



Restricted Veterinary Medicines and Authorisation During Major Disruptive Events and Emergencies.

Introduction

This document sets standards on the authorisation of restricted veterinary medicines and prescription medicines during major disruptive events, disasters, or emergencies. These include minimum requirements that we expect all veterinarians to meet.

During major events, disasters, or emergencies (generally regarded as situations that poses an immediate risk to health, life, safety, property, or environment) and the subsequent recovery and response period veterinarians may not be able to attend a clinic or see animals.

Some parts of this document relax the normal standards, as set out in the [Code of Professional Conduct](#), to help manage risks to animal welfare.

The normal standards will apply again when the individual veterinarians are able to resume normal interaction with clients.

Veterinarians are expected to apply reasonable judgement when encountering these situations.

Using Veterinary Remote Medicine (VRM) to authorise Restricted Veterinary Medicines (RVMs) and Prescription Medicines (PMs)

The expectations for authorising and good stewardship of RVMs are set out in the [Code of Professional Conduct](#) and the [ACVM Notice: Requirements for Authorising veterinarians](#).

Under normal circumstances, veterinary authorisation of RVMs and PMs involves examining the patient (or having recently seen the patient themselves or by [another veterinarian from the same practice](#)) as part of a Veterinary Consultation and practices such as authorisation via VRM are the exception, rather than the rule. In this context, VRM means the use of technology, including phone, email, photos and video, to provide veterinary care without being physically present with the animal or client. See also our [Guidance on Remote Veterinary Care](#).

In the unique circumstances of a major disruptive event, the associated challenges and the inability of veterinarians or clinics to safely provide veterinary services to their clients, VCNZ and MPI have agreed to **temporarily allow the impacted veterinarians use of VRM to authorise RVMs and PMs**. This departure from normal will continue to apply during the disaster recovery and response period.

During this period, RVMs and PMs can be authorised using VRM alone providing the veterinarian meets the requirements set out in this document. This allowance will enable veterinarians to continue to prioritise animal welfare, while minimising the risks to themselves, their colleagues and the wider public.

The use of VRM to authorise RVMs is not a default setting and may only be used by veterinarians during the period of directed isolation.

Risk assessment

Veterinarians must not substitute VRM for a physical examination when a physical examination is necessary and where they could not reasonably make an appropriate diagnosis or create a treatment plan without one.



Before authorising an RVM or PM by VRM, the veterinarian(s) must be satisfied and should include in their clinical record that it is appropriate to do so. To make that decision, veterinarians must use their professional judgment and consider **risk factors** including:

- Do you have an existing and trusted relationship with this person (Or are they a new client)?
- Do you have a prior understanding of the patient's health (Or is this a new patient)?
- Is the condition you are being asked to consult on ongoing and familiar to you (Or is it new)?
- Is any immediate action necessary in the interests of animal welfare (Or can the treatment be delayed until a physical examination is possible)?
- Is it possible to gather enough information via VRM to make a safe decision to authorise the RVM/PM (or is it possible that a physical exam could make a material or significant difference to your assessment)?
- Is there another veterinarian within the practice that can examine the patient and authorise an RVM/PM?
- Is there an alternative service that can provide relatively easy access to suitable veterinary care?
- Is the owner or person in charge able to competently (safely and effectively) administer the RVM/PM (Or are there risks involved that may impact the safety of the person or animal or reduce the efficacy of the product including the absence of appropriate (i.e. in person) training)?
- What are the natures of, and risks associated with, the medication (e.g. [controlled drugs](#))? This includes thinking about residues and withholding periods in production and racing animals.

If a veterinarian has considered the risks and decides NOT to authorise an RVM or a PM by VRM the veterinarian can decline to treat the animal and may then organise for an examination of the animal to be performed or refer the client to another veterinarian for this purpose

If a veterinarian has considered the risks and decides to authorise an RVM or a PM by VRM, they MUST ensure that:

- Any consent given by the client is fully informed and with an understanding of the risks involved including those associated with the absence of a physical exam.
- There is a detailed clinical record, including the:
 - reasons for using VRM and evidence in the record that the veterinarian has considered the risks
 - products prescribed, and appropriate advice given to meet the requirements above.
- They can justify their decision, in the context of the current major event and associated response.

RVM information and adverse events:

All other aspects of the requirements upon authorising veterinarians which includes providing owners with all the information they need to administer RVMs and PMs safely and ensure that they have



access to veterinary care in the event of an emergency or adverse event still apply. Veterinarians should refer to ACVM Notice: Requirements for Authorising Veterinarians for further information.

It is not acceptable to authorise RVMs using VRM without first making sure that there is provision for emergency care for the animal if things go wrong.