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Introduction

1 What is your name?

Name:
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2 What is your email address?

Email:
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3 Does your feedback represent an individual or group / organisational perspective?

A group / organisational perspective (please specify the name or the group / organisation below)

name of organisation:
Australian Veterinary Association-WA Division

Group or individual:

4 What is your role?

role:
Committee member

Professional Authority

1 Will the proposed regulations address the issues identified in the consultation document?

Yes

Any comments?:
Table 3. in the CRIS deals with specific authorisation but does not permit veterinarians to dispense although they can supply (both ‘dispense & supply are defined in the CRIS). However, it is of major concern that veterinarians cannot manufacture which includes in its definition ‘the process of packing, repacking….’
Among authorized persons, this is only permitted by pharmacists in the proposal.
When supplying a poison or substance that contains a poison, it must be for a specific animal or group of animals owned by that person and not another person’s animals.
A veterinarian must be able to manufacture for an individual animal which would include the process of packing and re-packing and also compounding (only for an individual food producing animal), and ‘off label’ medication use. One of the complexities of vet chemical use are the additional layer of control of use regulations and a national framework for trade species. For these to meet the needs of all stakeholders, it is important that vets be able to ‘manufacture’
There process proposed to ‘define what legitimate practices may be for each authorized groups’, includes veterinarians. This presents challenges because of the diversity of different circumstances in veterinary practice.
The definition of legitimate practices for all the forms of veterinary activity should be taken into account, e.g. mixed practice, consultancies, small animal, high intensity commercial production systems etc. Input into the definitions of authorized persons is requested to ensure the definition is not too narrow or exclusive of legitimate existing veterinary practices.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts professional authority:
The new regulations must not prevent veterinarians from being able to compound medications for individual animals as is currently permissible under the national Control of Use legislation and the AgVet Code.

The Australian Veterinary Association (AVA) WA Division would be pleased to have input into the definition of an authorised person as it relates to a veterinarian.

Any definition of a veterinarian in the regulations should state; "registered veterinarian" .

Structured Prescribing Arrangements

1 Will the proposed regulations address the issues identified in the consultation document?

Yes

Any comments?:
Yes, as long as registered veterinary nurses and paraprofessionals can be recognised in the Structured Prescribing Arrangements. In veterinary practice, it is

important for trained and registered veterinary nurses to administer both S8 and S4 medications under the direction and supervision of a veterinarian. The exact details of which could be written into the arrangement.
Invasive species workers for the Department of Agriculture could also be included in a Structure Prescribing Arrangement with a supervising veterinarian without the regulatory control of the current Veterinary Board.
2. Are there other impacts of the proposed regulations that should be considered?
The Structured Prescribing Arrangement would be under the control of the Health Department with the power to remove the agreement if the agreement is not adhered to.
Auditing of scheduled medications used in veterinary practice would still occur.

2 Are there other impacts of the proposed regulations that should be considered?

Impact SPA:
Each SPA can be written to restrict the limits and range of medications available and the volumes that can be administered, according to the training and experience of the person that is the subject to the agreement.

Electronic Prescribing

1 Will the proposed regulations address the issues identified in the consultation document?

Yes

Any comments?:
Yes, but this will not be something that veterinarians will be using in the near future. It is more directed at the medical profession.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts electronic prescribing:
Any electronic database system for prescriptions must have strong protections built in to maintain patient confidentiality.

Electronic Storage and Supply Units

1 Will the proposed regulations address the issues identified in the consultation paper?

Unsure

Any comments?:
No comment as this will not impact on the veterinary profession in the near future.

2 Are there other impacts of the proposed regulations that should be considered?

Impact ESSU:
No further comment.

Licensing and Permits

1 Will the proposed regulations address the issues identified in the consultation paper?

Unsure

Other comments?:
This is unclear at this point in time.
The AVA has an underlying concern that veterinarians will not be permitted to handle or supply S7 poisons, which are important for certain registered livestock preparations. This requires clarification.
In the discussion paper for Poisons Schedules 5,6,7, it states that as far as storage, disposal, labelling, packaging, record keeping, advertising and hawking, there will either be no effect or a reduction in controls.

