they make in relation to the product or service.
- h. The VCNZ [Policy on Use of Titles](#) provides further guidance and covers:
 - i. restrictions on the use of the title specialist
 - ii. advertising areas of particular interest
 - iii. use of the courtesy title 'doctor'
 - iv. recommendations on advertising qualifications, offices and honours and membership of organisations.





Section 10

Veterinarians must use their professional judgement in deciding whether to notify VCNZ where they have reason to believe that the health, conduct or competence of a colleague is adversely affecting patient care or undermining the public's trust in the profession.

Understanding section 10

a. Notifying health concerns

- i. Under the Veterinarians Act 2005 a person is not entitled to be registered, or to continue to practise subsequent to registration, if they cannot practise satisfactorily because of a mental or physical condition.
- ii. Conditions that may affect a veterinarian's ability to practise include:
 - alcohol or drug abuse or dependence
 - mental health issues
 - stress related impairment
 - declining competence due to loss of motor skills or the early stages of dementia
 - other illnesses and injuries.
- iii. The VCNZ [Policy on Health Impaired Veterinarians](#) sets out how VCNZ manages unwell practitioners.
- iv. Veterinarians who face up to a problem and report their difficulty to VCNZ take the first important step towards recovery. Some veterinarians are not aware they have problems, and resist any offers of support. If professional help is not sought, it is often only a matter of time before serious problems occur. VCNZ's experience is that where an illness is treatable, early intervention usually enables veterinarians to continue practising while receiving treatment. However where this is not the case it is vital, in the public interest, that the veterinarian is closely monitored if that is appropriate and safe, or discontinues work if necessary.
- v. Covering up for a colleague is counterproductive. Without help and support, an unfit veterinarian risks putting patients, the profession and his or her reputation in jeopardy.
- vi. Questions to consider in deciding whether to notify VCNZ.
 - Are my reasons for believing the veterinarian is unwell valid?
 - Are my reasons for believing their health is adversely affecting their practice valid?
 - Should I be discussing my concerns with my employer/colleagues?
 - Have I discussed my concerns with the veterinarian concerned?
 - Have I, or should I, advise the veterinarian that I am considering reporting to VCNZ?
 - Is the veterinarian aware of the problems and willing to address them?
 - Have local measures been put in place which assure me that the veterinarian is now practising safely?
 - Have I encouraged the veterinarian to report their difficulties to VCNZ? Has this occurred?





- vii. It is strongly recommended that veterinarians notify VCNZ in circumstances when:
- direct approaches and/or local interventions have not worked
 - the veterinarian is not aware they have problems and/or resists offers of support or help
 - the veterinarian has resisted recommendations to report their health issues to VCNZ
 - the illness or condition is impacting on the veterinarian's practice to the extent that s/he poses a significant risk of harm to their patients, to the public interest or themselves.

b. Notifying competence concerns

- i. Veterinarians are required to maintain their competence in the areas they practise in. In situations where a veterinarian's competence has been called into question VCNZ can assess their practise and put in place remedial measures if competence is found wanting.
- ii. The VCNZ [Policy on Competence and Competence Assessment](#) contains further information and sets out what VCNZ takes into consideration in deciding whether to undertake a competence assessment.
- iii. Questions to consider in deciding whether to notify VCNZ.
- Are my reasons for believing that the veterinarian's competence is impaired valid?
 - Is there a one off incident that concerns me, or does it appear that there is a pattern of errors or poor practice? For example lack of skills or knowledge, inadequate understanding of concepts and procedures, poor judgment.
 - Should I be discussing my concerns with my employer/colleagues?
 - Have I discussed my concerns with the veterinarian concerned? Note in discussing your concerns it is helpful if you have specific incidents or cases to point to, particular issues in those cases that concern you and some suggestions on steps the veterinarian could take to address the concerns.
 - If it was a one off incident how serious was the departure from accepted standards? Did the veterinarian have an adequate explanation for this departure?
 - Is the poor performance related to factors beyond the veterinarian's control eg high workload, lack of CPD opportunities, lack of support?
 - Is the veterinarian aware of the concerns and willing to address them?
 - Have local measures been put in place to address the concerns, for example education, mentoring, support, supervision, performance management?
- iv. It is strongly recommended that veterinarians notify VCNZ in circumstances when:
- a veterinarian resigns or has been dismissed for reasons related to competence
 - local interventions have been offered or put in place to address the concerns and these have been rejected, or have not worked.

c. Notifying conduct concerns

- i. The Code of Professional Conduct sets out the professional and ethical conduct standards veterinarians are expected to meet. Breaches of the Code can result in charges of professional misconduct being laid against the veterinarian before the VCNZ's Judicial Committee.





- ii. Veterinarians concerned about the conduct of another veterinarian can make a formal complaint to VCNZ (under s 38 of the Veterinarians Act 2005) or notify it as a concern.
- iii. Questions to consider in deciding whether to notify VCNZ.
 - Are my reasons for believing that the veterinarian's conduct is adversely affecting patient care or undermining the public's trust in the profession valid?
 - What professional or ethical standards are being breached?
 - Should I be discussing my concerns with my employer/colleagues?
 - Has there been a recent change in the veterinarian's behaviour? If so could this be due to a health issue?
 - Have I discussed my concerns with the veterinarian concerned?

Note

 - In discussing your concerns it is helpful if you have specific incidents or cases to point to, particular issues in those cases that concern you and some suggestions on steps the veterinarian could take to address the concerns
 - In some circumstance you may wish to put your concerns in writing to the veterinarian concerned. For example when oral approaches have not worked or are not appropriate.
 - How serious was the departure from accepted professional or ethical standards? Did the veterinarian have an adequate explanation for this departure?
 - Have local measures been put in place to address the concerns?
- iv. It is strongly recommended that veterinarians notify VCNZ in circumstances when:
 - a veterinarian resigns or has been dismissed for reasons related to conduct
 - direct approaches and/or local interventions have been offered or put in place to address the concerns and these have been rejected, or have not worked
 - the breaches are serious. For example falsifying records, exploiting clients, the behaviour is dishonest, fraudulent, or malicious, criminal offending, selling restricted veterinary medicines without a consultation, providing veterinary medicines for human use
 - the veterinarian displays a reckless or wilful disregard:
 - of their duty of care to the animals being treated and/or the public interest
 - to the requirements of the Code of Professional Conduct.

d. General guidance on notifications

- i. It is recommended that employers consider specifying, in their employment agreements with veterinarian staff, the circumstances under which they will notify VCNZ. For example where the veterinarian resigns or is dismissed for reasons of poor performance, misconduct or health issues which are impacting on their fitness to practise.
- ii. Notifications about a fellow veterinarian should be in writing to the VCNZ Registrar and include the notifier's name and contact details.
- iii. Formal complaints must be in writing.
- iv. VCNZ prefers to disclose the identity of the person who has made the notification to the veterinarian concerned. It is difficult to comply with the requirements of the Veterinarians Act 2005 and the principles of natural justice when the identity of the complainant/notifier is not





known.

- v. It is usual to disclose the whole of the notification or complaint letter to the veterinarian so that he or she knows all of the circumstances surrounding the concerns raised. This will generally be the case unless there is a need to withhold information, for example, if the notifier has a genuine fear of retaliation or harm or there is reference to confidential information about other individuals for one of the statutory reasons set out in s27 and s29 of the Privacy Act 1993.
- vi. It is recommended that, before referring a matter to VCNZ, veterinarians contact the VCNZ Registrar to find out what information VCNZ expects to be provided.

Section 11

Veterinarians must, at the time of completing their annual practising certificate application, declare if they have:

- a. any health conditions
- b. been charged with or found guilty of a criminal offence
- c. been suspended or dismissed on conduct or competence grounds
- d. resigned for reasons relating to competence or conduct
- e. been subject to an adverse finding by an overseas veterinary regulatory body.

Veterinarians must also consider notifying VCNZ of any of the above issues at the time they arise rather than delaying until the annual practising certificate round.

Understanding section 11

a. Notifying health concerns

- i. Veterinarians must declare any health conditions with the potential to affect their fitness to practise in their annual practising certificate applications.
- ii. Conditions that may affect a veterinarian's ability to practise include:
 - alcohol or drug abuse or dependence
 - mental health issues, including depressive disorders
 - stress related impairment
 - declining competence due to loss of motor skills or the early stages of dementia
 - physical deterioration due to injury, disease or degeneration
 - other illnesses and injuries.
- iii. Veterinarians should not rely on their own assessment of the impact of their condition on their practice. If in doubt the condition should be notified or advice sought from the VCNZ Registrar.
- iv. It is strongly recommended that veterinarians notify VCNZ of any health issues at the time they arise and not wait until the annual practising certificate renewal round. VCNZ's experience is





that early notification and early intervention results in better outcomes. Unless the VCNZ Health Committee can work with the veterinarian and treating health practitioners at the beginning, there is a likelihood that treatment plans may need to be altered following the (later) practising certificate declaration.

- v. The VCNZ [Policy on Health Impaired Veterinarians](#) sets out how the VCNZ's Health Committee manages unwell practitioners. The approach is non-judgmental, rehabilitative and confidential, except in extreme cases where the veterinarian refuses to co-operate and the public interest is threatened.
- vi. Notifications should be in writing to the VCNZ Registrar and include copies of medical reports where relevant.
- vii. Before notifying veterinarians are encouraged to contact the VCNZ Registrar to discuss their situation and to find out what information is needed.

b. Notifying competence and conduct issues

- i. VCNZ must be satisfied that veterinarians remain competent and fit to practise. Matters occurring in New Zealand or overseas that may bring a veterinarian's competence or fitness to practise into question include:
 - police investigations, criminal charges or convictions, including traffic offences involving alcohol and/or drugs
 - investigations by an employer, or registration or professional body or educational institution or other authority that may become the subject of disciplinary proceedings
 - suspension or dismissal from work on conduct or competence grounds
 - resignation for reasons related to competence or conduct
 - adverse findings in any disciplinary actions by an employer, registration, professional body or other authority.
- ii. Veterinarians must declare such matters in their annual practicing certificate applications.
- iii. It is also strongly recommended that veterinarians notify VCNZ of these matters at the time they occur and not wait until the annual practising certificate renewal round.
- iv. Veterinarians should not rely on their own assessment as to whether this matter impacts adversely on their practice. If in doubt the matter should be notified or advice sought from the VCNZ Registrar.
- v. Failure to notify can have serious consequences.
- vi. The VCNZ [Policy on Competence and Competence Assessment](#) contains information on how VCNZ manages performance concerns.
- vii. Notifications about conduct are considered in the first instance by VCNZ, to determine whether the matter adversely affects the veterinarian's fitness to practise. VCNZ takes into account the individual circumstances of each case. For example, in the case of convictions or adverse disciplinary findings, VCNZ will consider:





- the severity of the matter
 - any extenuating circumstances
 - subsequent conduct and any steps taken to rehabilitate
 - the veterinarian's attitude – including, where relevant, the steps taken to address reparation and their insight into the impact of their actions.
- viii. Notifications should be in writing to the VCNZ Registrar and include copies of relevant background information. For example copies of disciplinary findings and orders, conviction notices etc.
- ix. Before notifying VCNZ, veterinarians are encouraged to contact the VCNZ Registrar to discuss their situation and to find out what information is needed.

Section 12 Veterinarians must respond to complaints in a timely, honest and constructive manner.

Understanding section 12

- a. Many veterinarians will receive complaints from members of the public or other veterinarians at some stage during the course of their career. The way that a practice responds can often have an impact on the outcome of the complaint and also the way that the veterinarian and the profession are perceived by the public.
- b. A complaint is a verbal or written concern expressed to the veterinarian or a staff member of the practice (or place of employment) that contains one or more issues that relate to a particular activity undertaken by that veterinarian or the practice on their behalf.
- c. The initial response to a complaint should include acknowledgement of receipt and an indication of the process by which the complaint will be handled. This can be an immediate explanation, or an outline of the investigation process and expectation of time frames for reporting.
- d. The response can be given by the veterinarian or delegated to another person within the business. It is recommended that records of the complaint and the process and detail of the response are kept by the veterinarian.
- e. It is important that the complaint is responded to in a timely manner. The time taken to respond should be appropriate to the circumstances of the complaint and the requirement for satisfactory understanding of the issue to be gained by the veterinarian. It is important that an agreed timeframe is reached early.
- f. Honesty is a core component of professional integrity and integral to the maintenance of public trust and confidence. Sometime genuine mistakes can be made by a veterinarian in the course of their activities, so early acknowledgement of these in an open manner will often avoid subsequent





complaints.

- g. A constructive approach to complaints acknowledges the reasons for the complaint and works towards providing a satisfactory outcome. This is preferable to anger, defensive behaviour or confrontation. While some complaints may be vexatious or totally unfounded, a professional approach should always be maintained.
- h. Many complaints that occur are the result of poor communication or lack of alignment between client expectation and outcome. Clear communication prior to the onset of work on behalf of clients and careful attention to consent processes will also reduce the number of subsequent complaints.
- i. As well as receiving complaints directly from clients, veterinarians from time to time will find themselves investigated by a Complaints Assessment Committee for a complaint that has been forwarded to VCNZ. The principles of honesty and timeliness outlined above apply equally in the context of a CAC investigation. However, the responsibility for answering the complaint in this situation rests with the veterinarian specified in the CAC correspondence. Veterinarians are advised to seek guidance and support from NZVA, their lawyer or their professional indemnity providers when they find themselves in this situation.
- j. Veterinarians are encouraged to seek advice regarding complaints from VCNZ, NZVA or their lawyer when dealing with difficult complaint situations, and are encouraged to do this even if the veterinarian may regard the complaint as vexatious.





Veterinary services

This section was last updated in April 2016

[Back to contents](#)

Veterinarians must strive to provide a high standard of veterinary practice.

Understanding the Guiding Principle

- a. Veterinarians are expected to display high standards of expertise and performance in the course of their professional activities.
 - b. Veterinary procedures and recommendations should be based on sound evidence-based science and practice.
 - c. Facilities and equipment must be of a reasonable standard and appropriate for the veterinarian's type of practice. Staff must have the relevant training to facilitate the delivery of the appropriate veterinary services for the type of practice.
-

Section 1

Veterinarians must keep their skills and knowledge up to date by taking part in relevant continuing professional development activities that maintain and develop their competence and performance.

Understanding section 1

- a. VCNZ's principal purpose is to protect the public interest by ensuring that veterinarians are competent and fit to practise – not just at the time of initial registration, but on an ongoing basis.
 - b. The public has the right to expect that veterinary services are provided in a competent and contemporary manner and that veterinarians will maintain and enhance their professional skills and knowledge.
 - c. Clinical standards change over time. Methods of treatment which may be considered acceptable at one time may not be considered acceptable at a later date. Clients have the right to expect that veterinarians will keep their knowledge in their field of practice up to date.
 - d. Veterinarians must comply with VCNZ's requirements for continuing professional development.
-





Section 2

Veterinarians must recognise when either their competence or the resources available to them place limits on their ability to perform to an acceptable standard. All reasonable steps must be taken to avoid exceeding those limits.

Understanding section 2

- a. Veterinarians must comply with VCNZ's prescribed minimum practising standards which include recency of practice and competence requirements.
- b. VCNZ considers that a competent veterinarian is one who applies knowledge, skills, attitudes, communication and judgement to the delivery of appropriate veterinary services in accordance with their field of veterinary practice.
- c. Veterinarians should be familiar with and comply with VCNZ's [competency standards and performance indicators for veterinarians](#).
- d. Veterinarians should be familiar with and comply with VCNZ's [recency of practice requirements](#). These state that 'for any person who has not worked as a veterinarian for three consecutive years, or has not worked as a veterinarian for three consecutive years in the area in which they intend to practise', VCNZ may examine the person and may if it is necessary place conditions on the person's practising certificate.

Section 3

All veterinarians must take reasonable care to ensure that the practice that they are working in is operated to the standard expected in this Code.

Understanding section 3

- a. VCNZ has a statutory responsibility to ensure that veterinarians are competent to practise. Under the Veterinarians Act 2005, VCNZ's functions include the promotion and encouragement of high standards of conduct among veterinarians, and the prescribing of minimum practising standards.
- b. All veterinarians have a responsibility to maintain ethical, professional and technical standards. VCNZ does not have jurisdiction over persons who are not veterinarians, which may include the owners of some veterinary practices. Irrespective of the ownership structure the veterinarians working in the practice are considered to be responsible for ensuring standards are maintained.
- c. The practice resources must be sufficiently managed in order to meet the minimum standards expected. Resources include but are not limited to: staff, equipment, facility and inventory.
- d. Veterinarians are considered to be responsible for the conduct of their employees, and must take steps to ensure that they work within the standards expected. For example ensuring that controlled drugs are managed according to the provisions of paragraph 12 of the Veterinary Medicines





section of this Code.

- e. Veterinarians who believe that premises, equipment or other resources/systems in a practice are below the standard expected should raise those concerns with the practice owners or principals. Where such concerns are not appropriately resolved they should be brought to the attention of VCNZ.
- f. As well as the expectations set out in this Code and Explanatory Notes, VCNZ publishes additional Statements and Guidance on particular issues. Refer to [VCNZ Statements](#) and [VCNZ Other Guidance](#).

