Proposed Medicines and Poisons Regulatory Scheme 2018

Consultation by Qld Health

Submission from
Queensland Division
Australian Veterinary Association Ltd

To:

MPBill@health.qld.gov.au.

Closing Date 16 October 2018 Extension granted to 23 October

23 October 2018

The Australian Veterinary Association thanks Queensland Health for the opportunity to make comments on this important matter.

About us

The Australian Veterinary Association (AVA) is the national organisation representing veterinarians in Australia. Our 9500 members come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, livestock and wildlife, conservation and zoo animals. Government and institution employed veterinarians work with animal health, public health and biosecurity. We also have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association. The AVA has a range of special interest groups (SIGs), allowing members with shared interests or expertise to develop their practice and skills in a specific area. These include Conservation and Biology and Animal Welfare and Ethics, Public Health, Equine and Cattle and Sheep.

Response to the proposed regulation

The Australian Veterinary Association (AVA) supports the proposed changes to the regulation including the locking up of pentobarbital and the ability to dispose and destroy S8 drugs.

The AVA would like more consideration of the following aspects of the regulation:

Veterinarian cannot dispense

While a veterinarian can supply prescribe and administer restricted and controlled drugs, a veterinarian cannot dispense. This becomes a problem if a practice does not have a particular drug but a neighbouring veterinary clinic does have this drug. In this situation, the veterinarian in the neighbouring clinic is required to see and examine the animal in order to supply the animal with the required medicine. This is unnecessary stress on the animal and sometimes impractical in rural and regional areas. NSW has an ability for vets to allow other vets to supply drugs by using a form to “supply under written authority” and this might be one approach to allow vets to do this. A recent example that the AVA is aware of is a vet who was asked to treat a snake passing through their town which had been under the care of another veterinarian with expertise in snakes. They required more medication and they rang the first vet who prescribed the appropriate medication for the second vet to dispense to the owner of the snake. In Queensland, this would not be legal unless the second vet saw the snake.

Veterinarian is allowed to write repeats only twice

The AVA approach to writing scripts is that it is good practice not to prescribe repeats past the date that the patients should return for a recheck. Therefore, the AVA believes that rather than a prescribed number of repeats (which may have various time limits in between the need to refill the script) that it is preferable to set a time limit of 6 months before needing to return to the veterinarian. The AVA would like veterinarians to be able to prescribe up to 5 repeats provided it is within 6 months of their last seeing the animal. For ophthalmologists, most glaucoma patients need topical antiglaucoma medications that only last about 2 weeks per bottle; the client has to keep coming back for more scripts than is necessary for the number of visits.

Remote areas require special consideration. It is recognised that in a few particular situations, such as the extensive pastoral industry and some aquaculture establishments, it might be appropriate for a veterinarian to prescribe, authorise and/or dispense a limited supply of a drug as a contingency measure. There might be a high probability of an annual recurrence of a specific disease condition on a remote property, for example. In such situations, the veterinarian should be especially aware of the need to satisfy the PAD checklist criteria (see Appendix) as far as feasible, maintaining appropriate communication with the client. The use of digital images transmitted on the internet might be helpful in establishing a diagnosis.

A special situation exists with aquaculture, where clinical expertise may not be available locally. If a veterinarian is consulting to an aquaculture establishment interstate, it would be useful for veterinary medicines to be supplied through a local veterinary practice. Currently the legal situation is that this cannot be done.

S8 register to be kept with stock

Veterinarians are not listed on the list of eligible persons who are authorized to keep the register in a bag or vehicle that the veterinarian uses to practice veterinary science. The AVA would like clarification as to how they expect veterinarians to use and record S8 drugs in mobile house calls or on farm. Is writing the details on the register when back at the clinic and place of storage sufficient.

Medicated feed

The AVA has some real concerns about the proposed changes.

1. The proposal that "*all ready-to-use medicated animal feed containing an S4 medicine has to be physically dispensed by a veterinary surgeon*" is impractical and unreasonable, given the large quantities (tonnes) of feed this would apply to. Veterinarians are responsible for the prescription and labelling requirements, but not the physical "dispensing" (supply) of these products.

2. Mixing medicated premix with food should not be considered to be manufacturing nor require a manufacturing licence, where it is done by the **end-user**. A manufacturing licence may be appropriate where this is done with the intention of on-selling the food, however, where a producer is doing so to medicate his own stock, he is the end-user and thus not a manufacturer.

3. The proposal that "*veterinary surgeons will not be able to prescribe raw antibiotics for a primary producer – mixing this product into feed or water will be considered manufacturing and require a manufacturing licence*." is also unreasonable. Putting antibiotics into water or feed to medicate some types of livestock (e.g. poultry, pigs) is a legitimate route of administration of these medicines. This is medicating, not manufacturing.

4. This could become a big problem in the aquaculture industries where vets often prescribe medication to be added to food. And farmers/aquarists often add this in on veterinary advice as there is no other way to medicate these animals.

5. In intensive situations, such as pigs, poultry and fish, there is a limited time window to address potential mass mortalities. If a veterinarian had to mix the feed for a whole farm without the facilities to do so, there would be significant delays. Buying medicated feed off the shelf is also not an option. In industries such as aquaculture, there are limited number of drugs that are registered for use mostly because of the cost to get them registered in a small industry that does not have the funds to do this. As a result, treatment is done often times off label and prepackaged medicated food is just not available.

Contact details

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APPENDIX

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Prescribing, Authorising and Dispensing (PAD) Checklist

Veterinarians should use this checklist whenever prescribing, authorising or dispensing (supplying) drugs, and are advised to include the PAD checklist in the clinical record if prescribing, authorising or dispensing occurs in any circumstance other than a fully-documented clinical examination.

BEFORE

- prescribing and dispensing a Schedule 4 (PAR) or 8 (Controlled) drug,

- prescribing and dispensing any other veterinary medicine whether registered or not,

- authorising or prescribing a veterinary medicine for inclusion in a stock feed or premix,

- authorising or prescribing 'off-label' use of a registered drug or veterinary medicine,

ensure that the following conditions are met:

☐ The person presenting the animal(s) is a *bona fide* client.

☐ I have current knowledge of the management, health status and drug status of the animal(s) and am satisfied there is a therapeutic or prophylactic need for the use and/or supply of this drug.

☐ I have followed the requirements of the drugs and poisons and control-of-use legislation in my state/territory in regard to:

- the ordering, purchase, storage, use and supply of this product (including any 'off-label' use),
- the use of appropriate containers,
- labelling requirements, including the provision of advice notes,
- recording requirements (including any guidelines from my professional registration body).

☐ I am confident the client understands my instructions regarding the use and storage (and where appropriate, identification of treated animals and relevant withholding restrictions) of this drug and is able to use it properly and safely.

☐ The amount I am prescribing/dispensing is reasonable for treatment of the condition for which I have documented the therapeutic need.

☐ If the drug is an antibiotic, I have considered the expected infectious agent, spectrum of activity of the drug and implications of antimicrobial resistance.