The original proposal was to remove veterinarians and medical practitioners from being able to obtain or use S7's. We (AVA) raised this earlier in the consultative process the association is unsure of the official response.

2 Are there any other impacts of the proposed regulations that should be considered?

Impacts Licensing and Permits:
The new regulations should not introduce a requirement for veterinarians to hold a further licence on top of their veterinary degree.
The main premise behind the changes in the regulations is to reduce duration of record keeping and recognition of other licences - which should include existing veterinary degrees.

Poisons Controls: Schedule 5,6,7 & 10

1 Will the proposed regulations address the issues identified in the consultation paper?

Unsure

Other comments?:
Unsure. May not impact the veterinary profession.

There is a question of whether a veterinarian would require an S7 licence. There are circumstances where a veterinarian is required to certify that an S7 (e.g. ectoparasiticide) has been applied to individual and groups of animals or where a veterinarian needs to supply or use selenium concentrates.

Both of these, while not common, are legitimate veterinary activities which might arise from time to time for a practising livestock veterinarian. Requiring such veterinarinans to be separately licensed does not seem to be consistent with a risk-based approach.

2 Are there other impacts of the proposed regulations that should be considered?

Impact poison controls:
Storage and recording of use is currently audited and controlled by the Health Department in WA.

Medicine Controls: Schedule 2,3 & 4

1 Will the proposed regulations address the issued identified in the consultation document?

Yes

Any comments?:
Yes. It is a good initiative for the medical profession and pharmacists.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts:
The proposed new category of ‘Schedule 4 Reportable’ for specified drugs such as benzodiazepines should not apply to ‘veterinary use’.
In the past with classes of drugs which require special authorisation in humans, e.g. drug treatments for Cushing’s disease, has made veterinary prescription extremely difficult.
The hazards and public risk seem to relate to prescription for human use, as is given with the example of benzodiazepines in the discussion papers.
The database and recording of Schedule 4 Reportable drugs and access by doctors and pharmacists to this database should help to prevent ‘doctor shopping’ and multiple pharmacists filling prescriptions.

The AVA does not envisage that veterinarians will be granted access to the S4 Reportable databases so it is an unnecessary ‘red tape’ burden to get veterinarians to report an S4 Reportable via a paper trail of document submissions, which is slow and cumbersome. Hence, is it reasonable to suggest exemptions are provided when such drugs are for ‘veterinary use only’ in the normal course of practice as a veterinary surgeon. As an S4, auditable clinical records must be maintained for at least five to seven years. The regulating body of the Veterinary Board can access these records if abuse is reported or suspected.

Drugs of Addiction

1 Will the proposed regulations address the issues identified in the consultation document?

Unsure

Other comments?:
The general thrust of these regulatory changes is supported but veterinarians won't have access to real time reporting.
Prescription of S8 drugs following a regulatroy code is supported but the detail of the regulation would need to be examined.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts DA:
Any changes should not provide an extra regulatory burden to veterinarians.

Drug Dependent Persons

1 Will the proposed regulations address the issues identified in the consultation document?

Unsure

Any comments?:
Not applicable to veterinarians as they do not prescribe to human patients. Veterinarians are already very aware of any redirection of addictive medications dispensed to animals and monitor patterns of usage.

2 Are there other impacts of the proposed regulations that should be considered?

Impact Notified DDP:
No further comment.

Electronic Real Time Controlled Drug Reporting

1 Will the proposed regulations address the issues identified in the consultation paper?

Unsure

Any Comments?:
Unsure. Currently does not capture veterinary practice operating protocols and record keeping and real time access to databases by veterinarians will not be available.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts :
As above.

Destroying Drugs of Addiction

1 Will the proposed regulations address the issues identified in the consultation paper?

Yes

Any comments?:
The proposed regulations will state that the authorised person must destroy and create the record, in front of an appropriate witness.
For example:
In a veterinary practice destruction of a Schedule 8 could be done by a veterinarian and witnessed by another veterinarian.
This should ensure greater compliance with regulatory requirements. In the event that there is an offence committed destruction records should provide ability to investigate for evidence of collusion (destroyer and witness acting together) or wrongful doing by the destroyer.