Section 4

Veterinarians must maintain clear and accurate clinical records. The records must:

- a. be of such detail that another veterinarian could take over the management of the case at any time**
- b. be retained for periods of time as required by statute or for the duration of time for which they remain relevant to the purpose for which they were recorded**
- c. not be altered retrospectively unless the changes are marked chronologically on the record, and the additions are dated and noted as being added retrospectively; and**
- d. be made accessible to clients on request, unless there are justifiable legal reasons to withhold.**

Understanding section 4

- a. Veterinary medical records document the veterinary services provided to clients over time and chronicle the various treatments given to animal patients. These records are an integral part of veterinary care and are a legal requirement in order to record the use of restricted veterinary medicines. Medical records include radiographs or other imaging records, laboratory results, in patient treatment summaries, consent forms and any other ancillary records relevant to the case history.
- b. Veterinary medical records are owned by the practice owner and must be retained as required to comply with legal requirements.
- c. A number of government bodies (eg IRD) may set statutory requirements for how long practice records are kept. The Limitation Act 2010 sets a primary period of six years for claims of contract or tort. There is no time limit for complaints to be brought against veterinarians for disciplinary reasons, and pre-emptive destruction of records in the face of a forthcoming complaint would be considered unethical.





- d. In general terms veterinarians are advised to keep patient medical records as long as the information has use or relevance, and in order to comply with statutory expectations. On that basis and more specifically, veterinarians should keep patient medical records while the client's animal is still alive and still a patient of the practice, from the date of the first consultation onwards, and for a period of seven years after the date of the last consultation.
- e. Any recommendation in this Code on the length of time to retain patient records is subject to any other statutory requirements and it may be prudent for veterinarians to keep records longer if they are known to have continued relevance beyond the recommended period.
- f. Veterinarians have an obligation to maintain medical records which contain enough information to allow another veterinarian to easily take over the case. The medical history should be able to be organised and retrieved efficiently, and documented in a legible form. The medical record facilitates communication between veterinarians providing treatment.
- g. Records should contain relevant clinical history and findings, decisions made, treatments provided and information provided to clients. The record should document relevant communication between veterinarian and client that directly relates to the patient.
- h. Medical records should be created at the time of the events being recorded or shortly after. Any additions or deletions made at a later time must be done so with clear reference to the date/time that these changes were made. This is so that there can be no allegation that the alterations have been made in an attempt to deceive. Medical records are legal documents and as such must provide a valid and contemporaneous record of the patient's treatment.
- i. Where current veterinary medical records exist but the veterinarian who owns them is no longer practising, those records should be made available where possible to the owners of the animals. The expectation is not that the records will be kept and maintained, but that the owners are given the opportunity to uplift the record if they choose to.

Release of records

- j. The information contained within the medical record is considered confidential and must not be released unless by the consent of the owner of the animal, or if there is a legal reason to do so (<http://www.privacy.org.nz/a-thumbnail-sketch-of-the-privacy-principles/>).
- k. In the interests of openness and transparency and in order to comply with the Privacy Act 1993, veterinarians must provide clients access to their animal's records on request, unless there are justifiable legal reasons not to. Where the practice incurs costs to duplicate records, those reasonable costs can be passed on to the client in order for them to obtain their copies.
- l. Privacy Principle 6 of the Privacy Act 1993 details the rights of persons to enquire whether an organisation holds personal information about themselves, and to request access to that personal information.
 - i. Personal information is defined as information about a living human being that is capable of being identified to the individual concerned. Where an animal is owned by an identifiable individual person, records pertaining to the veterinary treatment of that animal by a veterinary practice have been considered, by the Privacy Commission, to constitute





personal information about that individual.

- ii. Veterinarians are obliged under the Privacy Act 1993 to provide access to the veterinary records of an animal when requested by the animal's owner, unless one of the grounds provided under the Act for withholding information applies. Context is important, and the provisions of the Privacy Act 1993 may not apply where the animal is owned by a trust or limited liability company.
 - iii. Access can be provided through a copy of the records or through viewing the records or providing a summary of the information if that is acceptable to the client.
 - iv. The Privacy Act 1993 sets out timelines for agencies to respond to requests for access to personal information. The Act specifies that an agency has twenty working days to make a decision to provide access to the information. Most agencies attempt to provide a decision with any information sought within the twenty working days. In the interests of facilitating client's requests, veterinarians should view these time frames as outside limits and not as guidelines on how to respond. Veterinarians are advised to provide the requested records as soon as is practical.
 - v. Where veterinarians are unsure about their legal obligations they should seek advice from VCNZ, NZVA, the Privacy Commissioner's Office or their lawyer.
- m. The requirements around records exist regardless of the form in which they are kept. Records are often made and held in electronic form, and existing paper records converted to electronic media. Provided the electronic record captures what was in the original paper version, is readable and complies with the requirements of the Electronic Transactions Act there is no need to retain the original.

Section 5

Veterinarians employed by government or involved in industry, education or research must:

- a. ensure that employer requirements and contractual obligations do not compromise or override professional standards**
- b. inform clinical practitioners before providing services affecting their clients. This includes public presentations, trial work and investigating aspects relating to products.**
- c. ensure all professional and regulatory requirements are satisfied when undertaking trial, research or investigatory work for an employer.**





Understanding section 5

- a. The obligations identified in this Code apply to veterinarians employed by government and in industry and education institutions.

Section 6

In considering the use of alternative or complementary methods of diagnosis or treatment the welfare of the animal is paramount. Where a veterinarian chooses to use alternative or complementary methods of diagnosis or treatment the client must be able to make an informed decision about whether to proceed. Therefore the veterinarian making this choice must inform the client of:

- a. the nature of the alternative treatment offered; and
- b. the extent to which it is consistent with conventional medicine.

Understanding section 6

- a. Complementary and alternative medicine has been defined as a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.
- b. Complementary and alternative therapies do not usually have the weight of scientific proof of their efficacy and therefore the use of these products and/or services is outside the mainstream of conventional therapy.
- c. Where a client is making a choice between conventional treatment and alternative or complementary therapies, the veterinarian should present the client with the information that a reasonable client, in that client's circumstances, would expect to receive about the treatment the veterinarian is recommending. This information includes an explanation of the options available including an assessment of the expected risks, side effects, benefits and cost of each option. This allows clients to make an informed choice.





Section 7

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

The emergency service must be sufficiently resourced, so that except in extraordinary circumstances all **veterinary emergencies involving clients' animals are attended in reasonable time to ensure the welfare of the animals. A decision of what is a reasonable time will take into account the type of practice and the locality.**

Those veterinarians on duty and directly responsible for providing the emergency service can refer callers who are not clients to the emergency service provided by the caller's own veterinarian. However, if that alternative service is not available and if the veterinarian has the necessary skills and resources required for the particular emergency, the veterinarian must **attend the emergency and provide essential treatment.**

Understanding section 7

- a. Veterinarians are the health care professionals for animals. The Animal Welfare Act 1999 places legal obligations on the owners and persons in charge of animals requiring them to ensure that ill or injured animals receive, where practicable, treatment that alleviates any unreasonable or unnecessary pain or distress. In order that owners and persons in charge can reasonably meet those requirements they need access to veterinary care.
- b. The Animal Welfare Act 1999 definition of the 'person in charge' is very broad and encompasses every person who is seen to have the animal under their care, control or supervision. This definition extends to the animal's veterinarian in situations where the animal is being treated or managed under the specific instructions of the veterinarian, creating a potential legal obligation to respond in an emergency.

Over and above any legal obligation that might exist, veterinarians have an ethical obligation to provide an emergency service in order to protect the welfare of animals whether those animals are under the veterinarian's care or not.

- c. A veterinary emergency is defined as 'any sudden, unforeseen injury, illness or complication in an animal, demanding immediate or early veterinary treatment to save life or to provide timely relief from unreasonable or unnecessary pain or distress'. An emergency is considered to exist when described as such by the person in charge of the affected animal(s) until there has been an opportunity for veterinary assessment. Assessment may take place over the phone but the veterinarian must be confident that if they decide that the situation is not an emergency they have sufficient information in order to make that assessment accurately. When the veterinarian determines the situation is not a veterinary emergency, they should document their decision and reasons.





- d. A veterinary emergency is not considered to exist and therefore does not need to be attended by a veterinarian if:
 - i. following veterinary assessment the veterinarian decides that in their professional judgement the situation is not a veterinary emergency
 - ii. following discussion between the caller and the veterinarian mutual agreement is reached that emergency veterinary treatment is not required to manage the situation and protect the welfare of the animal.

- e. For an emergency service to be sufficiently resourced veterinary emergencies must be able to be attended within a reasonable time frame to ensure that affected animals do not suffer unnecessary or unreasonable pain or distress. There must be an adequate number of veterinarians and support staff to meet the demand for emergency services that could reasonably be expected from the practice's clients taking into account the size and type of practice. For example the number of veterinarians required to be on call in a multi veterinarian dairy practice during calving season might need to be different to what is required in the same practice outside calving season. The locality of the practice might also influence what is expected regarding a reasonable time for the veterinarian to attend to the animal (for further discussion refer to (h) below). Those persons providing the service must be adequately supplied and equipped, and have the necessary competence to be able to attend the types of emergencies that could reasonably be expected to arise involving the species and classes of animals normally treated by the practice.

- f. In a veterinary emergency a veterinarian's involvement should be tailored relative to his or her own competence and to the resources available to deal with the particular situation. When a veterinarian personally attends an animal in an emergency, and the particular clinical skills required are outside the veterinarian's competence, this must be identified to the person in charge of the animal(s). If an alternative veterinary service is available which can offer the necessary skills and resources this should be offered. Alternatively, obtaining the appropriate informed consent of the person in charge of the animal before proceeding with treatment will reduce the vulnerability of the veterinarian if the outcome of the emergency is not as expected. In an emergency it may not be appropriate or feasible to document the informed consent process at the time, but veterinarians in this situation are advised to document their involvement and the process by which they gained consent as soon as possible when the circumstances permit.

- g. The emergency service provided by a practice may involve the services of appropriately trained persons (for example technicians and veterinary nurses) who are not veterinarians. However, a veterinarian must be readily and directly available at all times to provide the necessary veterinary clinical support and undertake the work legally required to be completed by a veterinarian.

- h. When planning an emergency afterhours procedure Council expects veterinarians to consider:
 - i. the number of trained support staff, including other veterinarians in the practice, that would normally be needed to assist; and
 - ii. whether they can be available in a sufficient timeframe.

If deciding to proceed without competent support, the person in charge of the animal needs to be advised of this as part of the informed consent process. Consideration should also be given to whether the animal's welfare warrants referral to another practice which is available and capable of providing the necessary resources.

Practices should consider in advance how these cases will be managed and have a policy in place





detailing how appropriate afterhours support can be accessed.

- i. This Code recognises that there will be times when a veterinarian on duty will not be able to attend every emergency in a reasonable time. Extraordinary circumstances which might potentially prevent the veterinarian from attending (or delay attending) an emergency might include but are not limited to:
 - i. the veterinarian on duty being unexpectedly overloaded with emergency call(s) of a similar or higher priority to the emergency which cannot be attended
 - ii. the veterinarian on duty becoming incapacitated by injury, ill health or excessive fatigue while on duty to a level that compromises his or her ability to provide the level of care expected
 - iii. the veterinarian on duty holding the reasonable belief that attending the particular emergency would place his or her own personal safety or health at risk.
- j. When extraordinary circumstances prevent a veterinarian on duty from being able to attend an emergency, they must assist the caller (or where that is not possible, arrange for someone else to assist the caller) to access an alternative veterinary service.
- k. In an emergency where the caller is not a client, the veterinarian on duty is entitled to refer the caller to the emergency service provided by the caller's own veterinarian. If that service is not readily available and if the veterinarian on duty has the necessary skills and resources required for the particular emergency, they must attend the animal and provide essential treatment. Examples of the types of situations where this might apply include: when the caller's own veterinarian on duty is busy with another emergency or the caller does not already use the services of another veterinarian, or the caller is travelling and out of the district of their own veterinarian.
- l. There will be times when it is known by the veterinarian on duty that the caller uses the services of more than one veterinary practice (including specialist referral practices).
 - i. Where the emergency specifically relates to the veterinary services that have been provided by a different practice to that of the veterinarian on duty, the caller can legitimately be referred to the emergency service of that practice.

Examples might include:

- the caller has a dog that had an operation performed by a specialist surgeon and now the dog has developed complications associated with the surgery. The veterinarian on duty can refer the caller to the emergency service of the surgeon.
- the caller has a horse that has reacted to medication prescribed by a veterinarian. The caller has rung a different practice about the problem. The veterinarian is entitled to refer the call to the veterinarian that prescribed the medication.
- the caller has a bull calf that was castrated by a veterinarian and the wound is now infected. The veterinarian is entitled to refer the call to the practice that did the surgery.





- ii. It is likely that a caller will have one usual veterinarian who can be considered to be the provider of regular veterinary services (the general veterinary practitioner) for an animal or a particular group of animals owned by the caller. The general veterinary practitioner must accept the major responsibility for providing emergency care for those animals. Where a different practice to that of the veterinarian on duty could reasonably be described as the general veterinary practice of the caller then the veterinarian on duty is entitled to refer the caller to the emergency service of that practice. (Refer to sections 1 and 2 of the Professional Relationships Explanatory Notes for more explanation).
 - iii. If the caller is a client and is known to use the services of more than one veterinary practice, the veterinarian on duty must attend the animal and provide essential treatment, unless (i) applies. This assumes the call is a veterinary emergency and the veterinarian has the necessary skills and resources.
 - iv. In all cases if the caller is referred to the emergency service of another veterinary practice and that service is not readily available and if the veterinarian on duty has the necessary skills and resources required for the particular emergency, then they must attend the animal(s) and provide essential treatment.
- m. In an emergency where the caller identifies that they have economic restraints (or where the client has a poor credit history with the practice), the obligations of the veterinarian remain the same. The welfare of the animal is the first priority. However, attending the welfare needs of the animal does not commit the veterinarian to undertake treatment beyond ensuring the animal is not suffering unreasonable or unnecessary pain or distress.
- n. When attending a veterinary emergency, the over-riding concern must be the welfare of the animal and the relief of unreasonable or unnecessary pain or distress. Following initial assessment and first aid, the veterinarian should provide the owner with an assessment of the extent of any problems, a realistic prognosis and the various treatment options available. Further treatment should be agreed upon taking into account the necessary and available resources, as well as the economic and emotional needs of the owner and the particular circumstances of the animal. Veterinarians are not obliged to undertake ongoing treatments that cannot be paid for by the owner/person in charge. Where the necessary ongoing treatment cannot be agreed upon and the animal is deemed to be suffering unreasonably, further treatment may be limited to euthanasia or where appropriate, stabilisation of the animal's clinical condition prior to transport to another source of veterinary care.
- o. 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. Other means can also be used, for example notices in newspapers.
- p. 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 (eg 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.

- q. Veterinarians offering particular services (eg embryo transplant) to geographically distant clients must observe the requirement to ensure provision of a continuous emergency service. Where circumstances are such that the veterinarian cannot personally provide this, specific prior arrangements must be made with colleagues who can do so and provide their colleagues in the area and the mutual client with a specifically arranged emergency service locally.
- r. This Code recognises that people living in remote and inaccessible geographic areas are unlikely to receive the same level of emergency veterinary service as people living in more populated areas. In this context remote and inaccessible means areas with low population density where there are few options for veterinary service and where travel may be logistically difficult because of distances required to be travelled, terrain, or weather. The more isolated the client/patient is from the veterinarian, the more impracticable it may be to provide comprehensive 24-hour emergency cover, and the more difficult it may be for a veterinarian on duty providing that cover to attend to the needs of an animal that may require immediate first aid or pain relief.
- s. From time to time in certain districts particular types of veterinary service may not be readily available. For example, there may not be enough equine veterinarians in a district to be able to meet the demand for routine equine veterinary services let alone emergency services. Or there might be a sole veterinary practitioner providing the only veterinary services to a particular geographic district. In these circumstances a pragmatic approach is needed in order to protect animal welfare standards and common sense must prevail when interpreting this Code in relation to the local veterinarian's obligations regarding the provision of emergency veterinary services.

