



New Code of Professional Conduct for Veterinarians



Janet Eden, VCNZ Registrar, Hon David Carter, VCNZ chair Dr Ron Gibson and Convenor of the Code Review Working Party, Dr Nick Twyford celebrating the launch of the Code.

After a three year gestation, the new Code of Professional Conduct has been finalised and published.

The Code sets out the professional and ethical standards which veterinarians are expected to meet and may be measured against. These requirements have been prescribed, in the New Zealand Gazette, as minimum standards for practising as a veterinarian.

While much of the old code has been retained, the new version distills the core expectations into seven overarching principles each supported by a series of statements setting out the specific requirements. New or revised expectations have been added to reflect legislative change, developments in the profession and public expectations.

These include:

- amended veterinary medicine requirements. For example, the use of veterinary operating instructions as an alternative mechanism to authorisation and providing prescriptions on request instead of dispensing;

- new expectations for storing, and monitoring the use of, controlled drugs;
- greater clarity, and the introduction of some flexibility, around emergency care;
- strengthening of record keeping requirements and recognition of clients' rights to access their animals' treatment records;
- greater clarity around informed consent, conflicts of interest, referral, supersession, endorsements and inducements;
- guidance on what to do in situations where a colleague's health, conduct or competence may be adversely affecting patient care or undermining the public's trust; and
- more detail on dealing with animal welfare issues and an expectation that veterinarians will not carry out medically unnecessary surgical procedures.

Some sections of the Code and explanatory notes are longer than others. This occurs where the requirements are new or have been amended. For

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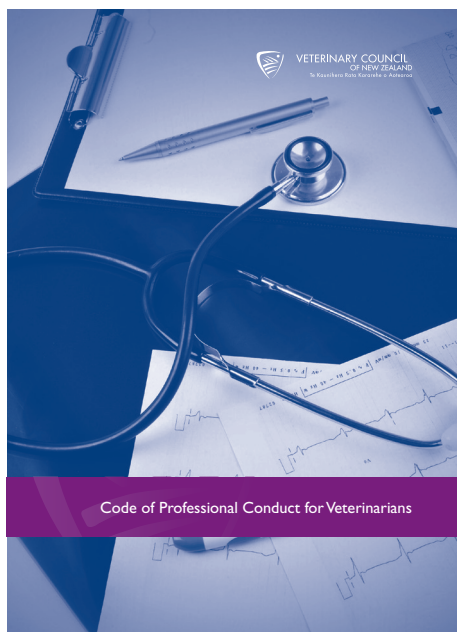
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example, the section in the new Code on certification is very brief. This is because the detailed requirements, which are set out in the explanatory notes, have not changed. In contrast the Code sections on Animal Welfare and Veterinary Medicines are much fuller to highlight the new expectations.

We trust that all veterinarians have received their copy of the Code. This was posted out on 16 August, the day the new Code was launched by the Minister of Agriculture, Hon David Carter. While further copies are available on request to the Council Office we urge you get into the habit of using the [online version](#). This contains embedded explanatory notes with more detail on the expectations and how to comply with them. It also has links to relevant statements and guidance.

The Council thanks all those who provided feedback during the three year development phase. We particularly appreciate the time and effort a number of respondents and the working party members put into helping develop the final documents.

In this, and future issues of NewsBrief, we will highlight some of the new or revised requirements of the Code. Please let us know if there are particular issues you would like us to cover by emailing registrar@vetcouncil.org.nz



Farewell to Norm Williamson and Welcome to Tim Parkinson



At its September meeting the Council farewelled long standing member and Deputy Chair, Professor Norm Williamson.

Norm's membership of Council was on the basis of his role as the Academic Director of the veterinary science programme at Massey University, a position he retired from in June.

During his 11 year tenure, Norm made outstanding contributions to the Council's work, particularly in the registration and accreditation areas. We will miss his thoughtful approach and pithy observations around the Council table.

Norm has agreed to continue chairing the Council's Registration Committee and representing New Zealand on the AVBC's Specialist Registration and Veterinary Schools Accreditation Committees.

Tim Parkinson, who has been appointed as the new Academic Programme Director at Massey, attended his first Council meeting last month.



Tim has strong interests in the specialist registration, continuing veterinary education and accreditation areas of the Council's work.

Council Statements on Professional Standards

The Council has recently endorsed a number of statements to accompany the Code of Professional Conduct. Veterinarians need to be familiar with, and comply with, these.

Statement on the Information Requirements for Authorisation of Dry Cow Therapy

This was Appendix 2 of the previous Code. Council has endorsed this with no changes, but on the understanding that the statement will be reviewed over the next 12 months.

Statement on the Induction of Dairy Cattle

This statement sets out the minimum standards veterinarians are required to meet for the routine induction of dairy cattle. It needs to be read in conjunction with the document "[Operational Guidelines: Induction of Calving](#)" developed by NZVA, DairyNZ, DCANZ and Federated Farmers.