1. Will the proposed regulations address the issues identified in the consultation paper?
Yes. This seems a very acceptable approach.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts Destruction:
No further comment.

Storage and Transport of Drugs of Addiction

1 Will the proposed regulations address the issues identified in the consultation paper?

No

Any comments?:
No. The restriction on doses maintained in a practice are too restrictive.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts storage and transport:
In the example given:
A veterinary practice could use a ‘small safe’ where they hold less than the equivalent of 250 human doses. This could include a relatively standard inventory of 2 x 50mL multidose vials of ketamine 100mg/mL (100 doses), 1 x 10 mL multidose vial of butorphanol 10 mg/mL (50 doses), 20 x buprenorphine 300 mcg/mL ampoules (20
doses), 10 x morphine 10 mg/mL ampoules (10 doses) and 10 x morphine 5 mg/mL ampoules (10 doses).

The AVA has legitimate concerns that the 250 equivalent human doses will be hard to manage in multi-person mixed animal practices. This would seem to be one of those matters which requires input from different sectors of the veterinary profession to come up with what is reasonable. Ketamine is a drug used in small animal and horse anaesthesia and in a multi person practice, the restriction to 100 doses is unrealistic when the average amount used in a horse anaesthesia could be between 12 and 20 mls (i.e. 32 doses per 500kg horse). If seeing three or four horses needing anaesthesia in a day multiplied by 4 practitioners, the dose limitations are too restrictive and would impact on the safety of horse anaesthesia and animal welfare.
The AVA would be pleased to have further input to the proposed standard doses approach.

Shipping and Vessels

1 Will the proposed regulations address the issues identified in the consultation paper?

Unsure

Proposed regulations shipping and vessels:
No comment.

2 Are there other impacts of the proposed regulations that should be considered?

Impacts shipping and vessels:
No comment.

Additional Information?

1 Any comments?

Any comments:
Medicine and Poisons Regulations 2015.
1. Any comments?
1.1 Changes in definitions to accommodate risks associated with the use of poisons in animals need to be made. The definition of ‘administer’ should include ‘an animal’ as well as person/patient. (However, we might separately highlight the risk to humans of inappropriate obtaining, possessing and administering in relation to animals, providing the possibility of these being dealt with other than or in addition to through the definitions.)
1.2 Obtaining and possessing S4 or S8 poisons for use in performance animals or livestock other than prescribed or supplied by a veterinarian should be recognised as a specific area of risk. Specifically with the performance horse, Racing WA may have separate rules which reduces the risk to humans/animals of inappropriate use of drugs, but some performance situations may not be adequately dealt with in current regulations, e.g. pharmacists supplying medications to animal owners without veterinary prescription or advice in the case pharmacy medications.
1.3. Currently veterinarians are exempt from requiring an S7 licence. This exemption was to have been removed for medical practitioners and veterinarians in the original review. If the exemption has been retained the AVA does not have a problem, but confirmation of this in the new regulations is required.
1.4 One of the complexities of veterinary chemical use are the additional layers of 'control of use' regulations and a national framework for trade species. For these to meet the needs of all stakeholders, it is important that veterinarians be able to ‘manufacture’.
1.5 “Any confirmed authority is limited to a health professional’s area of practice, not beyond this to areas not concerned with the lawful practice of that profession.
For example:
A veterinary surgeon can only prescribe for the purpose of animal treatment; and
A veterinary surgeon may need to keep medicines at their usual place of veterinary practice and also transport these to the site of treatment of large animals, where the animal is normally kept”.

This definition should include “obtain, posses, prescribe, recommend, administer, supply and manufacture”.
The WA Control of Use regulations contain a clause about the exercise of such rights ‘in the normal course of practice as a veterinary surgeon’. This would seem to embody the key principle.