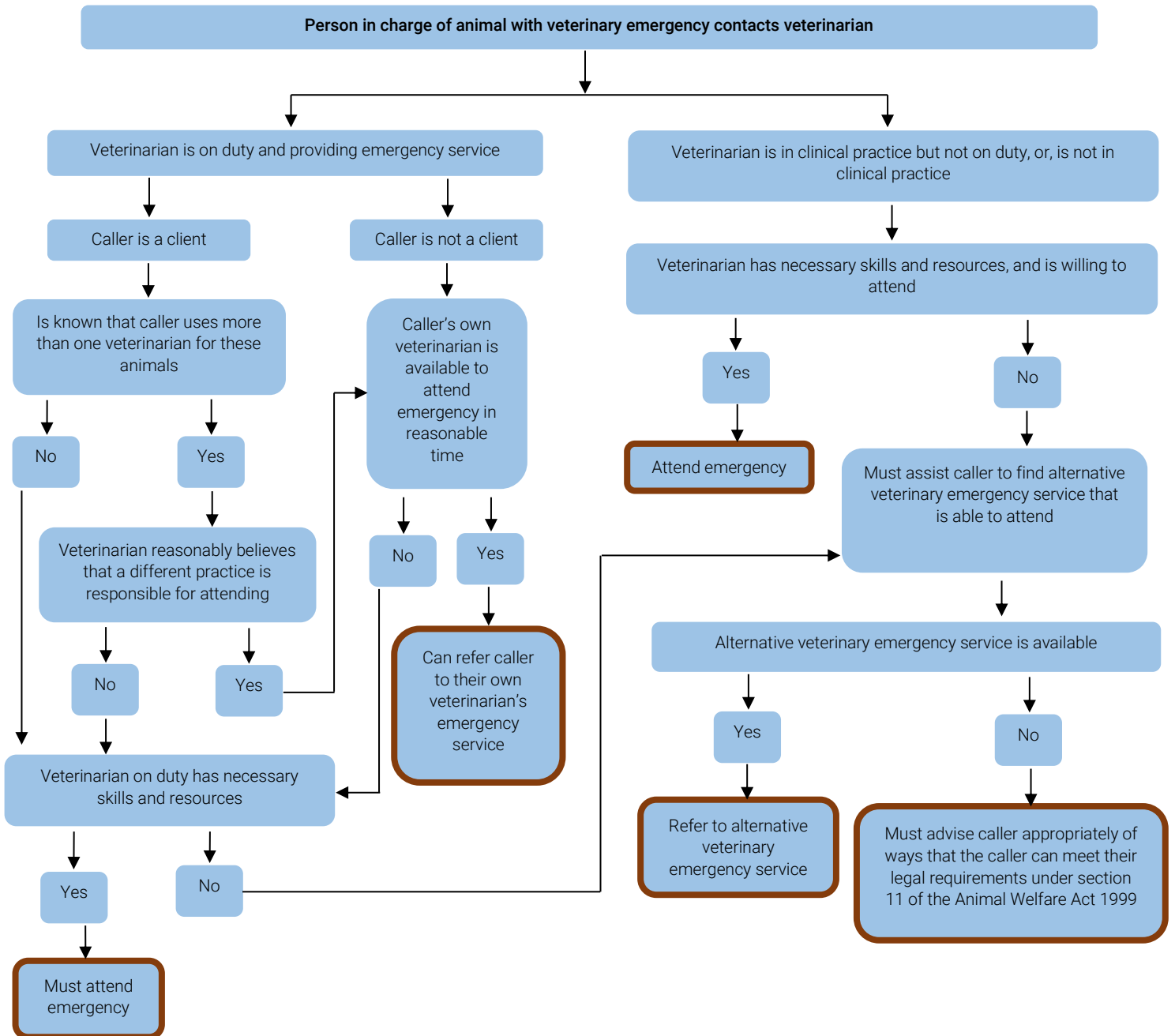
In a district where these problems are specifically recognised by VCNZ to occur and where a veterinarian in that district is not able to comply with this Code in relation to providing emergency services, he/she must seek clarification from VCNZ about how their service might be tailored to the particular circumstances in order to meet acceptable standards.

- t. For those times when an emergency service cannot be provided, either at night, weekend or other off duty periods, or by reason of holidays, sickness or emergencies of any kind, specific prior arrangements must be made with colleagues for an emergency service to be provided. It is recommended that this is formalised in a written agreement.
- u. The obligation on the veterinarian is not therefore, to remain constantly on duty but to ensure that, when off duty, clients are directed to another member of the profession with whom prior arrangements have been made. The redirection of out of hours calls to other veterinarians without their prior knowledge and consent is unacceptable.
- v. Veterinarians should when attending veterinary emergencies consider carefully the potential personal risks involved, and take steps to manage those risks. There is no expectation that veterinarians should place their personal safety at risk.
- w. 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.
- x. The emergency care expectations are summarised in the emergency flow chart on the next page.





24 hour emergency response flowchart





Section 8

There will be times when a veterinarian who is not currently working in clinical practice, or who is not on duty, is called upon in a veterinary emergency. On these occasions, if the veterinarian is unable to attend the animal personally to provide emergency treatment, he/she must make a reasonable effort to assist the caller to locate an alternative source of emergency veterinary care.

Instances will occur where neither of the options in paragraphs 7 and 8 is suitable or applicable. In any such case the veterinarian must provide appropriate advice in order that the person in charge of the animal is able to take the necessary steps to alleviate any unreasonable or unnecessary pain or distress being suffered by the animal.

Understanding section 8

- a. Section 7 of this part of the Code describes the responsibilities of those veterinarians on duty providing an emergency service. Section 8 describes the responsibilities of all other veterinarians – whether they are a clinical practitioner who is not on duty, or a veterinarian not employed in clinical practice.
- b. When contacted in a veterinary emergency, those veterinarians in clinical practice and not on duty, and those not in clinical practice, who have the necessary skills and resources and who are willing to attend may choose to attend the affected animals. Paragraph (e) of the Explanatory Notes for section 7 of the Code applies.
- c. While there is no legal obligation for veterinarians to respond when called upon in a veterinary emergency, veterinarians in this group choosing not to attend the emergency personally, still have an ethical responsibility to respond professionally and help the caller to find a solution so that the animal is not left to suffer unreasonably. Where possible, the veterinarian must provide reasonable assistance to guide the caller to a suitable and available emergency service.
- d. Where there is no other available veterinary service the veterinarian must appropriately advise the person in charge of the animal(s) how best they can meet their obligations under sections 10 and 11 of the [Animal Welfare Act 1999](#). The person ultimately responsible for ensuring that an animal does not suffer is the person in charge of the animal.





Section 9

Veterinarians must make provision for the care of animals currently receiving in-patient treatment. This must be at a level appropriate to the clinical problem being managed and must be communicated to the client.

Understanding section 9

- a. In-patients are those animals remaining in the veterinary clinic for the purposes of treatment.
- b. Veterinarians have an ongoing ethical responsibility to their patients receiving in-patient care. This responsibility extends outside normal business hours.
- c. As well as ethical responsibilities, veterinarians have legal obligations as the person in charge (as defined in the [Animal Welfare Act 1999](#)) of their inpatients. More specifically sections 10 and 11 of the Animal Welfare Act 1999 set out those requirements.
- d. Veterinarians must make proper provision to manage their in-patients appropriately for the clinical condition being treated.
- e. The owners of in-patients must be informed of the level of supervision and clinical management the in-patients will be receiving out of normal business hours.





Veterinary medicines

This section was last updated in January 2020

[Back to contents](#)

Contents of this part:

Section 1	Product Stewardship
Section 2	Legislative Requirements
Section 3	Authorisation
Section 4	Veterinary Operating Instructions
Section 5	Documentation
Section 6	Antibiotic Use
Section 7	Controlled Drugs
Appendix I	Summary or requirements for steel safes
Section 8	Off Label Use
Section 9	Compounded Veterinary Preparations
Section 10	Decanting
Section 11	Providing a Dispensing Service
Section 12	Using a Generic Chemical
Section 13	Use of Veterinary Medicines or Prescription Medicines on or by People
Section 14	Advertising

Section 1

Product Stewardship

This section identifies the relevant expectations when a veterinarian is considering treating an animal with a veterinary medicine with specific reference to risk management.

Veterinarians must follow these requirements when they use or recommend an unrestricted veterinary medicine or authorise (prescribe) an RVM.

Veterinarians must consider the risk of such use or recommendation to [public health, trade in primary produce, agricultural security, animal welfare, occupational health and safety, and the environment](#) and act accordingly to avoid or mitigate significant risks.

Veterinarians must:

Ensure they are satisfied that the choice and use of the product is justified and appropriate to achieve the intended effect and ensures the welfare of the animal.

Determine and provide the appropriate level of advice and training (if any) to:

- administer the veterinary medicine safely and appropriately
- monitor the effects of treatment on the animals
- make provision for veterinary intervention in the case of adverse effects.

Determine and provide the appropriate level of veterinary involvement (if any) required during and after administration so as to manage the risks.





Provide appropriate advice on how to manage residues and withholding periods in food-producing animals.

Provide advice on aspects such as correct handling and storage.

Provide advice on how to dispose of unused or expired products.

Understanding Section 1

1. The stewardship expectations for RVMs apply to the veterinarian whether they personally use or administer the product, or whether they authorise another person to use or administer the product.

The same expectations also apply to unrestricted veterinary medicines (such as flea shampoo) when a veterinarian or an employee of the veterinary practice is using them or making recommendations to a client or member of the public about them. Veterinarians should ensure that practice employees are competent to make recommendations and that they perform to the standard expected in this Code. Where a veterinarian believes that practice employees are not performing to the expected standards, the veterinarian is responsible for taking steps to address this.

Veterinarians must identify and manage the risks associated with using veterinary medicines. Their treatment should minimise the risk of unexpected harmful consequences to the patient, the owner and the public, as well as to them and their staff.

Justified and appropriate use of veterinary medicines

2. Justified use means a valid reason exists to use the veterinary medicine based on accepted medical principles. Veterinarians are expected to make conscientious and judicious use of current best evidence and integrate this with their own clinical expertise and experience when making decisions about the treatment of their patients.
3. Appropriate use means the product and the way it is administered are suitable for the situation.

Competence and training in how to administer the product, recognise effects of treatment, and manage adverse effects

4. Veterinary medicines are administered to animals to achieve an intended effect. Veterinarians are responsible for ensuring that people who administer veterinary medicines are competent to administer the treatments safely and as directed. Veterinarians are also responsible for providing training where appropriate. Further, they should also be providing advice about the intended effects of the treatment and how to identify and manage adverse effects.
5. The authorising veterinarian must be satisfied that the veterinary medicine will be administered safely and appropriately, and that it will only be used for the specific conditions authorised. If the veterinarian has doubts, then they should reconsider whether to provide an authorisation or they should provide extra training. The authorising veterinarian must be confident that anyone administering veterinary medicines to animals is competent and capable.
6. The level of training required will vary depending on the circumstances. Consider the levels of advice required in these scenarios.





Lower level of training required

advice to an owner of a cat or dog about administering a tablet

level of training required to teach a person to administer an intramuscular antibiotic injection (in a production animal setting)

Higher level of training required

level of supervision required to train an owner in administering insulin injections

level of training required to teach a person how to administer nerve blocks so as to disbud calves (in a production animal setting)

Veterinary involvement and oversight during and after administering the veterinary medicine

- The level of veterinary involvement/oversight required during and after administering a veterinary medicine will depend on the particular circumstances and the degree of risk that needs to be managed. Some factors are set out in the table below.

type of veterinary medicine (eg, anaesthetic, antibiotic)	the level of training and experience of the person administering the product
regulatory requirements for that particular product	level of monitoring required during and after administration.
the product is only used to treat the conditions for which it is authorised	potential risks involved with administration
route of administration (eg, IV, SC, PO, IM)	expiry dates of the product
type of patient and existing condition	risk of unexpected treatment outcomes

Management of residues in food-producing animals

- Veterinarians have a professional responsibility, and a legal responsibility under section 55 (3) of the Agricultural Compounds and Veterinary Medicines Act 1997, to provide information to clients to prevent any residues in primary produce occurring from any animal treated with a veterinary medicine which may contravene the requirements of the Food Act 2014 and the Animal Products Act 1999. Veterinarians and their clients may both be charged with offences under this legislation. Whether or not the veterinarian will be accountable depends on the information they give the client. The veterinarian should document that advice in the client's records and give a copy to the client. The client should sign the copy held at the veterinary practice.
- Veterinarians should use (or give direction for use of) veterinary medicines in a way that is consistent with approved uses for the product and convey the label advice for withholding periods. If a veterinary medicine is being used off-label, then it cannot be presumed that the label information on withholding periods is applicable. The veterinarian will need to consider a suitable withholding period, using their professional judgement and previous experience, technical guidelines, pharmacological knowledge, trial results and pharmaceutical company advice. The veterinarian should consider a [default withholding period](#) if they have any doubts.
- If a veterinarian determines that an unrestricted veterinary medicine can be used in an off-label manner and advises an alternative withholding period, then a client may use the product legally in accordance with that advice. If as a result of the professional advice, non-compliances with the Food Act 2014 and the Animal Products Act 1999 thresholds are reported, then the veterinarian may be legally liable for actual losses by the client that are directly attributable to the professional advice.





Impartiality when authorizing, selling or recommending veterinary medicines to clients

11. Clients must be able to obtain, and, equally importantly, know they can obtain an unbiased opinion from their veterinarian on the suitability, safety and efficacy of veterinary medicines for treating particular conditions. Veterinarians must be satisfied that the use of a particular veterinary medicine is necessary to achieve a specific and required clinical effect. Considerations of commercial gain for the veterinarian should not influence the use of a veterinary medicine.

Disposal of expired or unused RVMs, needles and syringes

12. Hazardous wastes include pharmaceutical waste (bottles, containers, CIDRs, dry cow and lactation mastitis product tubes), and used needles and syringes. These hazardous wastes are a threat to public health, safety and the environment. In clinic waste or waste generated by veterinarians on farm should be disposed of into appropriate containers which meet the relevant Australian and/or New Zealand standards for reusable and non-reusable containers. For example, veterinarians should advise clients on how to:
 - return needles and syringes to the clinic
 - return unused or expired products to the clinic
 - dispose of hazardous farm waste in an on-farm offal pit
 - disposal of unused or expired products by flushing them into a sewerage system.

Section 2

Legislative Requirements

Section 2 sets out the legislative requirements for veterinarians who are using or authorising RVMs. In particular, they must comply with the requirements and expectations of MPI's ACVM Group in relation to authorisation. These are set out in the current MPI Notice [Requirements for Authorising Veterinarians](#).

When using, selling or dispensing veterinary medicines (unrestricted or restricted) or prescription medicines veterinarians must:

1. Follow all relevant legislation, including these Acts and their associated subordinate legislation:
 - a. [the Agricultural Compounds and Veterinary Medicines Act 1997](#)
 - b. [Animal Products Act 1999](#)
 - c. [Hazardous Substance and New Organisms Act 1996](#)
 - d. [Health and Safety at Work 2015](#)
 - e. [Medicines Act 1981](#)





f. [Misuse of Drugs Act 1975](#)

2. Comply with the conditions of registration on all registered veterinary medicines. For example, a registered veterinary medicine could have a specific condition of registration (will be stated on the label) that states only a veterinarian can administer it. In that case, a veterinarian is not permitted to authorise (prescribe), dispense or sell this medicine.
3. Comply with all ACVM regulatory controls when using exempted veterinary medicines.
4. In order to be able to demonstrate compliance with the legislation veterinarians must maintain an up to date inventory of veterinary medicines and prescription medicines and ensure there are appropriate systems to:
 - i. Store products appropriately;
 - ii. Report adverse events associated with treatment;
 - iii. Maintain the integrity of products;
 - iv. Provide security of products;
 - v. Ensure safe handling of products;
 - vi. Keep records of all purchases and sales and for dispensing of RVMs;
 - vii. Label all RVMs and prescription medicines according to requirements.

Understanding Section 2

1. A veterinarian's treatment should not cause a detrimental effect to agricultural trade or New Zealand agricultural security. A primary purpose of [the Agricultural Compounds and Veterinary Medicines Act 1997](#) is to prevent or manage risks to public health, trade in primary produce, animal welfare and agricultural security associated with the use of agricultural compounds and veterinary medicines. Veterinarians must comply with the regulatory controls of all veterinary medicines they choose to use, sell or authorise. Inherent in this requirement is the expectation that veterinarians have read the registration conditions and have systems in place to warn them of any changes that might affect how the product is permitted to be used. [The Health and Safety at Work Act 2015](#), among other requirements, identifies an employer's responsibilities to identify hazards and to take steps to remove or manage them.

Maintaining an inventory of veterinary medicines and prescription medicines

2. Veterinarians must ensure an inventory of veterinary medicines and prescription medicines is maintained. Keeping an inventory means keeping records and verification of all the activities relating to the receipt, storage and dispatch (including dispensing or breaking-down, if applicable). This includes the following, as applicable:





- a. training records of staff in relation to handling and supply (dispensing)
 - b. records verifying stock levels
 - c. sales and purchase information
 - d. records of disposal/destruction (if applicable).
3. Veterinarians should keep records of dispensing, including details identifying product and client, dates and any other details (ideally including batch numbers – see next paragraph) so that they can reconcile stocks on the premises and contact clients when a product is recalled.

Note: Even though tracking batch numbers is sometimes difficult, recording batch numbers is the only way to trace back if a product fails or is recalled.

Storing supplies of veterinary medicine

4. Storage means holding supplies of veterinary medicines. The expectation is that storage will comply with product label requirements, the Hazardous Substances and New Organisms (HSNO) Act 1996, Misuse of Drugs Act 1995 and regulations, and the Health and Safety at Work Act 2015 and regulations.

Reporting adverse effects from using a veterinary medicine

5. Veterinarians are not legally required to report in general, but are expected to report to MPI and to the manufacturer any adverse events from using a veterinary medicine. See [Adverse Event Report: Veterinary Medicines](#).

Maintaining the integrity of a product

6. Maintaining the integrity of a product means to store, transport, handle or supply it in a way that does not compromise the confidence that the product still complies with the manufacturing specification. A breach of the integrity of the product includes altering labels, opening sealed internal packaging, decanting, breaking down or supplying information in conflict with the label. If a veterinarian does any of these things, they must accept responsibility for their decision if there are adverse consequences.

Ensuring labelling complies with NZVA guidance

7. Veterinarians should ensure that the labelling of any RVM or PM when dispensed complies with the New Zealand Veterinary Association (NZVA)'s [Guide to Veterinary Authorising \(Prescribing\) and Dispensing](#).

Ensuring security, control and safe custody

8. Security refers to:
- a. the requirements for safe custody of controlled drugs as specified in the Misuse of Drugs Act and regulations
 - b. veterinarians maintaining enough security and control of RVMs to ensure RVMs are only used according to a veterinary authorisation or veterinary operating instructions (VOI)
 - c. veterinarians ensuring non-veterinarian staff do not sell RVMs without appropriate authorisation.
9. Safety of handling refers to the responsibilities that apply under the [Health and Safety at Work Act 2015](#).





Section 3

Authorisation

Section 3 sets out who is authorised to purchase and use RVMs, and how that authorisation works.