Statements on Compounding and Manufacturing Veterinary Medicines

These statements should be read in conjunction with the Veterinary

Medicines section of the new Code. They reflect the new requirements of the ACVM (Exemptions and Prohibited Substances) Regulations 2011 for vets who compound to have a documented compounding system in place. MAF are currently developing additional guidance on developing a documented system. This will be made available on the Code section of our website when finalised. The statements can be found on the website [here](#).

Other Statements

Work is proceeding on the conversion, to Council statements, of the previous Codes of Practice on the Discretionary Use of Medicines and Writing Prescriptions. Meantime veterinarians should look to the previous Codes for guidance. Copies are available on request from the Council office.

Over the next 6 – 12 months the Council will be developing draft statements on complementary and holistic veterinary practice, internet prescribing and the links between animal and human abuse. Your views will be sought.

Controlled drugs

Recent Complaints Assessment Committee (CAC) case

A CAC recently investigated concerns about the large volume of ephedrine (a Class C 5 controlled drug) being purchased by a practice. These had been brought to the Council's attention by the Medicines Control section of the Ministry of Health because of the potential for ephedrine to be diverted for the illegal manufacture of methamphetamine. Ephedrine is a sympathomimetic drug recognised to be beneficial in the treatment of urinary incontinence associated with urethral sphincter hypotonus in dogs. Ephedrine is available as a human medicine not as a registered veterinary medicine. There are other alternative medications available for the treatment of urinary incontinence but these are all more expensive.

The practice, which is located in a low socio-economic area, explained to the CAC that ephedrine was being used to treat urinary incontinence in dogs because it was the cheapest medical option.

The CAC asked the practice to provide a comprehensive report including details on the amounts of ephedrine and pseudoephedrine in stock at the last 2 year end stocktakes and details on the sales of ephedrine and pseudoephedrine tablets in a format which showed the amount sold by patient and date and by authorising veterinarian for the previous 24 month period. From this the CAC viewed copies of the medical records for a number of randomly selected patients.

Meeting the CAC's information request involved considerable time as the practice used a non computerised card system for clinical records.

Despite this, the practice was able to accurately reconcile the prescribing of ephedrine tablets it purchases, and to show that despite using a manual card system that it could retrieve summary reports demonstrating appropriate use. The individual records viewed by the CAC matched the summary report and showed compliance with consultation requirements for dispensing ephedrine.

The practice was also well aware of the potential for diversion of this drug and had taken steps to keep stock bottles of tablets securely stored.

The CAC was satisfied that the practice's use complied with requirements and that no further action was needed. The practice principal was provided with the proposed requirements relating to controlled drugs in the then draft Code of Professional Conduct and advised to consider adopting these.

Interestingly the other sympathomimetic commonly used by veterinarians to manage urinary incontinence, which is available as a registered veterinary medicine, has the trade name Propalin. The active ingredient of Propalin is norephedrine which is also susceptible to diversion for the illegal production of methamphetamine.



New Code of Professional Conduct Requirements

Because of the potential for abuse, VCNZ considers that there is an overriding professional obligation for veterinarians to oversee and manage the use of controlled drugs to a higher standard than the obligations imposed by the Misuse of Drugs Regulations 1977.

The new Code of Professional Conduct requires veterinarians to be satisfied that protocols exist and are followed by all staff to securely store and monitor the use of any controlled drugs used within their business. Those protocols must include as minimum requirements that:

- The storage of all controlled drugs (including those classified C5 in the Misuse of Drugs Act 1975 under Schedule 3 Part 5) must comply with section 28 of the Misuse of Drugs Regulations 1977;
- Every instance of sale or use of a controlled drug must be linked to a veterinary consultation. There

must also be an accurate record which can be readily reported and reviewed. Veterinary businesses that do not use a computerised medical record system that is able to quickly and easily report on the sale or use of each controlled drug, must record each individual sale or use in a Controlled Drug Register. This register must take the form of a bound volume with consecutively numbered pages set out and used as described in Form 1 Schedule 1 of the Controlled Drugs Regulations 1977;

- Every six months the stock of all controlled drugs held must be counted and recorded. At these times, for every strength of each controlled drug, there must be a reconciliation of the opening stock, closing stock, purchases and sales. This must be documented along with a proper explanation for any volume or amount which is not accounted for in the reconciliation. Records of reconciliations must be kept for four years; and
- Extraordinary variances in the reconciliation that cannot be explained or are thought to be due to unauthorised use must be reported to VCNZ.

For more information refer to the [explanatory notes](#) for paragraph 12 of the Veterinary Medicines section of the Code.

