

Medicine, Poisons and Therapeutic Goods Bill 2015

Comments relating to veterinary surgeons

Submission from the Australian Veterinary Association Ltd





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October 27, 2015

The Australian Veterinary Association (AVA) is the national organization representing veterinarians in Australia. Our 8500 members come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, farm animals, such as cattle and sheep, and wildlife. Government veterinarians work with our animal health, public health and quarantine systems while other members work in industry for pharmaceutical and other commercial enterprises. We have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association.

The review of the Health Act and its associated drugs and poisons regulation is strongly supported by the AVA at a time when many new therapeutic agents are entering the marketplace and restricted drugs are increasingly being accessed by non-veterinarians without appropriate qualifications. There are two broad implications from this trend. The first is that for animals, animal welfare is compromised as non-veterinarians do not have the qualifications or skills to make accurate diagnoses and hence wrong treatment is given. The second is that antibiotic resistance is increasing. This is now a worldwide concern that may eventually cause many treatment regimes to be ineffective. Antibiotics must be administered and prescribed by professionals who understand this risk.

The AVA is strongly supportive of a national outcome based legislative approach to drugs and poisons regulation.

Eligible people

Section 47 describes a number of categories for eligible persons.

- **Definition of veterinary surgeon:** The inclusion of veterinary surgeons as an eligible person category is not accompanied by a definition of veterinary surgeons. The dictionary refers to the Veterinary Surgeon's Act 1936 which is correct but it would be good to have a more precise link.
- **Veterinary students:** Part (c) refers to persons in training to be health practitioners or veterinary surgeons. There are no conditions surrounding this. As per the Veterinary Surgeon's Act 1936, the AVA recommends that students are eligible to administer (not prescribe) only under the direct supervision of a veterinary surgeon. This is because students are still acquiring the necessary skills and knowledge in order to be use restricted drugs safely.
- **Persons who care for animals:** Part (d) (i) refers to "*persons who lawfully provide treatment or care to animals*". Presumably this refers to persons responsible for or who own the animals to provide treatment when prescribed by a veterinary surgeon. However, it is broad sweep and it is not clear who will come into this category. The AVA believes that the cornerstone of use of restricted S4 and S8 drugs should be veterinary surgeons and that anyone who comes under this category should always be under the supervision of a veterinary surgeon. There are increasing pressures on government to allow non-veterinarians without any skills to have access to drugs for a variety of animal procedures including equine dentistry. This has in the past resulted in inappropriate and harmful treatment regimes being implemented resulting in the euthanasia of animals afterwards.

Regulated activities

Section 20 refers to regulated activities. There are 6 categories of regulated activities stated but definitions are only given for a number of them. The AVA makes the following comments.

- **Prescription:** There is no reference to prescribing being a regulated activity nor the requirements around prescriptions. The AVA notes that there is a category in 20 (f) of "*gives a lawful direction to, authorises or asks another person to perform an activity mentioned in paragraphs (a) to (e) for the substance.*" The AVA asks if this includes prescribing.
- **Repeat scripts:** Currently there is a requirement that veterinarians can only make a maximum of 2 repeat scripts when writing a script. The AVA does not understand the basis for this given that medical personnel can write up to 5 repeat scripts.

- **Definition of “under the care of a veterinary surgeon”:** The AVA supports the current definition of the right to use restricted drugs to the extent necessary to conduct/perform veterinary science as outlined in the Queensland Health document “What vets need to know”. This refers to the *Guide to Professional Conduct for Veterinary Surgeons* issued by the Royal College of Veterinary Surgeons and requires recent physical contact with the animal in question in order for the vet to have personal knowledge of the animal or herd in order to make a diagnosis and prescribe. The AVA does not support any relaxation of this ruling such as internet diagnosis or prescribing.
- **Specific authorities for trained veterinary nurses:** In the current document of “What vets need to know”, there is a reference to veterinary nurses who have had certified training in the use of scheduled drugs to be able to use these drugs “to the extent necessary for veterinary nursing”. Unlike the veterinary surgeon definition, there is no definition of what this actually means.

Storage and record requirements of restricted drugs

No references could be found in the Bill with respect to the storage of restricted drugs. Currently there is a requirement for S8's to be under lock and key and a register of all use be recorded manually (for veterinary surgeons). The AVA believes storage control and record keeping is a fundamental tenet of controlling misuse of restricted drugs. The AVA recommends:

- S8's continue to be required to be kept under lock and key with usage recorded.
- The record can be an electronic registry as allowed by pharmacies.
- The AVA places safety with restricted drugs as a high priority and wishes to work with Queensland Health in developing best practice protocols for access, storage and use.

Scheduled substance management plans

While Queensland Health has assured that veterinary clinics would not be required to make scheduled substance management plans, the Bill does not clearly define which groups have to have them. The word “entities” is used but no definition of the word “entity” was found. In the *Animal Care and Protection Act 2001(ACPA)*, the word “entity” has a legal definition referring to a process whereby organisations are assessed as to their skills to use lethabarb. This is generally welfare organisations wishing to be able to euthanase wildlife especially out of hours when injured animals are brought to them. Is there any synchronicity with the ACPA definition or does another one apply for this bill?

The AVA believes that if veterinary clinics were to be included in this group, that there would be significant additional regulatory burden put on veterinarians and recommends that they continue to be excluded from being required to have such a plan.

Conclusion

The AVA supports the general intent of the Medicine, Poisons and Therapeutic Goods Bill 2015 and wishes to continue discussions on the points raised above, particularly as regulations are developed.