Veterinarians who are registered with the Veterinary Council and hold a current annual practising certificate are specifically recognised to purchase and use RVMs by the Director General of the Ministry for Primary Industries (MPI) as set out in [Requirements for Authorising Veterinarians](#).

Actions that veterinarians must take when using or authorising restricted veterinary medicines

1. Comply with the requirements and expectations of the MPI in relation to authorisation. This is set out in MPI's published ACVM Notice [Requirements for Authorising Veterinarians](#) dated 28 August 2015.
2. Comply with all points in sections 1 and 2 of the Veterinary Medicines section of this Code.
3. Only authorise RVMs following a veterinary consultation, or issuing VOI as detailed in section 4.
4. Only authorise PMs or controlled drugs following a veterinary consultation.
5. Honour requests that ask for written authorisations instead of dispensing.
6. Decide, when authorising RVMs and PMs, the most appropriate period of supply for each product authorised after considering the maximum periods of supply. The following maximum periods of supply apply for authorisations:
 - a. 3 months for PMs
 - b. 6 months for RVMs for companion animals other than horses
 - c. 4 months for critically important antibiotics
 - d. 12 months for all other RVMs for production animals and horses.

Within the above limits the actual period of supply chosen will depend on the particular RVM/PM, the condition being treated, and the risks that need to be managed.

Understanding Section 3

1. Veterinarians should be familiar with the MPI ACVM Notice: [Requirements for Authorising Veterinarians](#) dated 28 August 2015. This document sets out MPI's expectations for veterinarians who authorise the purchase and use of restricted veterinary medicines (RVMs).





2. When authorising the use of an RVM the veterinarian must have gathered sufficient information to support their decision. They must ensure use is justified, the RVM will be used appropriately and that all risks are managed. A veterinary consultation is the main method to ensure that expectation is met (see paragraph 6. below).
3. MPI sets out in the [Requirements for Authorising Veterinarians](#) that records relating to authorisations must be kept for 5 years. Particular expectations about the quality of records are identified in the VCNZ Competence Standards and Performance Indicators. This Code also requires that veterinarians [keep and maintain clinical records](#).

Veterinary consultation

4. Consultation has several aspects. For a more detailed breakdown of what is expected in obtaining, recording and analysing information, see [VCNZ Competency Standards and Performance Measures for Veterinarians](#).
5. What the Veterinary Council of New Zealand (VCNZ) considers 'sufficient information' (as set out in the definition of veterinary consultation), and whether the consultation process is adequate depends on each situation. Factors taken into account include the generally accepted standard of care that exists for this set of circumstances. A good yardstick would be the decisions or actions another veterinarian with the same training and experience would reasonably make or take in the same situation.
6. Sometimes VCNZ will publish statements setting out what is considered reasonable for specific situations. One example is the VCNZ Statement on the Information Requirements for Authorisation of Dry Cow Therapy. This sets out the minimum requirements for authorising dry cow therapy.
7. When RVMs are being used to treat or control clinical or production problems that are being managed as a herd or flock problem, the expectation is that the veterinarian will apply the requirements of consultation to the herd or flock collectively rather than to each animal in the herd or flock.
8. In certain situations it is acceptable for the veterinarian providing the authorisation not to have recently examined or seen the animals as part of a consultation.

One example is the authorisation of a veterinary medicine for a client by a veterinarian employed in the same local practice where:

- a. that co-worker works in the same area of practice as the client's usual veterinarian; and
- b. the usual veterinarian would have otherwise authorised the veterinary medicine because they had recently seen the animal and so have personal knowledge of its status, including its health condition.

Few other situations apply where not seeing or examining the animal is acceptable.

Authorisation for future supply

9. Following a veterinary consultation, a veterinarian may authorise RVMs for future supply. This means the RVMs are authorised to be used in line with specific instructions on specified animals in specific situations beyond immediate use requirements. When authorising RVMs for future supply in production animals, veterinarians must have 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. Veterinarians should obtain enough information through the period of supply of the authorisation to ensure that the circumstances have not changed. For example, they can get updates from the client, get reports from technicians who have worked on the farm, electronic means, and or review farm records.

10. Farmers are responsible for managing the inventory of authorised RVMs on farm and for ensuring that they only have product on hand that hasn't expired. Farmers should not have any RVM on their farm unless the RVM is linked to a current and valid authorisation. To help farmers, veterinarians must provide information about the products they authorise, and consider what products are already on the farm before authorising more.
11. Before authorising RVMs for future supply, veterinarians should request and review information from the farmer about what stocks of products are already on farm, and the expiry dates of that stock. Further detail about the documentation to provide for newly authorised RVMs is in section 5 of the Veterinary Medicines section of this Code.
12. The period of supply for some product classes may be shorter (for example, four months for critically important antibiotics). Veterinarians must keep this in mind when setting out their authorisations (see section 6 of the Veterinary Medicines section of this Code).
13. The authorising veterinarian must identify in the consultation record the competencies needed to administer the authorised RVMs correctly.
14. The veterinarian must make available to the client a printed summary of all the RVMs authorised for future supply to the client. This summary will identify:
 - a. details of each specific product
 - b. the class of animals to be treated
 - c. what the product is to be used for
 - d. the amount of product authorised for the period
 - e. the period of supply
 - f. the amount that can be dispensed for each time and the period between dispensing
 - g. the instructions for use
 - h. storage instructions and information about withholding periods.
15. Veterinary practices need systems in place to create alerts when authorised amounts are exceeded. In situations where an authorisation for supply exists for an RVM but the quantity is exceeded:
 - i. staff must make every effort to contact and obtain a veterinarian's authorisation to be able to dispense more of the RVM.
 - ii. In situations where a veterinarian's authorisation cannot be obtained within a reasonable time, staff may dispense enough of the RVM to manage the existing issue.





However, they must advise the veterinarian as soon as possible, and the veterinarian must follow up with the client.

- iii. Staff must not dispense critically important antibiotics in the absence of a veterinarian when an authorisation is exceeded. A veterinarian must always be consulted before critically important antibiotics are dispensed where an authorization has been exceeded.
16. The documented summary provided to the client is not an authorisation which could be taken to an approved seller to allow the purchase of RVMs.

Electronic authorisation (telemedicine)

17. Veterinarians using electronic means to authorise the use of veterinary medicines are expected to provide their animal patients with the same standard of care and comply with the same expectations around consultation regardless of the communication method or service delivery mechanism used.
18. Two requirements apply when the authorisation of an RVM follows an electronic consultation. First, the veterinarian must have seen the animal(s) recently enough to have enough personal knowledge of its condition/health status so they can propose the particular course of treatment. Second, the veterinarian must be satisfied that a direct physical examination would not add critical information about the management of the case.

Written authorisations

19. Where there has been a consultation and a veterinarian has proposed treatment with a veterinary medicine, the client can request the veterinarian provides them with a written authorisation to have the product dispensed by an MPI-approved seller of RVMs rather than by the consulting veterinarian. The consulting veterinarian must comply with that request. The expectation is that this would apply in every situation where the veterinarian would have otherwise dispensed the trade name product.
20. A veterinarian is not required to provide a written authorisation for a client to take away to be dispensed somewhere else in a situation where that particular product would not normally be dispensed. One situation is where the veterinarian would normally administer the product themselves so as to manage the risks associated with use; or where an adequate consultation has not occurred. Another situation is where the client is requesting a specific product but the veterinarian believes an alternative product is more appropriate.
21. The veterinarian should provide the written authorisation to the client within 48 hours except in exceptional situations.
22. The veterinarian writing the authorisation (not the trader ultimately dispensing the product) is responsible for meeting all the requirements in sections 2 and 3 of the Veterinary Medicines sections of this Code.
23. Veterinarians can dispense RVMs to their clients but must get [MPI approval](#) to dispense RVMs authorised by another veterinarian not employed in their veterinary practice.
24. Veterinarians can charge a reasonable fee for writing the authorisation. However, it is unethical for a veterinarian to require the client to meet a different standard of consultation before they can





get a written authorisation compared to the standard of consultation normally required if the veterinarian dispenses the product. An example might be making the client undertake further diagnostic work following a request for a written authorisation when such work is not considered necessary for the veterinarian to dispense the product in the first place.

Operating plans

25. The requirement for veterinary authorisation is removed where the use of an RVM is allowed according to an operating plan approved under [section 28](#) of the Agricultural Compounds and Veterinary Medicines Act 1997.

An approved operating plan describes how a person (or an organisation) intends to meet a particular statutory obligation, such as the conditions of registration of a restricted veterinary medicine. In the context of using RVMs, an approved plan describes the situations when a specified veterinary medicine will be used by specified people who are not veterinarians to achieve identified treatment objectives. The operating plan provides the statutory basis for the authorisation of the RVMs, and removes the requirement for veterinary authorisation.

Operating plans approved under [section 28](#) of the Agricultural Compounds and Veterinary Medicines Act 1997 are not the same as VOI.

Section 4

Veterinary Operating Instructions

Section 4 discusses veterinary operating instructions (VOIs). These are written instructions for a specified person(s) to hold a specified RVM in anticipation of use to carry out a specified task on a specified animal(s) or class of animals.

RVMs identified in the VOI can only be used for the specified purpose documented in the VOI. Veterinarians are not obliged to issue VOIs; it is up to the discretion of each veterinarian.

*MPI's [Veterinary Operating Instructions Guidelines](#) state that the guidelines are not mandatory. However, VCNZ's expectation is that veterinarians **must** follow them.*

Actions that veterinarians must take when issuing VOIs

1. Comply with the requirements and expectations of MPI in relation to VOIs as set out in MPI's guidance document.
2. Undertake sufficient monitoring (which is recorded) so that they are confident that the terms of the VOI are being complied with
3. Withdraw the VOI immediately in situations of non-compliance.
4. Do not use VOIs to authorise the use of RVMs when veterinary diagnosis and judgement are required.





5. Do not use VOIs to authorise the use of any controlled drug as defined in the [Misuse of Drugs Act 1975](#).

Understanding Section 4

Veterinary operating instructions are used in limited situations

1. VOIs are only used in cases that require no veterinary involvement to decide if an RVM should be used. This means they are only appropriate in those situations where no veterinary diagnosis or veterinary judgement is required when deciding to use the RVM. Treating a bacterial infection does require a diagnosis and judgement about the choice of antibiotic, dose, route of administration, period of treatment. This means a VOI would not be appropriate.
2. VOIs are generally used to authorise the use of RVMs on animals that do not belong to that veterinarian's clients. VOIs don't require a veterinary-client relationship between the veterinarian and the owner of the animals to be treated. This means that VOIs can be issued for RVMs to carry out procedures on other veterinarian's clients' animals (such as disbudding by third party eg a contractor).
3. A VOI is not needed when veterinarians are dispensing RVMs to their own clients to use on their own animals. An authorisation is used instead.
4. No list is available of which RVMs can and cannot be issued under a VOI. Even so, VOIs should not generally be used for antibiotics as veterinary involvement is required as part of good antimicrobial stewardship. An exception might include prophylactic use, where no veterinary diagnosis or veterinary judgment is required (such as AI programmes, or grooms travelling with horses by air or sea).
5. VOIs must not be used for controlled drugs. Under the Misuse of Drugs Regulations, veterinarians can only prescribe controlled drugs for animals under their care. This means VOI cannot be used as a mechanism for authorising the use of controlled drugs. The penalties for non-compliance with the Misuse of Drugs Act and Regulations can be severe. This does not limit the authorisation of controlled drugs following a veterinary consultation.

Declining to issue a VOI if concerned that the procedure will have a negative outcome on the animal's welfare

6. If a veterinarian is concerned that the procedures that a layperson will undertake may result in negative animal welfare outcomes (such as a lay equine dentist removing an animal's tooth), the veterinarian should not issue the VOI.

Identifying possible adverse events and deciding how best to manage them

7. Veterinarians must identify possible adverse events and decide how best to manage them. The person(s) authorised under the VOI must be appropriately trained to manage events that can be reasonably handled without veterinary involvement. Veterinary intervention will be necessary to appropriately manage certain adverse events. In those situations, the VOI must define how that veterinary involvement will be provided. Unless veterinary care in such events is readily available, it may not be appropriate to issue a VOI. The authorising veterinarian will either need to provide that care themselves, or make prior arrangements with other veterinarians so that the service is readily accessible when needed.





Defining an end date or review date for each VOI

8. VOIs must define an end date or review date. That date must be no more than 12 months from the date the VOI started.

Writing a VOI for use on animals not in the same location as the authorising veterinarian

9. VOIs may be written to be used on animals not in the same regional location as the authorising veterinarian. In these situations, authorising veterinarians should keep in mind that meeting all their VOI responsibilities may be hard (such as supervising the VOI or managing adverse events). So a VOI is probably not appropriate. Veterinarians are advised to seek advice from VCNZ.

Various reasons for using a VOI

10. Some examples of how a VOI might be used in practice are:
 - a. prophylactic treatment of healthy animals for the purpose of preventing disease (such as vaccination of animals admitted to a shelter organisation for the purposes of adoption)
 - b. Analgesia of healthy animals to allow for a procedure or manipulation (such as the use of local anesthetic for disbudding calves)
 - c. treatment of any animal identified as having a particular condition or state of health that is clearly described in the VOI so as to justify the use of an RVM listed in the VOI (such as sedation of an agitated horse by a groom on an export flight or shipment).

Ensuring the person identified in the VOI is trained and competent to use the specified RVM

11. The veterinarian must be satisfied that any person identified in the VOI is competent to use the specified RVM and can carry out the instructions as documented. The veterinarian or another person may have to train the person specified in the VOI or assess their competency. Where VOIs are renewed, the veterinarian must be satisfied that the person is still competent. This may require a reassessment of their competency as part of the renewal process.

Keeping accurate and detailed records

12. Veterinarians should ensure that any person identified in the VOI keeps accurate records of the use of the RVMs specified in the VOI. These should include the details in the table below.

how, when, where and on whose animals RVMs were used and in what situations	volume or amount of product used
date of use	method of administration
name and address of person in charge of the animals	reason for use
identity of the animals (or herd or flock)	adverse reactions or events
identity of the person using or providing the RVM	enough details to allow immediate stock reconciliation

Determining the level of monitoring and auditing needed to ensure compliance with VOI terms

13. Veterinarians must use their professional judgement to determine the level of monitoring and auditing needed to be confident that the terms of the VOI are being complied with.





14. As part of this monitoring, the veterinarians must examine the records of use so they are satisfied the treatment decisions of the specified person are valid and comply with the VOI terms. The veterinarian will decide how often the records need examining based on the particular circumstances. Veterinarians must reconcile all RVM purchases and disposals against the record of use often enough for them to be confident that product use still complies with the VOI terms. Veterinarians must reconcile RVM use at least every 6 months, or at the end of the VOI term if that is a shorter timeframe.

Written authorisation required if the user does not purchase the RVM from the issuing veterinarian

15. If the user specified in the VOI does not purchase the RVM from the issuing veterinarian, a written authorisation is required for the user to purchase it from an approved seller of RVMs. While the VOI might be issued for up to 12 months, the veterinarian may choose to provide authorisations for purchase for shorter timeframes. This will allow for monitoring and ongoing auditing to ensure use complies with the VOI terms.

VOIs do not need MPI approval and are not routinely audited

16. MPI does not need to approve VOIs. Also, VOIs are not routinely audited. A veterinarian may need to produce them after an adverse outcome or for some other reason (such as an on-farm audit).

Section 5

Documentation

Section 5 discusses the requirements for records and documentation associated with authorising or using prescription medicines (PM) and RVMs.

1. Veterinarians must record every instance of the authorisation of a PM or RVM in a way that links their decision to use the PM or RVM to:
 - a. the animal or group of animals (for example, herd or flock)
 - b. the client
 - c. the authorisation
 - d. the authorising veterinarian.
2. Veterinarians must facilitate the traceability of RVMs that have been authorised for use in production animals:
 - a. They must ensure through their own clinical records; records of written authorisations they have provided to clients; and labelling of products they have dispensed that the treatment of an individual animal can be linked back to a specific authorisation.
 - b. Provide the farmer with a documented summary of each product they have authorised at the time of authorisation, including those authorised for future supply. Consider using Appendix 4 of NZVA Guide to Veterinary Authorising (Prescribing) and Dispensing to





model the summary of RVMs authorised for future supply provided to the client.

- c. Ensure the information in their clinical records complies with Section E (7) of NZVA Guide to Veterinary Authorising (Prescribing) and Dispensing Section.
3. Where an external written authorisation is provided to the client to be filled by an MPI approved seller for RVMs, or a pharmacy for PMs, its form must comply with the requirements as set out in the NZVA Guide to Veterinary Authorising (Prescribing) and Dispensing Section D(3) for PMs, and Section E(6) for RVMs.
4. Label all products where a PM or RVM is authorised by a veterinarian and then dispensed by the veterinarian's practice to the client. Follow the labelling guidance set out Section E(8) of the [NZVA Guide to Veterinary Authorising \(Prescribing\) and Dispensing](#).