To ease the burden of compliance you can consider:

- Developing good systems to ensure that all purchases and use are accurately tracked;
- Maintaining a logbook that tracks the purchase and use of full packs of controlled drugs to make reconciliation easier;
- Stocktaking and reconciling use of controlled drugs more frequently. It may be easier in some practices to undertake this more often (monthly or quarterly) and not have to spend time reconciling large discrepancies every six months; and
- Reducing the number of controlled drugs used in the practice. For example treatment options for urinary incontinence in dogs which are not controlled drugs.

We need your help to ensure the accuracy of the online practice register

The online practice register includes the names and practising details of the vets associated with each practice/employing organisation.

The practice database information is sourced from the details vets provide in their registration and practising certificate application forms.

Under s23 (3) of the Veterinarians Act vets must notify the Council within one month of changing their contact address or practice.

Unfortunately some vets are not aware, or choose not to comply, with this statutory requirement so the practice register is not as up to date as it could be.

Please help us improve the accuracy of this information by arranging for your entry in the practice register to be checked [here](#).

Please advise us of any changes on 04 473 9600 or [vet@vetcouncil.org.nz](mailto:veter@vetcouncil.org.nz)

Newly Registered Specialists

Congratulations to the following vets who have recently gained specialist registration:

- Erica Gee in Equine Reproduction
- Alan Julian in Veterinary Pathology
- Brent Michael Higgins in Small Animal Surgery
- Geoffrey Orbell in Veterinary Anatomic Pathology
- Gregory Quinn in Equine Surgery

Public comment by veterinarians on veterinary medicines and over the counter products

Competition in the animal health market is alive and well. The activities of rural merchants, direct to farm organisations, veterinary medicine traders, consultants and lay operators has increased in recent years and will likely to continue to do so.

Most farmers purchase products from their local veterinary practice because their vet supports and adds value to their businesses. Others want to exercise their right to purchase the product elsewhere.

Advertising is part of robust competition. Advertising and public comment on veterinary products by veterinarians and traders must however be truthful and socially and professionally responsible.

The Council continues to receive concerns about veterinarians' reported adverse public comments about the products and individual staff of animal health companies. For example, telling farmers, or writing in practice newsletters, that a company's products are poor quality, old technology or cheap generics.

The Council reminds veterinarians that as registered professionals, they enjoy a privileged position in the market place and that under the Code of Professional Conduct they are expected to

- be impartial and discerning in their sale or recommendation of veterinary medicines and OTC products so that clients obtain and, equally importantly, know they can obtain an unbiased opinion on the safety, efficacy and worth of products for particular conditions
- not use their position as a registered veterinarian to gain commercial advantage in the

promotion of particular products

- not misrepresent their products or denigrate any other products without substantiated scientific evidence
- maintain scientific integrity and impartiality, providing an unbiased professional opinion on their product and any competitive products
- ensure that any advertising of over-the-counter animal remedies is done in such a manner as not to jeopardise the public's confidence in the scientific integrity and impartiality of the veterinarian or practice involved or the veterinary profession as a whole.

Veterinarians and veterinary traders also need to ensure that

- comments made on specific products are factual and based on sound scientific data/properly conducted trials. The intent and connotations of comments made should be to inform clients and not to discredit, disparage or attack competitors, competing products or services directly or by implication
- in advertising and commenting on specific products they observe a high standard of social responsibility, given that direct and implied criticism of competitors undermines the credibility of the profession as a whole
- advertising of specific products complies with the Agricultural Compounds and Veterinary Medicines Act and MAF guidance
- concerns about the efficacy of a product or adverse events are notified to the registrant of that product.

Online Registers of Veterinarians and Practices

In 2008 the Council stopped publishing the Register of Veterinarians in hard copy form. This was because publishing and posting out a hard copy to all veterinarians was very expensive and the information was out of date before the draft copy got to the printers.

Since 2008 the Register of Veterinarians has been available online [here](#).

Details on veterinary practices are also available [here](#).

The information in these

registers is updated daily.

Downloadable PDF versions of the entire Register of Veterinarians and Register of Veterinary Practices and Organisations employing veterinarians are also available on the website.

Click [here](#) for a PDF version of the Register of Veterinarians.

Click [here](#) for a PDF version of the Practice Register.

If you need a hard copy of either of these downloadable PDF versions we can provide at a nominal charge.

Significant Surgical Procedures

Significant surgical procedures cannot be performed by registration examination candidates or veterinarians who don't hold a practising certificate, regardless of the level of veterinary supervision.

Who can perform significant surgical procedures?

Under the Animal Welfare Act 1999 (the Act) significant surgical procedures can only be carried out by a veterinarian or a veterinary undergraduate student working under the direct and constant supervision of a veterinarian. The only exception to this is the develvetting of deer. This can also be performed by the owner, or an employee of the owner, of the animal/s acting under veterinary supervision.