Understanding Section 5

1. The MPI [Requirements for Authorising Veterinarians](#) sets out the ACVM requirements for veterinarians including:
 - a. keeping records of veterinary authorisations for five years
 - b. recording the decision to authorise and that the record must provide enough information to link the RVM to the client, the authorisation and the authorising veterinarian
 - c. ensuring the record is easily accessible
 - d. The form the record takes is at the discretion of the authorising veterinarian. It could be a clinical record, diary entry for the consultation, visit log, invoice, a combination of these records or whatever the veterinarian uses to record the decision according to accepted standards and as appropriate in the circumstances.
2. The requirements for documentation apply to all practising veterinarians, whether they work in production animal practice or companion animal practice.
3. Some clients (particularly farmers) are subject to audits of RVM use. In order to facilitate a client's ability to keep their own records and be able to provide the necessary information when faced with an audit of their RVM use, veterinarians must provide them with a written summary of all RVMs they have authorised for future supply at the time of the authorisation. Veterinarians can use Appendix 4 of the [NZVA Guide to Veterinary Authorising \(Prescribing\) and Dispensing](#) as a template. To help farmers comply with on-farm audits of RVM use, veterinarians must be able to provide copies of all invoices of RVMs supplied when requested.
4. The copy of the summary of RVMs authorised for future supply provided to the farmer is not, and cannot, be used by the client as an external authorisation/prescription to be filled by an RVM trader.





Section 6

Antibiotic Use

Section 6 sets out the use of antibiotics so as to encourage prudent use and minimise the risk of antibiotic resistance.

Prudent antibiotic use is about maximising the chances of successful treatment while minimising the development of resistance.

Actions veterinarians must take to ensure they use antibiotics correctly:

1. Comply with sections 1 to 5 of the Veterinary Medicines section of this Code
2. Limit antibiotic use to those situations where the treatment is necessary to protect the health and welfare of the animal.
3. Do not use antibiotics routinely for prophylactic or metaphylactic purposes in place of good clinical or animal husbandry practices.
4. Consider using microscopy, a culture or both to identify the type of bacteria in situations where such tests are practical (in terms of time and resources), and likely to provide clinically useful information, before deciding to use or authorise an antibiotic.
5. Select the most appropriate antibiotic after considering factors such as:
 - a. the likely bacteria to be treated
 - b. the spectrum of activity of the antibiotics available (the narrower the better)
 - c. the ability to achieve therapeutic concentrations at the site of infection
 - d. the immune status of the patient
 - e. any concurrent diseases of the patient
 - f. the age of the patient
 - g. the physiological status of the patient.
6. Consider whether any other evidence-based treatment or management option might be an alternative or adjunctive treatment to antibiotic therapy or might be used to increase the chances of a successful outcome (such as antisepsis, wound drainage, and vaccination).
7. Be able to justify (registration label instructions or contemporary independent peer reviewed studies) their prescribing decisions relating to dose rates, duration of therapy and routes of administration.
8. Document clearly in the clinical record the reason for deciding to use a particular antibiotic.





9. Limit the period of supply for critically important antibiotics in an authorisation to 4 months.
10. Do not advertise products containing antibiotics to clients.

Actions veterinarians must take to ensure they use Critically Important Antibiotics correctly

11. Comply with points 1 to 10 above.
12. Restrict use to situations where first line antibiotics have been shown to be ineffective.
13. Restrict use to cases supported by bacteriological tests or where the prescribing decision is supported by studies or references that are recent and independently peer reviewed.
14. Do not use critically important antibiotics as preventive treatment in feed or water in the absence of clinical signs in the animal to be treated.
15. Limit off label use for instances where no suitable alternatives are available.

Understanding Section 6

1. Principles of prudent antibiotic use include:
 - a. maintaining stricter veterinary oversight when antibiotics are authorised and used
 - b. restricting prophylactic and metaphylactic use of antibiotics
 - c. restricting antibiotic use to situations where the veterinarian believes a bacterial infection in the animal(s) needs treating
 - d. reserving the use of [critically important antibiotics](#)
 - e. using other strategies to prevent disease (one strategy is vaccination)
 - f. following recommended dose rates and duration
 - g. helping to ensure the public is educated about responsible antibiotic use.

Veterinarians must document their reasons for deciding to use a specific antibiotic

2. Veterinarians must document in the record their reasons for deciding to use the antibiotic. They must document the diagnosis (confirmed or suspected) and the results of any diagnostic tests that led to the decision for treatment, the name of the product and details about administration.

Veterinarians must only use antibiotics when needed to protect the animal's health and welfare

3. Veterinarians must only use antibiotics in situations where antibiotics are needed to protect the animal's health and welfare. Two examples of bacterial infections that may not need antibiotic treatment are:





- a. uncomplicated infectious canine respiratory disease complex (kennel cough)
- b. uncomplicated balanoposthitis.

Veterinarians should not use antibiotics in clinical cases that do not involve bacterial infection, such as:

- a. idiopathic cystitis in cats
- b. primary viral upper respiratory infections in cats.

Veterinarians must consider other strategies that reduce or remove the need to use antibiotics

4. Veterinarians must consider whether they can use other evidence-based clinical or management strategies to reduce or remove the need to use antibiotics. Two strategies are:
 - a. applying aseptic principles for surgery and good surgical technique so that the need for peri-operative antibiotic use is minimised
 - b. using an antiseptic treatment (such as a shampoo) or topical applications as an alternative to systemic antibiotics for skin conditions.

Veterinarians must understand when it is appropriate to use antibiotic prophylaxis and antibiotic metaphylaxis

5. Antibiotic prophylaxis refers to the treatment of animals with antibiotics in the absence of disease. It is a preventive form of use where the probability of disease is considered particularly high and where it has been considered successful in reducing the incidence of certain diseases (such as reducing mastitis in the dairy cow through the use of dry period antibiotics protection, called DCT). Antibiotic prophylaxis may also be considered an important treatment in certain situations for individual patients (such as perioperative use in immunocompromised patients). If a veterinarian chooses to use antibiotics prophylactically, choice of antibiotic, route and timing of administration are all critical. As such, the veterinarian should use evidence-based studies to support their treatment decisions.
6. Antibiotic metaphylaxis refers to the treatment of herds and flocks with antibiotics if they are considered at risk of suffering an outbreak of infectious disease due to exposure to disease agents or unfavourable host or environmental conditions. A certain level of disease may already be present; treatment is to prevent further animals becoming infected and to treat any animal that may suffer infection yet shows no obvious signs of disease. Such an animal would not normally be treated because they cannot be diagnosed. Yet, it exposes all other animals to infection and can lead to significant episodes of disease. In such cases, the veterinarian should justify and document the treatment on the basis of clinical findings and the development of a disease in a herd or flock.

Veterinarians should never use antimicrobial metaphylaxis in place of good animal husbandry and management practices.

Veterinarians should know when to consider first line or empirical therapy, and when to consider second line therapy

7. **First line or empirical therapy** involves the use of an antibiotic without knowing the type of bacteria involved or its sensitivity. Common first line antibiotics include penicillin; amoxicillin/clavulanic acid; 1st- and 2nd-generation cephalosporins; tetracyclines and





trimethoprim-sulphonamides. The spectrum of activity of the antibiotic should be appropriate for the suspected infection and as narrow as possible

8. Second line antibiotic therapy can be considered when culture and sensitivity testing, together with patient and infection factors indicate that no first-line drugs are reasonable treatment options. Where culture and sensitivity testing show several antibiotics would be effective, the veterinarian should choose the antibiotic considered most suitable for the situation and least likely to produce clinically significant resistance. Second line antibiotics may include critically important antibiotics. The use of these antibiotics is restricted because they are considered more important in treating serious bacterial infections in humans, or because of concern about the development of antibiotic resistance. A veterinarian should not use critically important antibiotics empirically without good justification. For example, their use of antibiotics is supported by studies that are recent and independently peer reviewed. There must be a legitimate and sound clinical rationale which is evidence based and where dose rate and route of administration is consistent with label instructions. It is not sufficient to authorise the use of an antibiotic because a client requests the product or for reasons of convenience, ease of use and withholding periods. Veterinarians must demonstrate that they are acting appropriately as risk managers when authorising these products empirically. Three scenarios are noted below:

Scenario 1

Swabs have been sent to the lab for culture and sensitivity from 5 horses from the same stable with the same clinical symptoms. Results indicate the need to treat with a Critically Important Antibiotic. A sixth horse from the same stable develops the same symptoms.

These results would provide a sufficient epidemiological background to support treating the sixth horse with the same antibiotic. However, this would not be sufficient to justify the same treatment in a horse with the same symptoms from a different stable.

Scenario 2

A veterinarian cannot treat a cow with a 3rd or 4th generation cephalosporin after a difficult calving just because they are not confident in the client's ability to administer daily injections.

The same principle applies to the treatment of a cat with a bite wound abscess with a long acting 3rd or 4th generation cephalosporin.

Bacteriological testing and evidence that appropriate first line or empirical therapy is insufficient are needed.

Scenario 3

An experienced farmer has a sick cow with severe mastitis in multiple quarters where the cow is likely to die before the results of bacteriological testing are available.

In an emergency like this, the decision to treat empirically with tylosin might be justifiable if samples are collected for bacteriological testing so that the infection can be identified to help in making decisions should the emergency occur again.

Veterinarians should advise their clients to use antibiotics responsibly

5. Veterinarians should keep clients informed about the importance of using antibiotics responsibly. They should emphasise the importance of complying with instructions for use. Veterinarians should consider choosing acceptable dosing regimens that are achievable for the animal's owner (such as combining antibiotics with food or providing them in a liquid or paste form).





Veterinarians must not advertise the sale of antibiotics to their clients

6. Veterinarians must not advertise the sale of antibiotics to their clients as this has the potential to impact on authorising decisions.

Veterinarians should not use a request from a client as the basis for deciding whether to use an antibiotic

7. Veterinarians should base their decision to authorise the use of any particular antibiotic product based on the clinical need following a veterinary diagnosis rather than on a request from a client.

Section 7

Controlled Drugs

Section 7 sets out the minimum protocols that veterinarians must follow when receiving, storing and reconciling any controlled drugs.

The requirements of this section are the minimum professional requirements for veterinarians regardless of any exemptions given to veterinarians in the Misuse of Drugs legislation.

Actions veterinarians must take to ensure they have the appropriate minimum protocols in place

1. Ensure that protocols exist in their veterinary practice to securely receive, store and reconcile the use of any controlled drugs used.
2. Store all controlled drugs as set out in section 28 of the Misuse of Drugs Regulations 1977.
3. Record every instance of sale or use of a controlled drug and link its use to the date, amount and type of drug, client and authorising veterinarian.
4. Use a controlled drug register to record the use and purchase of specific classes of controlled drugs and for reconciling stock. Drugs that need reconciling are Schedule 1 (Class A), Schedule 2 (Class B) and Schedule 3 (Class C) Part 4 controlled drugs.

The register can be in electronic format, manual format or both formats.

Electronic format of the register	Manual format of the register
Register is printable on request.	Register is printed as a bound volume.
Entries on each page relate to only one form or strength of one controlled drug.	Pages are numbered consecutively.
Each line relates to one use of the controlled drug.	All columns are as described in Form 1 Schedule 1 of the Misuse of Drugs Regulations 1977 .





Each line contains the same information as would be in the manual report, including the calculated Balance.	Entries on each page relate to only one form or strength of one controlled drug. Each line relates to one use of the drug. For each line, the information required for each column is recorded, including the Balance.
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5. Reconcile controlled drugs at least monthly. Reconcile the opening stock, closing stock, purchases and sales for every strength of each type of controlled drug as identified in 4 above.

Electronic format is used to record transaction of controlled drugs	Manual format is used to record transaction of controlled drugs
A report is generated on the day of reconciliation. Report is reconciled each month. The report has an entry for the actual stock of each controlled drug. The actual stock is reconciled against the calculated balance. A copy of the report showing the reconciliation for each drug is saved and stored either electronically as a PDF (or equivalent), or as a printed hard copy. A copy of the report is available on request.	A line is entered on each page, and dated to record the actual stock of the controlled drug. The actual stock is reconciled against the calculated balance at that date and time.

6. Check that the stock remaining is always the same as the calculated balance. Investigate any volume or amount not accounted for in the reconciliation. Ensure documented procedures are in place to help resolve discrepancies.
7. Discuss with VCNZ any significant unexplained variances in the reconciliation that cannot be explained or are thought to be due to suspected diversion.
8. Keep reconciliation records for 4 years.





Understanding Section 7

1. All controlled drugs are either registered as PM (under the [Medicines Act 1981](#)) or as RVM (under the [Agricultural Compounds and Veterinary Medicines Act 1997](#)). The [Misuse of Drugs Act 1975](#) and the [Misuse of Drugs Regulations 1977](#) specifically apply to all controlled drugs.
2. To authorise the use of controlled drugs for the treatment of animals, veterinarians must comply with sections 1, 2, 3 and 5 of the Veterinary Medicines sections of this Code. Veterinarians must have met the requirements for consultation and have created and maintained appropriate records detailing the treatment decision.
3. Controlled drugs are classified as classes A, B or C and then subdivided into sub-classes. The classification is based on the assessment of risk of harm the drug poses to individuals or to society when misused. Schedules 1 to 3 of the Misuse of Drugs Act 1975 identify those particular drugs in each class. Veterinarians are expected to know which controlled drugs (and which trade-name products containing controlled drugs) are used in their veterinary practice, and to know what is required to comply with the legislation and this Code.
4. Reconciliation is expected for Class A and Class B controlled drugs because these are described as having a “very high risk” and a “high risk” respectively. While a number of Class C controlled drugs are commonly used in veterinary practice, those listed in Part 4 of the Act are considered most at risk in the context of veterinary practice in this Class and therefore need a higher degree of stewardship. Reconciliation of Class A, Class B and Class C part 4 controlled drugs includes (but is not limited to) the following commonly used controlled drugs: morphine, methadone, pethidine, fentanyl, buprenorphine, ketamine and pentobarbital.

Storing controlled drugs

5. [Section 28 of the Misuse of Drugs Regulations 1977](#) sets out the legal requirements for the custody of controlled drugs. The regulations apply to any person in possession of any controlled drug for the purposes of sale or for use in the course of their profession.
6. Controlled drugs must be stored properly to avoid unauthorised access. No members of the public (including family and friends) should have access to them. Staff and contractors employed by the veterinary practice should be allowed access only as appropriate.
7. All veterinarians must be aware of the protocols in their veterinary practice that cover the receipt, use, storage, security and reconciliation of controlled drugs. All staff must be aware of and comply with those protocols. While veterinarians have overall responsibility for the controlled drugs, many of the tasks associated with security functions such as storage and monitoring can be delegated to non-veterinary personnel. It is recommended that protocols managing the receipt of controlled drugs into the practice are established and strictly adhered to, in order to facilitate reconciliation.
8. All controlled drugs not required for immediate use must be kept in a locked cupboard or compartment (‘safe’) that meets the specifications set out in [section 28 of the Misuse of Drugs Regulations 1977](#), and which is of an ‘approved type’. ‘Immediate use’ means the amount of controlled drug that can be reasonably expected to be used throughout a working day. These drugs should still be closely monitored throughout the day. At the end of the working day, those controlled drugs available for immediate use must be locked up securely in their safe.





9. The safe must be constructed of metal, concrete or both. Where the safe is installed after 1977, it must be of an approved type. The safe must be fixed to the building or to the vehicle. When the key to the cupboard or compartment is not being used, it must be kept in a safe place. When the building or vehicle is unoccupied, the key must not be kept in it. The safe can be fitted with a combination lock of an approved type. Specifications for safes to store controlled drugs are noted in [Appendix I at the end of this section](#).

Carrying controlled drugs in a vehicle

10. Veterinarians who carry controlled drugs in their vehicles for use at work must comply with the statutory requirements. Those controlled drugs not required for immediate use must be stored in a locked metal compartment securely fixed to the vehicle. If the vehicle is left unattended the veterinarian must take all reasonable steps to secure the vehicle against unlawful entry. A locked vehicle boot, locked ute service box, locked cabinet within the service box or locked glove box currently meet these requirements.
11. If controlled drugs are kept in vehicles:
 - a. only carry the smallest quantities of the drugs
 - b. do not keep the key to the compartment in the vehicle when the vehicle is unattended
 - c. lock the drugs in the cabinet if they are in the vehicle overnight
 - d. try to park the vehicle in a locked garage or secure area overnight if controlled drugs are in the locked cabinet inside it, or consider removing the drugs if the parking area is not secure.

Having and using a controlled drugs register

12. VCNZ requires veterinarians to use a Controlled Drug Register to record the receipt, sales and stock levels and document reconciliations. This requirement is in place even though [Section 41 of the Misuse of Drugs Regulations 1977](#) provides an exemption for veterinarians.
13. Veterinarians may use a manual register, an electronic register, or both.
14. Veterinarians must be able to quickly and easily produce the controlled drugs register detailing the use of controlled drugs within their veterinary practice for examination and review. The register must be able to reconcile controlled drugs received, used and remaining on hand.

Reconciling physical stock of controlled drugs against sales and purchases

15. Physical stock of controlled drugs must be reconciled against sales and purchases. An important component of this process is the need to account for variances. Where a reconciliation identifies stock of controlled drugs that cannot be accounted for, the veterinarian must provide a reasonable and justifiable explanation. Discrepancies need to take into account multi-injection vials, leakage, loss by evaporation, product remaining in needle hubs and syringes, breakages and unused product remaining in a vial or bottle. The veterinarian must put in place strategies to deal with discrepancies, including those arising from recording issues and human error.
16. The minimum frequency for regular reconciliation of controlled drugs is monthly since it can be difficult to explain reconciliations easily and accurately if reconciliations are less frequent. At least two people should be responsible for the reconciliation process.





17. The veterinarian should resolve situations where the reconciliation does not balance. They should identify a reason where possible and take corrective actions to ensure that the reconciliation balances next time.
18. Where corrective action is taken to improve the accuracy of future reconciliations, yet unexplained variances continue, the veterinarian must report the variances to VCNZ. The veterinarian should seek advice from VCNZ if they cannot explain any large or recurring error in the reconciliation.
19. Strategies that may assist a veterinarian to comply with the above requirements include:
 - a. ensure the receipt of the controlled drugs is accurately recorded
 - b. develop good systems to ensure that all purchases and use are accurately tracked
 - c. maintain a logbook that tracks purchases, and use full packs of controlled drugs to make reconciliation easier
 - d. increase the frequency of reconciliations
 - e. Reconcile more frequently any product that is used more frequently and any product in multi-injection vials
 - f. consider reducing the number of controlled drugs used in the veterinary practice
 - g. consider restricting access to controlled drugs to particular authorised staff members
 - h. consider implementing a procedure that requires two people to be involved each time a controlled drug is removed from the safe for use.

Disposing of controlled drugs

20. The veterinary practice must dispose of expired, damaged, returned or unused controlled drugs in a way that destroys them so that they are non-recoverable and their consumption is impossible or improbable (so they cannot be abused or diverted for any other use). The Ministry of Health's main concern is to prevent diversion. If access to a commercially available disposal system is not possible, the Ministry of Health considers the most appropriate disposal method (to prevent diversion) of controlled drugs is flushing them into the sewerage system. Even so, it recognises the potential harmful environmental consequences.
21. Veterinarians must:
 - a. take all steps to prevent diversion
 - b. render controlled drugs inactive in the disposal process
 - c. ensure any controlled drugs being disposed of away from the practice remains under the control of a veterinarian, or that the veterinarian is satisfied that suitable controls are in place to prevent diversion
22. The following disposal methods are suggested.





- a. Small amounts left in syringes, bottles or ampules are placed in a sealed, tamper-proof sharp container and the container is destroyed by a company specialising in destruction of bio-medical products.
- b. Tablets are crushed and ampules opened and then placed in a sharp container, the container is destroyed by a company specialising in the destruction of bio-medical products.
- c. Full or incomplete bottles (depending on volume) are either disposed of in a sharps container and destroyed by a company specialising in destruction of bio-medical products, or emptied into the sewerage system.
- d. Controlled drugs are delivered to a pharmacist who has agreed to accept them for disposal.
- e. The disposal of controlled drugs (if being carried out within the clinic) is witnessed by a veterinarian, nurse or veterinary technician. The clinic recording system for controlled drugs is appropriately updated to note this disposal, the amount, and the date. The disposal is signed (or recorded if noted in a computerised system) by the veterinarian disposing of the controlled drugs and by the witness.

Appendix I

SUMMARY OF REQUIREMENTS FOR THE CUSTODY OF CONTROLLED DRUGS: STEEL SAFES

	Up to and including 600mm in any dimension (height, width, depth)	Over 600mm in any dimension (height, width, depth)
CONSTRUCTION		
Steel safes used for the storage of controlled drugs must be constructed of steel equivalent to:	4mm mild steel	6mm mild steel
The door(s) must be recessed, have protected hinges and be constructed of steel equivalent to:	6mm mild steel	6mm mild steel
Note. Steel safes must withstand reasonable physical attack with handheld tools and weapons, and must be built and finished in a professional manner with negligible gaps between all fixed parts.		
MECHANISM		
Number of locking mechanisms of no less strength and security performance than a five lever mortice dead lock complying with BS3621:1998 fitted to the safe door:	One	Two*
Note. Door handles must be designed to break off under leverage. *The second mechanism can be an indirect locking mechanism (eg, locking bolts activated by a handle).		
FIXING		
Bolted to the following minimum number of surfaces of solid construction:	One	Two
Note. Bolt shafts, used to attach the safe to the premise, must be a minimum of 10mm in diameter and when bolted into concrete, use expanding or chemical setting bolts. Where the safe is bolted to a wooden floor, it should be bolted through a steel plate which exceeds the floor area of the safe and is retained on at least two floor joists. All nuts must be on the inside of the safe, and bolts welded or burred to resist removal.		





Section 8

Off Label Use

Section 8 set outs how to use or authorise a registered veterinary medicine (restricted or unrestricted) off label, a human medicine or a preparation that has been compounded.

Actions that veterinarians should take when using or authorising off label

1. Comply with all of the points in sections 1 to 7 of the Veterinary Medicines sections of this Code.
2. Consider if a registered veterinary medicine is available that will adequately achieve the intended effect and ensure the welfare of the animal. If appropriate, choose the registered veterinary medicine.
3. Do not supply any consented or unconsented human medicine for use as a veterinary medicine, or any registered veterinary medicine off label unless the additional risks that might occur (such as residues) are manageable.
4. Only import unconsented human medicines or veterinary medicines from overseas after obtaining [Special Circumstances Approval](#) from MPI.
5. Ensure where possible, when considering combining different products, that the products are clinically compatible for concurrent use and that appropriate withholding period advice is provided to the person buying the product.

Understanding Section 8

General requirements for using or authorising the off-label use of products

1. The VCNZ statement [The Discretionary Use of Human and Veterinary Medicines by Registered Veterinarians](#) sets out VCNZ expectations for using or authorising these types of products.

Deciding which product to use

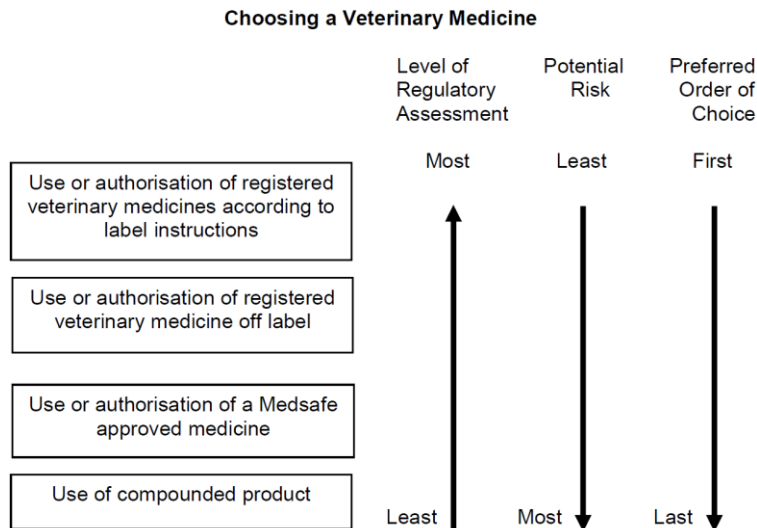
2. The process of deciding which product to use can be compared to a linear cascade (see below).
 - Choice 1 Use a registered veterinary medicine if it is available and can be used in compliance with the label and registration conditions (or an exempt veterinary medicine) to achieve the intended clinical effect.
 - Choice 2 If there is no such suitable product, use a registered or exempt veterinary medicine if available. The medicine must 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.
 - Choice 3 If no registered or exempt veterinary medicine is available which, even with discretionary use, meets the treatment and welfare needs of the animal(s), use a 'human medicine' or preparation specially compounded by or for a veterinarian.





Only use this medicine if the risks identified in the ACVM Act can be still manageable.

- Choice 4 If choices 1 to 3 are not available, and the animal's need justifies it, veterinarians may apply to the MPI ACVM Group to import a veterinary medicine to ease an immediate welfare need of an animal under their care provided certain conditions are met. Contact the MPI ACVM Group for information.



In all cases, a veterinarian's decision for discretionary use must balance the potential negative effects of the drug with its benefits to the animal.

Veterinarians must have worked through each step before deciding which product to use. The cascade should not restrict a veterinarian's choices; it should facilitate good decision-making by effectively managing the risks associated with the type of product used. Ultimately, the veterinarian can choose the type of product to use provided they can justify their decision.

Where human medicines are used in animals, and when registered veterinary medicines are used off label, there has been no regulatory assessment to determine the safety and efficacy of using the medicine in these situations.

Off-label use of a registered veterinary medicine

- Off-label use of a registered veterinary medicine occurs when the use does not comply with the approved claims (that is, the route of administration, dose rate, duration of treatment, target species or the condition being treated).
- Not all RVMs are permitted to be used off label. In that situation, the medicine will have a condition of registration identifying the prohibition. Where an 'over the counter' product is permitted to be used off label, it will carry a condition of registration stating that before off-label use, the user must "seek advice from an appropriately qualified source and confirm that the intended use is not likely to cause unnecessary or unreasonable pain or distress in the animal treated."





Proprietary label information

5. The product label includes all the information that MPI has approved as being able to be supplied to the person the product is sold to, irrespective of the form of that information. Proprietary label information therefore includes:
 - a. the physical label attached to the product
 - b. label information on product packaging
 - c. additional loose material packed with the product.

Medsafe does not assess human medicines for use in animals

6. Medsafe (New Zealand Medicines and Medical Devices Safety Authority) is a business unit of the Ministry of Health and is the regulator responsible for administering the Medicines Act 1981. This Act establishes a pre-market evaluation and approval system for human medicines that is designed to ensure that new medicines meet the required standards.
7. A veterinarian should obtain the informed consent of their client when the risks associated with using a registered veterinary medicine off label, or using a human medicine, are not well known.
8. If a registered veterinary medicine is available and can be used to achieve the same intended effect within the label and registration conditions, a veterinarian should choose it before the use of a human medicine or the off label use of a restricted veterinary medicine, or a compounded preparation. In some situations an RVM may be available but may not be the preferred treatment choice. This is acceptable if the veterinarian can justify their choice case by case and if choosing an RVM is the exception rather than the rule. The routine use of a PM, or compounded preparation, in place of an RVM should not be based solely on the cost.

Using unconsented medicines under section 29 of the Medicines Act 1981

9. To find out the consent status of a human medicine in New Zealand, go to [Medsafe database search](#).
10. Veterinarians can use unconsented human medicines (section 29 medicines) legally to treat animals. However, the Medicines Act 1981 does not allow veterinarians to purchase these products from a supplier based in New Zealand. Veterinarians can only obtain unconsented medicines by importing them after obtaining [Special Circumstances Approval](#) from MPI. Veterinarians can import such medicines in quantities to treat a specific case but cannot hold any of that medicine in anticipation of future use.

Getting MPI approval to use "animal welfare medications"

11. In certain specific circumstances MPI will allow veterinarians to import and hold particular unconsented human medicines in anticipation of use. These medicines are referred to as 'animal welfare medications'. Veterinarians need MPI approval to import and hold particular unconsented human medicines in anticipation of use.
12. The current list of 'animal welfare medications' for companion animals, as approved by MPI are in the [Special Circumstances Approval ACVM Information Requirements](#).





Authorising more than one product for use in treating a food-producing animal

13. When authorising more than one product for concurrent use in treating a food-producing animal, veterinarians must ensure where possible that all products are clinically compatible for concurrent use and that appropriate withholding period advice is provided to the end user.
14. The veterinarian must consider the pharmacology and elimination of each product and their active ingredients, as well as each withholding period applied to the registered veterinary medicines. The veterinarian must assign a withholding period that allows for any interactions between concurrently administered products, changes in the elimination of the drugs, and any other impacts the concurrent use may have on the efficacy, safety, and residue elimination of the active ingredients.
15. The pharmacology and elimination of a product can change significantly depending on the species it is administered to, the dose, the administration route, and concurrent use of other products. In food-producing animals, the veterinarian authorising use in any way other than as stated on the product label, including the concurrent use of more than one product, is responsible for ensuring that the authorised use does not cause residues to exceed the maximum residue levels or maximum permissible levels for all medicines used by providing appropriate withholding period advice to end users. This requirement applies to all products for which maximum residue level apply under the Food Act and for which maximum permission levels apply under the Animal Products Act.

Deciding an appropriate withholding period

16. The withholding periods approved for a veterinary medicine are based on residue trial work on the use of that one product, in the approved species, and in line with the approved dose rate and interval. MPI has not evaluated use of the product in any other way. Also, the withholding period approved for the product does not apply.
17. In deciding what an appropriate withholding period is, veterinarians need to consider their own knowledge and experience as well as that of their colleagues. Veterinarians also need to consider technical advice (from a number of possible sources), peer and non-peer reviewed publications, available current data, and the MPI default withholding periods.

Section 9

Compounded Veterinary Preparations

Section 9 sets out how to use or authorise a compounded veterinary preparation (CVP) for animals under their care.

Actions veterinarians must take when using or authorising a compounded veterinary preparation.

1. Comply with all the points in sections 1 to 7 of the Veterinary Medicines sections of this Code.
2. In situations where there is no veterinary medicine approved for the treatment of the condition (i.e. there is no on label indication and dose rate), consider whether there is:





- i. an approved veterinary medicine which would be appropriate to use off label to achieve the same therapeutic effect, or
- ii. if there is an appropriate consented human medicine that will achieve the same therapeutic effect.

If any such trade-name product is available and will adequately achieve the intended effect and ensure the welfare of the animal, the veterinary must choose this product in preference to a CVP.

3. Consider whether an unconsented human medicine or overseas registered veterinary medicine is available that could be imported using MPI's [Special Circumstances Approval](#) form within an acceptable timeframe. If appropriate, use this medicine in preference to a CVP.
4. Ensure that CVPs do not contain prohibited or restricted substances as defined by MPI.
5. Ensure that the CVP is compounded, sold and used for the treatment of an animal under the compounding veterinarian's direct care in accordance with ACVM regulations.
6. Be competent in all aspects of formulation and compounding in situations where the CVP is compounded personally. Be responsible for the product, including its preparation, packaging, shelf life, labelling, and any workplace safety concerns.
7. Be satisfied that any third party contracted to do the compounding is competent. Issue the third party with a compounding order specifying the ingredients, quantity, packaging, shelf life and labelling. The veterinarian requesting the compounding is responsible for all aspects of compounding even when it is carried out by a third party.
8. Ensure that a documented system for compounding is in place.
9. Compound only enough CVP to manage short-term requirements. Do not store the preparation in anticipation of future needs.
10. Do not advertise or promote CVPs as veterinary medicine trade-name products or display them for sale to the general public.
11. Do not import CVPs without approval from MPI.

Understanding Section 9

1. MPI and VCNZ recognise that veterinarians need to be able to compound preparations for the treatment of animals when the need arises. However, in accepting that the need exists, veterinarians should recognise that CVPs have not undergone the usual regulatory assessment, and so expose the veterinarian, the animal(s) treated, the people involved with treatment and the public interest to potential risks. For more information, see the VCNZ [Statement on](#)





Compounding Veterinary Medicines and MPI Guidelines on Developing a Documented System for Compounded Veterinary Preparations.

2. Veterinarians may compound a CVP under entry 9 in schedule 2 of the Agricultural Compounds and Veterinary Medicines (Exemption) Regulations 2011. A veterinarian who chooses to compound a CVP must follow the ACVM requirements in Regulations 7, 10, 12 and 14 and the CVP Notice. The veterinarian must clearly understand and comply with those expectations. For more information, see the VCNZ Statement [Veterinarians and Manufacturing of Veterinary Medicines](#).
 3. Compounding a CVP should be seen as a last resort and only undertaken because a trade name product in the desired form or presentation is otherwise unavailable for animal treatment. The guiding principle should be that the CVP improves the animal(s) welfare over and above anything else that is currently available and is therefore a more appropriate veterinary medicine to use.
 4. When deciding what treatment to use, veterinarians should consider the following choices in order. The primary choice is to use an RVM in compliance with the label and registration conditions to achieve the intended clinical effect. If no such RVM is available, the second choice is to use an RVM off label. The third choice is to use a human medicine. The fourth choice is to use a CVP.
 5. Veterinarians should only compound sufficient material to satisfy their clinical requirements, and not in anticipation of future needs. The preparation should only be compounded for a particular animal. However, situations do occur where a group of animals require treatment.
 6. Veterinarians who supply a CVP to a client must include as labelling information:
 - a. name or description of the product
 - b. name and contact details of the manufacturer or the veterinarian who made the product
 - c. active ingredients
 - d. directions for use
 - e. use by date/expiry date, if applicable
 - f. precautions, if any, for use
 - g. batch number (or equivalent).
-





Section 10

Decanting

Section 10 sets out the actions of veterinarians when decanting. Decanting is a form of compounding that involves breaking down trade-name products into more convenient pack sizes.

Actions veterinarians must take to when decanting or breaking down a trade-name product.

1. Ensure that the product is not altered in any way, except when changing the original packaging and labelling.
2. Ensure that no additional hazards are introduced through careless or inappropriate procedures during decanting or breaking down.
3. Ensure that the choice of alternative packaging does not jeopardise the quality of the product.
4. Ensure that all crucial information about the product is provided to the client, including the veterinarian's contact information and additional instructions.

Understanding Section 10

1. At times, a client may not be able to use the entire product in the smallest pack size available. A veterinarian may, under the exemption from registration for compounding, decant off a portion of a liquid trade name product or break down a non-liquid/gas trade name product into smaller quantities.
 2. If the veterinarian breaches the integrity of the trade name product as set out above, they are responsible for any adverse consequences.
-

Section 11

Providing a Dispensing Service

Section 11 sets out the actions of veterinarians who routinely fill veterinary authorisations in their practice issued by veterinarians from outside their practice.

Actions veterinarians must take to provide a dispensing service.

1. Have an Operating Plan for Restricted Veterinary Medicines Sellers that MPI has approved.
2. Contact the external authorising veterinarian if the authenticity or validity of the authorisation is in doubt.
3. Prepare the order as set out in the written instructions from the authorising veterinarian.





4. Contact the authorising veterinarian if the written authorisation needs changing, to discuss the changes and obtain a new authorisation issued (if the requested changes are accepted).
5. Keep a record of the transaction with a copy of the authorisation.

Understanding Section 11

1. Some veterinarians may wish to operate an RVM dispensing service (a veterinary pharmacy) to fill authorisations from other veterinarians not in the same practice or from other people recognised by MPI to authorise the purchase and use of RVMs in line with the approved operation plans. To dispense this way, the veterinarian must have an operating plan approved by MPI that governs the sale of RVM. Veterinarians should contact MPI for guidance on developing their own operating plans.
2. The accepted standard of practice for providing this dispensing service is set out in the MPI document [Operating Plans for Restricted Veterinary Medicine Sellers](#).
3. Veterinarians who are not approved RVM sellers may fill a one-off urgent authorisation. Two occasions are when a client has gone on holiday and forgotten to take their animal's treatment, or when another practice has run out of a medicine over a weekend or holiday period.

Section 12

Using a Generic Chemical

Section 12 sets out actions veterinarians must take when using a generic chemical.

Veterinarians must:

1. Recognise that the generic chemical has received no regulatory control as to its quality and fitness for purpose for treating animals.
2. Address risk management of the generic chemical in an adequate manner.
3. Advise the client about the use of the generic chemical, including adequate risk management advice as appropriate.
4. Ensure the client has received appropriate withholding period advice about residues resulting from using the generic chemical, as applicable.

Understanding Section 12

1. See the glossary definition of *generic chemical*. Some generic chemicals are methylene blue, zinc oxide, and magnesium sulphate. Chemicals with active ingredients that would prompt the need for registration (such as zinc bacitracin and chloramphenicol) are excluded.





Section 13

Use of Veterinary Medicines or Prescription Medicines on or by People

Section 13 covers the prohibited use of veterinary medicines or veterinary PM on or by people.

1. Veterinarians must not use, recommend or authorise the use of veterinary medicines, PM, pharmacy-only medicines or restricted medicines (as defined in the [Medicines Act 1981](#)) for use on or by people.

Understanding Section 13

1. The [Medicines Act 1981](#) contains a specific exemption that allows veterinarians to authorise the sale, supply or administration of prescription medicines (as defined in the Medicines Act 1981) to treat animals under their care. The same legal restraint applies to pharmacy-only medicines and restricted medicines.
 2. It is illegal and unethical for veterinarians to authorise the use of these PM to treat people.
-

Section 14

Advertising

Section 14 is about the advertisement or promotion of RVMs to end users (including offering purchasing incentives).

When advertising RVMs veterinarians must

1. State that the product is only available under veterinary authorisation
2. Only advertise RVMs if doing so is unlikely to jeopardise the risk management role of the authorising veterinarian.
3. Not advertise antibiotics to the public.
4. Not advertise or offer purchase incentives for products with a specific condition of registration that prohibits them being advertised.
5. Only display a registered veterinary product (and its label) where the public can see it if doing so does not influence a person's decision to buy it.

Understanding Section 14

1. Veterinarians may advertise RVMs to end users (including offering purchasing incentives) provided there is no specific condition of registration prohibiting this, and the product is not an antibiotic.
2. The MPI document [Advertising guidelines for products registered under the ACVM Act](#) sets out MPI expectations under the Animal Compounds and Veterinary Medicines Act 1997 about the





standards veterinarians must maintain when advertising and promoting veterinary medicines. Veterinarians are expected to know and comply with the requirements set out in those guidelines.

3. The advertising veterinarian must tell the potential buyer to discuss treatment options for their animal or animals with their veterinarian.





Legislative requirements

This section was last updated in October 2015

[Back to contents](#)

Veterinarians must practise in accordance with all relevant legislation and other standards applicable to their veterinary practice.

Understanding the Guiding Principle

- a. Many Acts, Regulations, rules and standards impact on veterinary practice.
- b. Veterinarians must maintain a working knowledge of, and comply with, the current legislation and the rules and standards which impact directly on their area of veterinary practice.
- c. The most applicable legislation and standards are contained in sections 1 and 2 of this section of the Code. 'Most applicable' in this context means the requirements that are either particular to veterinarians (ie refer to veterinarians), or particular to the veterinarian acting in a role or capacity based on his or her veterinary knowledge. It is more likely that an investigation and possible action would be taken by the responsible agency and/or VCNZ if these requirements are not met or breached.
- d. There is other legislation that impacts on veterinarians in other roles that they hold such as employers, building owners and contractors, and even traders or manufacturers. These are listed in understanding paragraph 3 (below). VCNZ's jurisdiction applies when a veterinarian is acting in a veterinary capacity, or when a veterinarian, acting in either a veterinary or non-veterinary capacity, brings the profession into disrepute.
- e. Disciplinary action can be taken by VCNZ where veterinarians are convicted of offences which reflect adversely on their fitness to practise.
- f. The legislation can be found at www.legislation.govt.nz.
- g. Lack of knowledge of legislative and other requirements set out in rules and standards is not normally accepted as a defence in the event of breaches.
- h. Reading legislation can be daunting and confusing. However most of the bodies responsible for the specific legislation have plain language guidance available on their websites. NZVA publishes website guidance for its members on the most significant legislation impacting on veterinary practice.
- i. Veterinarians are encouraged to discuss difficult issues with:
 - i. senior colleagues
 - ii. NZVA
 - iii. their indemnity insurer
 - iv. the VCNZ Registrar
 - v. the responsible agency. For example MPI ACVM advisors for restricted veterinary medicine queries
 - vi. their legal advisor.





Section 1

Veterinarians must practise in accordance with the legislation which directly impacts on their practice. This includes the relevant provisions of:

- a. Veterinarians Act 2005 and associated subordinate legislation (such as Minimum Practising Standards for Practising as a Veterinarian Notice)
- b. Animal Welfare Act 1999 and associated subordinate legislation (such as Codes of Welfare)
- c. Agricultural Compounds and Veterinary Medicines Act 1997 and associated legislation and standards in relation to the use, authorisation, sale and supply of veterinary medicines
- d. Misuse of Drugs Act 1975 and associated regulations
- e. Medicines Act 1981 and associated regulations
- f. Biosecurity Act 1993 and associated subordinate legislation and standards
- g. Section 87A of the Health Act 1956 and Health (Diseases Communicated by Animals) Regulations
- h. Animal Products Act 1999 and associated subordinate legislation and standards
- i. Food Act 1981 and associated regulations
- j. Hazardous Substances and New Organisms Act 1996 and associated regulations
- k. Radiation Protection Act 1965 and associated codes of practice
- l. Privacy Act 1993
- m. Electronic Transactions Act 2002.

Understanding section 1

a. Veterinarians Act 2005

- i. The purpose of this Act is to protect the public interest by aiming to ensure that veterinarians are competent to practise; and, for that purpose to provide VCNZ with the powers to:
 - register people qualified to practise as veterinarians
 - issue practising certificates to specialists and people qualified to practise as veterinarians





- set and implement standards for veterinary performance
 - monitor performance and, if necessary, discipline veterinarians and certain other people.
- ii. Veterinarians have certain responsibilities under the Veterinarians Act 2005 and its regulations. In particular veterinarians must:
- not practise without holding a practising certificate
 - maintain [minimum practising standards](#) in relation to:
 - fitness to practise
 - professional conduct
 - competence to practise
 - recency of practice, and
 - continuing professional development
 - provide the information required by VCNZ when applying for a practising certificate along with the relevant fee
 - not describe themselves as or imply that they are a specialist, unless they are registered in the veterinary specialty concerned
 - notify VCNZ within one month of changing their name, address or practice
 - comply with any conditions that VCNZ may place on their scope of practice
 - provide information to the VCNZ's Complaints Assessment Committee on request
 - comply with any orders that the VCNZ's Judicial Committee may make following a disciplinary hearing
 - make practice records available to inform any review of their competence
 - comply with any requirements arising from a competence review or medical assessment.

b. Animal Welfare Act 1999

- i. The purposes of the Act include:
- ensuring that owners of animals and persons in charge of animals attend properly to their welfare
 - prohibiting or controlling certain types of conduct towards animals
 - providing for codes of welfare that establish minimum animal welfare standards and include recommendations on best practice
 - regulating the use of animals in research, testing, and teaching.
- ii. Veterinarians have specific powers and obligations under the Animal Welfare Act 1999, and must be familiar with these.
- iii. For further information refer to:
- [the Animal Welfare](#) section of this Code
 - [MPI Animal Welfare policy and practice in NZ](#)
 - [NZVA/MPI Toolkit for Veterinarians Involved in Resolving Animal Welfare Issues on Farms and VetPak](#)
 - [NZVA Guidance on Fitness for Transport including Veterinary Certification](#)
 - [VCNZ Guidance for veterinarians – Dealing with cases of suspected or actual animal abuse and family violence.](#)





c. Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997

- i. The purpose of this Act is to:
 - prevent or manage risks associated with the use of agricultural compounds, being:
 - risks to public health
 - risks to trade in primary produce
 - risks to animal welfare
 - risks to agricultural security
 - ensure that the use of agricultural compounds does not result in breaches of domestic food residue standards
 - ensure the provision of sufficient consumer information about agricultural compounds.
- ii. Veterinarians have specific powers and obligations under the ACVM Act 1997, and must be familiar with these.
- iii. For further information refer to:
 - the [Veterinary Medicine](#) section of this Code
 - [about ACVM](#)

d. Misuse of Drugs Act 1975 and associated regulations

- i. The Misuse of Drugs Act 1975 and associated regulations govern the prescribing and supply of controlled drugs and provide for the prevention of their misuse.
- ii. Controlled drugs are arranged in classes and have varying rules applying to their prescribing/authorisation and security. Schedules 1–3 of the Act set out the products in each of the three classes.
- iii. Schedule 1 of the Regulations sets out the requirements for controlled drug registers.
- iv. The Medicines Control section of the Ministry of Health is responsible for monitoring the sale and prescribing of controlled drugs.
- v. Veterinarians have specific obligations under the Misuse of Drugs Act 1975 and must be familiar with these. Although veterinarians are exempted under this legislation from some of the record keeping requirements, there are professional obligations under this Code around controlled drugs registers and reconciliations.
- vi. For further information refer to the [Veterinary Medicines](#) section of this Code

e. Medicines Act 1981 and associated regulations

- i. This legislation controls the manufacture, sale and supply of medicines (other than controlled drugs), medical devices and related products.
- ii. The Act contains a specific exemption allowing veterinarians to authorise the sale, supply or administration of medicines (as defined in the Medicines Act 1981) for the treatment of





animals under their care.

- iii. Section 39 of the Medicines Regulations prohibit veterinarians from prescribing any prescription medicine otherwise than in the practice of their profession for the treatment of an animal under their care. The same legal restraints apply to pharmacy-only medicines.
- iv. Schedule 1 of the Regulations sets out the products which are prescription, restricted or pharmacy-only medicines.
- v. For further information refer to:
 - the [Veterinary Medicines](#) section of this Code
 - www.legislation.govt.nz (and search for the Act or Regulations)
 - [VCNZ Standard for the Discretionary Use of Human and Veterinary Medicines](#)

f. **Biosecurity Act 1993**

- i. The Biosecurity Act provides for:
 - the effective management of risks associated with the importation of risk goods
 - the continuous monitoring of New Zealand's status in regard to pests and unwanted organisms
 - the effective management or eradication of pests and unwanted organisms
 - the effective prevention, management, or eradication of unwanted organisms if emergencies or other exigencies occur.
- ii. There are mandatory reporting requirements, to MPI, of the presence or possible presence of notifiable diseases.
- iii. There are a number of regulations and orders made under the Biosecurity Act which may have relevance to veterinarians working in particular areas. These include:
 - Imported Animals and Semen Information Regulations
 - Infringement Offences Regulations
 - Animal Identification Systems Regulations
 - Meat and Food Waste Regulations
 - National Pest Management Strategies for American Foulbrood and Varroa
 - National Pest Management Order for Bovine Tuberculosis which includes the National Operational Plan for bovine tuberculosis. This plan covers all the Animal Health Board (the designated Management Agency for TB) policies for the management of bovine TB in New Zealand. Given that bovine tuberculosis is a nationally recognised pest under this section of the Biosecurity Act 1993 it is necessary that veterinarians are familiar with the relevant sections especially if they are accredited to apply approved TB tests, or authorised to act according to the powers described within the Act.
- iv. For further information refer to:
 - the [Professional Integrity](#) section of this Code
 - [TB Free](#)
 - [MPI - Surveillance programs](#)





g. Health Act 1956 and Health (Diseases Communicated by Animals) Regulations

- i. The Health Act 1956 provides the Ministry of Health, District Health Boards and Local Authorities with powers to improve, promote and protect public health, for example in relation to water supply, infectious and notifiable diseases and air pollution.
- ii. [Section 87A](#) of the Act requires 'every veterinary surgeon who has reason to believe that any animal professionally attended by him is suffering from a (declared) communicable disease to... give notice in the prescribed form to the Medical Officer of Health... Every person commits an offence against this Act who fails to comply with the provisions of this section'
- iii. Under the Regulations, Anthrax, Ornithosis (psittacosis), Rabies and Trichinosis have been declared communicable diseases.
- iv. [Schedule 1](#) of the Regulations contains the prescribed form.

h. Animal Products Act 1999

- i. The object of this Act is to:
 - minimise and manage risks to human or animal health arising from the production and processing of animal material and products by instituting measures that ensure so far as is practicable that all traded animal products are fit for their intended purpose
 - facilitate the entry of animal material and products into overseas markets by providing the controls and mechanisms needed to give and to safeguard official assurances for entry into those markets.
- ii. There are a number of regulations and notices made under the Animal Products Act 1999 which may have relevance to veterinarians working in particular areas. These include:
 - Animal Products (Sulphonamide-on-site Monitoring and Surveillance and non-Sulphonamide Antibiotic Monitoring (Bobby Calves) Notice, 2005
 - Animal Products (Export Requirements – Cats and Dogs) Notice, 2005. This notice makes it mandatory for all cats and dogs exported from New Zealand, which require an official assurance from a veterinarian, to be microchipped prior to being presented for certification.
 - Animal Products (Ante-mortem and Post-mortem Examination of Mammals, Ostriches and Emu Intended for Human Consumption) Notice 2006, which provides that:
 - animals that develop metabolic disorders while in the care of the operator or have suffered a metabolic disorder during transport to the primary processing premises or place may be treated by or under the supervision of a veterinarian
 - veterinarians are recognised to carry out ante and post mortem examinations





- Part 10 of the Animal Products (Specifications For Products Intended For Human Consumption) Notice 2004, Administration Consolidation (Version 3). Under this notice suppliers must not present animal material for processing which has been treated with or exposed to a registered agricultural compound in a manner that differs from its conditions of registration. An exception to this is where a veterinarian has prescribed a lesser withholding period in respect of the treatment of that animal and that withholding period is complied with.
- Animal Products (Regulated Control Scheme – Hormonal Growth Promotants) Notice 2009.
This contains veterinarians' legal obligations relating to the control, administration and recordkeeping for HGP use
- Animal Products (Control of Specified Substances) Notice 2007.
Under this notice veterinarians have legal obligations to meet the requirement of specified substances as listed for applicable species.
- Under the Animal Products (Export Requirement: Inspection Agencies Ante-Mortem and Post-Mortem Inspection) Notice 2009 Schedule 2, veterinarians are accountable for the following verification activities:
 - AM inspection (including animal welfare in lairages)
 - Animal welfare at slaughter
 - PM inspection
 - Tb detection, Tb sampling, security, packaging, submission, and boning under supervision notification
 - Official assessor performance assessment (Statistically based performance measurement of official assessor AM & PM activities)
 - Residues; Monitoring Surveillance, Survey, ISL. Official sampling and submission
 - Control of product after official sampling , including boning of suspect product under supervision
 - SOS testing, traceback and product disposition
 - Trichinella sampling
 - ASD's and Lists
 - Species Verification
 - Disease and defect information
 - Brands and inventory control
 - Security Devices (Carton seals and container seals)
 - Operator non-conformance
 - Regulatory Overview, Hygienic slaughter and dressing
 - Pre operative hygiene assurance
- Under Schedule 2 of the above notice, veterinarians may also perform the following tasks:
 - Tb disposition
 - Notification of sampling programme and sample plan
 - Traceback and product disposition
 - Water sampling - supervision of sample taking and official sealing
 - Control of designated product for detention





– RMP and OMAR verification

- Under the Animal Products (Regulated Control Scheme – On-farm and Stock Saleyards Verification) Notice 2009, verification at premises for this regulated control scheme must be conducted by registered veterinarians currently working for MPI in the verification area at EU-listed export meat slaughter premises.
 - Under export requirements specified in OMAR 01/183 and TD 02/12 if a suspect *T. saginata* lesion is found on post-mortem inspection procedures for veterinary inspection are as per Manual 16, Inspection table.
 - OMAR 05/7 Supervision of Slaughter Establishments requires all official veterinarians, to be appropriately qualified and defines an Official Veterinarian as a person that has an appropriate veterinary qualification, is registered with VCNZ, is employed under the State Sector Act 1988, is an Official Assurance Verifier, and is appointed as an Animal Products Officer.
- iii. For further information refer to the [Professional Integrity](#) section of this Code.

i. Food Act 1981 and associated regulations

- i. The Food Act 1981 regulates the sale of food for human consumption and is administered by MPI.
- ii. Veterinarians' responsibilities include providing guidance and advice on the likely presence and control of biological and chemical hazards in relation to food production and processing across the whole of the food chain from primary production to consumption. Biological hazards include zoonotic pathogens and pathogens associated with other inputs into the food chain. Veterinary training equips veterinarians with the skills to assist with the required Hazard Analysis and Critical Control Point (HACCP) application and risk management activities under the Food Act. Those involved in these activities must therefore be very familiar with the requirements of the Food Act and associated regulations.
- iii. For further information refer to [MPI – Food Safety – Overview](#)





j. Hazardous Substances and New Organisms Act (HSNO)

- i. The Hazardous Substances and New Organisms (HSNO) Act 1996 covers the safe management of all hazardous substances. This includes those that are explosive, flammable, corrosive, toxic and harmful to the environment (ecotoxic).
- ii. The Act established the Environmental Risk Management Authority (ERMA New Zealand) to assess and decide on applications to introduce hazardous substances or new organisms into New Zealand. This includes genetic modification of plants, animals and other living things in New Zealand.
- iii. The HSNO Act 1996 requires a small number of veterinary medicines to be under the control of a specially qualified person called an Approved Handler. In addition, the transfer of a few very hazardous veterinary medicines (organophosphates) must be recorded or 'tracked'. To take delivery of a tracked product veterinarians need to ensure that an Approved Handler is in place.
- iv. Veterinarians with a current practising certificate, who are storing or using the veterinary medicine in the ordinary course of their business or employment, do not require to be an Approved Handler. However, this exception does not apply when a veterinarian is storing the veterinary medicine for the purposes of resale.
- v. On 1 July 2011 ERMA New Zealand was disestablished and all of its functions were transferred to the Environmental Protection Authority (EPA).
- vi. For further information refer to [Guide to HSNO Controls](#)

k. Radiation Protection Act 1956 and associated regulations and codes of practice

- i. The New Zealand radiation protection legislation consists of the Radiation Protection Act 1965 and the Radiation Protection Regulations 1982. The legislation controls the hazards from apparatus that generates ionising radiation, and from radioactive material.
- ii. The use of radioactive materials or irradiating apparatus for any purpose is restricted to people holding a licence under the Act for that purpose, or anyone acting under the supervision or instruction of a person with a suitable licence.
- iii. Currently, to be eligible for a licence, veterinarians must be a registered with a current practising certificate.
- iv. A licence information pack, containing relevant information can be obtained by contacting the NRL.
- v. Licences are renewable annually.
- vi. Compliance with the requirements of the Code of Safe Practice for the use of x-rays in Veterinary Diagnosis is a standard condition placed on all licences to use x-rays in veterinary diagnosis. The Code specifies radiation safety management requirements, x-ray machine performance and facility requirements, and occupational and public dose limits.





- vii. The Radiation Protection Act 1956 allows x-rays to be used by unlicensed persons under the supervision or instruction of a licensee. However there are restrictions on who may act in a supervised or instructed role.
- viii. For further information refer to:
 - [Code of safe practice for the use of x-rays in veterinary diagnosis](#) (Word document)
 - [Code of Practice for Use of Iodine 131 for the treatment of thyroid disorders in cats](#) (Word document)

I. Privacy Act 1993

- i. This Act promotes and protects individual privacy. It applies with few exceptions across the public and private sectors.
- ii. The Privacy Act is directly concerned with information privacy about individuals. It contains 12 information privacy principles about the collection, holding, use and disclosure of personal information and assigning of unique identifiers. The principles also give rights to individuals to access personal information and to request correction of it.
- iii. For further information refer to:
 - the Privacy Commissioner's website at www.privacy.org.nz
 - Paragraph 4 of the [Veterinary Services](#) section of this Code and related explanatory notes.

m. Electronic Transactions Act 2002

- i. The purpose of this Act is to facilitate the use of electronic technology by:
 - reducing uncertainty regarding:
 - the legal effect of information that is in electronic form or that is communicated by electronic means; and
 - the time and place of dispatch and receipt of electronic communications;
 - providing that certain paper-based legal requirements may be met by using electronic technology that is functionally equivalent to those legal requirements
 - ii. For further information refer to paragraph 2 of the [Professional Integrity](#) section of this Code and related explanatory notes.
-





Section 2

Veterinarians must practise in accordance with the professional standards set or endorsed by VCNZ. These include:

- a. Statement on the Information Requirements for authorising Dry Cow Therapy**
- b. Statement on the Discretionary Use of Human and Veterinary Medicines by Veterinarians**
- c. Statement on the Induction of Dairy Cattle**
- d. Statements on Compounding and Manufacturing Veterinary Medicines**
- e. the continuing professional development requirements set out in the VCNZ document Continuing Professional Development – Information for Veterinarians**
- f. Policy on Recency of Practice**
- g. Competence Standards and Performance Indicators for Veterinarians**
- h. Policy on the Use of Titles**
- i. Policy on Qualifications and post nominal titles for inclusion on the Register of Veterinarians.**

Understanding section 2

- a. The primary purpose of VCNZ is to protect the public interest by ensuring that veterinarians are fit and competent to practise. Under the Veterinarians Act 2005 the VCNZ has the statutory power to prescribe minimum standards for practising as a veterinarian.
- b. This Code of Conduct and the other prescribed Minimum Standards for Practising as a Veterinarian set out the professional standards veterinarians must abide by. VCNZ also issues statements and guidelines which clarify and expand on the principles set out in the Code and the Minimum Practising Standards. Such statements and guidelines may be developed by VCNZ or developed by another organisation and endorsed by VCNZ.
- c. As at September 2011:
 - i. Existing standards and guidelines are:
 - [Statement on the Authorisation of Dry Cow Therapy](#)
 - the continuing professional development requirements set out in the VCNZ document [Continuing Professional Development - Information for Veterinarians](#)
 - [Policy on Recency of Practice](#)
 - [Competence Standards and Performance Indicators for Veterinarians](#)
 - [Policy on Qualifications and post nominal titles for inclusion on the Register of Veterinarians](#)





- [Policy on the Use of Titles](#)
- [Statement on Compounding Veterinary Medicines](#)
- [Statement on Veterinarians and Manufacturing of Veterinary Medicines](#)

Section 3 **Veterinarians must maintain a working knowledge of the legislation which impacts on their practice in their associated roles such as employers, business owners or veterinary medicine traders.**

Understanding section 3

- a. Veterinarians are expected to maintain a working knowledge of other legislation which impacts on their practice in their associated roles such as employers, business owners or veterinary medicine traders. This includes but is not limited to:
 - i. Health and Safety in Employment Act 1992 and associated regulations
 - ii. Commerce Act 1986
 - iii. Fair Trading Act 1986
 - iv. Consumer Guarantees Act 1993
 - v. Employment Relations Act 2000
 - vi. Parental Leave and Employment Protection Act 1987
 - vii. Crimes Act 1961
 - viii. Resource Management Act 1981.

- b. For further information refer to www.legislation.govt.nz (and search for the Act or Regulations).





Glossary

[Back to contents](#)

Adverse event is any observable or measurable negative effect in treated or exposed animal(s) that is (or is suspected to be) associated with the administration/application of a veterinary medicine or oral nutritional compound. In other words, any negative physiological or pharmacological side effect, target animal safety issue, residue issue, lack of efficacy or alleged interactions with other products or compounds should be considered an adverse event. This includes all unfavourable and unintended events (that may or may not have been identified as possible when the product was registered) that are associated with the use of the product in an on-label or off-label manner. (Ministry for Primary Industries: Adverse Event Reporting Programme for Veterinary Medicines).

Advertise: To publicise to the community or to any section of the community using any words whether written, printed, spoken, or in any electronic form, or of any pictorial representation or design or device used to promote the sale of any agricultural compound. Advertising does not include general information transfer about animal health, animal welfare, or food safety status or management.

Antibiotic is a medicine that kills bacteria or inhibits their growth. It includes natural substances such as penicillin, semisynthetic substances such as ampicillin, and totally synthetic substances such as enrofloxacin.

Antimicrobial is a drug, chemical, or other substance that either kills or slows the growth of microbes. Substances considered antimicrobials include surface disinfectants, antibiotics, parasiticides, and anti-fungal and anti-viral agents.

Attending a veterinary emergency means to physically assess the animal(s) and as a minimum provide relief from unreasonable or unnecessary pain or distress.

Authorising, dispensing, recommending, selling and using veterinary medicines:

Authorising means a veterinarian creating a documented approval allowing a client to purchase a particular restricted veterinary medicine to administer to a particular animal(s) in accordance with the instructions of the veterinarian.

Dispensing means preparing a veterinary medicine to transfer possession to the owner or caretaker of the animal(s) to be treated. Dispensing includes transferring one or more doses of a veterinary medicine from its approved commercial packaging into adequate and appropriately labelled alternative packaging.

Recommending means a veterinarian advising a client to use a particular veterinary medicine.

Selling means a veterinarian offering for sale a veterinary medicine, including gifting or offering samples.

Using means a veterinarian, and any clinic staff under their instruction, administering a veterinary medicine to any animal in their care.

Certification is the action of providing a written assurance or notification to any person about any animal or animal product. (In this context 'written' includes using electronic means).

A **client** of a veterinarian is a person (or organisation) that uses or has used the professional services of that veterinarian.

Clinical practice means the professional examination, diagnosis, prophylactic, medical and/or surgical services veterinarians provide.



Clinical record A record documenting a clinical examination or client discussion, which should include the date of examination/discussion, name of animal examined, history, clinical signs, diagnosis/provisional diagnosis, treatments and advice given, and medication or tests undertaken. The date of the medication authorised and any tests undertaken should be included. The record should include the signalment (a description) of the animal(s). It should be completed and maintained in accordance with the professional standards and practices as outlined in this Code.

Competency is the application of knowledge, skills, attitudes, communication and judgement to the delivery of appropriate veterinary services in any particular field of veterinary practice. Competence is demonstrated through performing the tasks required to an acceptable standard and doing this on a consistent basis.

Compounded preparation: A preparation prepared by a veterinarian or by a person on behalf of a veterinarian for use or sale as a veterinary medicine without regulatory assessment or approval.

Compounded Veterinary Preparation (CVP) is a preparation of one or more ingredients prepared by a veterinarian (or by a person who is not a veterinarian but is under contract to and under the instruction of the veterinarian) for use on animal(s) as a veterinary medicine. This definition highlights (and is limited to) the generic actions of mixing of ingredients and using it on animals as a veterinary medicine.

Compounding veterinarian is a veterinarian who prepares a CVP; or under whose instruction a CVP is prepared.

Controlled drug means any substance, preparation, mixture, or article specified or described in Schedule 1, Schedule 2, or Schedule 3 of the [Misuse of Drugs Act 1975](#).

Critically Important Antibiotics are antibiotics that are considered critically important to human health and animal health as identified by the World Organisation for Animal Health and the World Health Organization. For this Code, Critically Important Antibiotics include Quinolones, 3rd and 4th generation Cephalosporins and Macrolides.

Exempt veterinary medicine is a veterinary medicine that is not registered but still subject to regulatory controls under the ACVM Regulations. An example of an exempt veterinary medicine is a dog shampoo.

First Line or Empirical Therapy represents the first-choice treatment where the treatment decision is based on judgement and experience of the veterinarian in the absence of a confirmed diagnosis.

General Veterinary Practitioner is the predominant veterinarian who a client chooses to provide the continuing and comprehensive primary veterinary care requirements for an animal or group of animals.

Generic Chemical is a substance that is offered for sale without any veterinary medicine claims being made by the manufacturer, proprietor or seller. A substance is no longer a 'generic chemical' and becomes a veterinary medicine once an agricultural compound use is assigned to it (that is, for treatment on animals).

Ill treatment of an animal means causing an animal to suffer pain or distress which is unreasonable or unnecessary.

Immediate means taking place without delay.

Inducements are gifts or rewards offered to individual veterinarians or their staff which provide a significant personal benefit and therefore have the potential to influence treatment decisions (including the choice of restricted veterinary medicine) or incentivise sales. Examples might include but are not



limited to cash, attendance at entertainment or sporting events, travel, hospitality, loans, personal items and consumables.

Inventory is a complete list of all RVM products and Prescription Medicines held for sale or use by a veterinary practice.

Medicine is any substance administered to a human for therapeutic purposes; also see the definition in [Section 3 of the Medicines Act 1981](#).

MPI: Ministry for Primary Industries.

NZVA: New Zealand Veterinary Association.

Off Label Use means using a registered veterinary medicine (over the counter or restricted) product for a purpose not covered in the label instructions approved by the Ministry for Primary Industries (including dose rate, route of administration, and species).

Period of Supply means the duration of the validity of the veterinary authorisation for a restricted veterinary medicine.

Practice: Any aspect of veterinary endeavour. The practice of veterinary science includes:

- signing any certificate eg clinical and export certificates
- prescribing
- treating
- reporting or giving advice in a veterinary capacity using the knowledge, skills, attitudes and competence initially attained for the BVSc degree (or equivalent) and built upon through experience and/or post-graduate and continuing professional development. "Practice" goes wider in this context than clinical veterinary science to include regulatory and compliance functions, teaching, consultancy, advice and health and welfare management.

Prescription is a written instruction that contains the required information set out in section 41 of the Medicines Regulations 1984, is signed and dated by a veterinarian, and which gives details for a pharmacy to dispense a prescription medicine.

Prescription Medicine (PM) is a subset of those products identified as medicines that can only be sold under prescription. Veterinarians have an exemption under [Section 27 of the Medicines Act](#) that permits them to prescribe a PM to treat an animal under the care of that veterinarian, or under the care of another veterinarian.

Referral: The act of handing over a matter/clinical case to a person, who has particular skills, or who is a registered specialist in the appropriate discipline.

Restricted veterinary medicine (RVM) means a trade name product registered under section 21 of the Agricultural Compounds and Veterinary Medicines Act 1997 that is subject to conditions of registration under section 23 that restrict sale, purchase and use, and require authorisation to purchase and use.

Telemedicine is the use of electronic communication and information technologies to provide clinical healthcare remotely. It extends to providing veterinary services by video-link, text, instant messaging or telephone, or any other remote means.

Unrestricted veterinary medicine is a veterinary medicine registered for use as a veterinary medicine under the ACVM Act where it has been determined that its risk profile is such that direct veterinary



authorisation and oversight of its use is not required. Colloquially known as an 'over the counter' (OTC) product.

Veterinarian means a person who is registered with the Veterinary Council of New Zealand and who holds a current practising certificate.

Veterinary authorisation means an instruction from an authorising veterinarian, authorising the person specified in the authorisation to do one or more of the following:

- purchase an RVM by the person or persons specified in the authorisation
- hold an RVM in anticipation of its use by that person under the instructions of the authorising veterinarian detailed in either the authorisation or under a Veterinary Operating Instruction
- dispense an RVM by a veterinarian other than the authorising veterinarian, in accordance with the details of the authorisation, to the person or persons specified in the authorisation
- use an RVM in accordance with the instructions of the authorising veterinarian.

A veterinary authorisation may include:

- clinical case records noting that the veterinarian prescribed an RVM and dispensed the RVM from stocks held in their veterinary practice
- letters or other documents to another person or entity providing the authorisation to them to hold an RVM in anticipation of use (such as a letter to a feed company to hold RVMs for inclusion in medicated feeds as directed by the authorising veterinarian)
- prescriptions issued by the authorising veterinarian to address an urgent need for an RVM, to be dispensed by another veterinary practice or veterinary pharmacy service with the appropriate approval.

A veterinary authorisation is considered to be the same as veterinary 'prescription' or 'authorisation'. If an authorising veterinarian writes a veterinary prescription (script), this is considered to be the same as issuing a veterinary authorisation to the person dispensing it.

Veterinary Consultation 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.

VCNZ: Veterinary Council of New Zealand.

Veterinary emergency: Any sudden, unforeseen injury, illness or complication in an animal demanding immediate or early veterinary treatment to save life or to provide timely relief from unreasonable or unnecessary pain or distress.



Veterinary medicine is a compound administered directly to or on animals for one or more of the purposes listed in the Agricultural Compounds and Veterinary Medicines Act 1997. Veterinary medicines include registered veterinary medicines, products that are exempted from registration, prescription (human) medicines when authorised by a veterinarian, and compounded veterinary preparations. Examples of registered veterinary medicines are restricted veterinary medicines such as antibiotics and unrestricted veterinary medicines such as drenches and wormers. An example of a product exempted from registration is dog shampoo.

Veterinary Operating Instruction (VOI): is a set of instructions from an authorising veterinarian to a non-veterinarian to hold restricted veterinary medicines (RVM) in anticipation of their use, and to use RVMs only in accordance with the authorising veterinarian's instructions in circumstances in which the authorising veterinarian will not be carrying out a case-specific consultation.



VCNZ statements and policies

[Back to contents](#)

From time to time the Council issues additional statements on professional standards. These clarify and expand on the principles and expectations of veterinarians set out in the Code of Professional Conduct and its explanatory notes.

- [Authorisation of Dry Cow Therapy](#)
- [Compounding Veterinary Medicines](#)
- [Manufacturing Veterinary Medicines](#)
- [Competency Standards and Performance Indicators for Veterinarians](#)
- [Discretionary Use of Human and Veterinary Medicines](#)
- [Continuing Professional Development](#)
- [Health Practitioners undertaking Surgical Procedures on Animals](#)

Other guidance

- [VCNZ Guidance on Anaesthetic Monitoring](#)
- [NZVA Guidance on Fitness for Transport including Veterinary Certification](#)
- [VCNZ Guidance for veterinarians - Dealing with cases of suspected or actual animal abuse and family violence](#)
- [Code of Safe Practice for the Use of X-rays in Veterinary Diagnosis](#)
- [VCNZ/NZVA Social Media Guide](#)
- [MPI/VCNZ Guidance on Exotic Pests and Diseases](#)
- [NZVA Guide to Veterinary Authorising \(Prescribing\) and Dispensing](#)