This means that it is illegal for overseas qualified veterinarians seeking to gain practical experience before sitting the Council's registration examinations to perform significant surgical procedures.

The same applies to vets who have taken time out from the profession and are seeking to gain practical experience before applying for a practising certificate. Unlike registration examination candidates, this situation can be addressed by the issue of a limited practising certificate to the vet with supervision requirements.

What are significant surgical procedures?

The Act does not provide an exhaustive list of significant surgical procedures but allows for procedures to be classified as significant or not significant where there is uncertainty that the procedure should be significant or where there is substantial public concern. To date only tail docking of horses, debarking of dogs, declawing of cats and velvet removal have been classified as "significant". Alternatively, recognition of a significant surgical procedure may follow a successful court prosecution under the Act, for example horse castration, or through Codes of Welfare, for example desexing of dogs. MAF will be

considering what other procedures need to be declared significant as part of its current review of the Act.

Meantime the new Code of Professional Conduct and explanatory notes provide guidance on how to determine what might reasonably be considered to be a significant surgical procedure. This involves the 3 step process set out below. If the answer to the first two questions is yes and the answer to the third question is no, the surgical procedure can reasonably be considered to be significant.

Step 1: Does the procedure lead to significant pain and also involve:

- + Entry into a body cavity or,
- + Invasion of the periosteum or,
- + Surgical removal of significant viable tissue?

Step 2: Does the procedure require: A detailed knowledge of anatomy and physiology and,

- + 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,
- + An understanding of pharmacology including; pharmacokinetics, and dynamics, anaesthesia and analgesia, allergic response, and,
- + An understanding of pathophysiology, and,
- + An understanding of sepsis and antisepsis?

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

More definitive advice can to be sought from MAF.

Annual Practising Certificate (APC) Fees for 2012 – Your views sought

The Council is intending to increase the APC fee from \$420 to \$440 and is inviting comments from the profession before doing so.

The Council's statutory activities are funded by the practising certificate and registration application fees paid by veterinarians.

The Council has run a deficit budget for the last four years. Over this time interest income has reduced as reserves have declined and registration application income has dropped off with the decrease in the numbers of overseas veterinarians registering.

We signalled last year that a further increase in APC fees was likely in 2012 to ensure that the minimum acceptable reserve level of \$220,000 is retained. This is required to prevent insolvency in the face of unbudgeted events such as unforeseen court action or a spike in the number of complaints or disciplinary cases.

The proposed 4.75% increase will not be sufficient to prevent another deficit at the end of 2012, but the Council considers that, in this current economic climate, small incremental increases over time are preferable.

In tandem we are investigating ways to improve our operational efficiency.

A discounted fee (of \$420) will apply for early payment during the bulk APC renewal round in the New Year.

Your views are very welcome. Please send any comments to the Council office by 4 November - preferably by email to janet.eden@vetcouncil.org.nz

Changes to ACVM requirements and Veterinary operating instructions

The following article is based on a presentation made by Dr Nick Twyford, Convenor of the Code of Conduct Review Working Party and Council member, to the Veterinary Nursing stream at the NZVA conference in June

The Agricultural Compounds and Veterinary Medicines (ACVM) group of the Ministry of Agriculture and Forestry (MAF) regulates agricultural compounds through its administration of the Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997. The purpose of this Act is to:

- prevent / manage the risks associated with the use of agricultural compounds; and
- protect against residues in domestic food; and
- ensure that consumers are provided with sufficient information about agricultural compounds.

Agricultural compounds include all substances used in the direct management of plants and animals. Of most interest and relevance to veterinarians, veterinary nurses and technicians in the course of their work are those compounds applied

or administered into or onto animals. All substances used for the treatment or management of animals whether applied topically, administered orally or by injection (including pet food, nutritional supplements, worm treatments, flea treatments, shampoos, antibiotics, painkillers and anaesthetics) are agricultural compounds and fall under the regulation of the ACVM Act.

To manage the risks associated with agricultural compounds some of these products are required to be registered under the ACVM Act. Agricultural compounds that are used for the direct treatment of animals and which need to be registered are classified as veterinary medicines.

The risks associated with the use of some agricultural compounds are sufficiently low that registration is not required. For example pet-foods, some nutritional supplements and most topical washes that do not make therapeutic claims.

Veterinary practices are usually divided into two parts – the front retail/shop area and the back pharmacy/treatment rooms.

The agricultural compounds found in the shop are all open sellers or over the counter (OTC) products – anybody can sell them and anybody can buy them. There are no restrictions. Some are exempt from registration, for example pet foods and most topical washes and shampoos. Others must be registered under the ACVM Act because certain therapeutic claims are made in relation to their use, for example worm treatments, flea treatments and medicated shampoos. These registered products (veterinary medicines) are still considered to be open sellers.

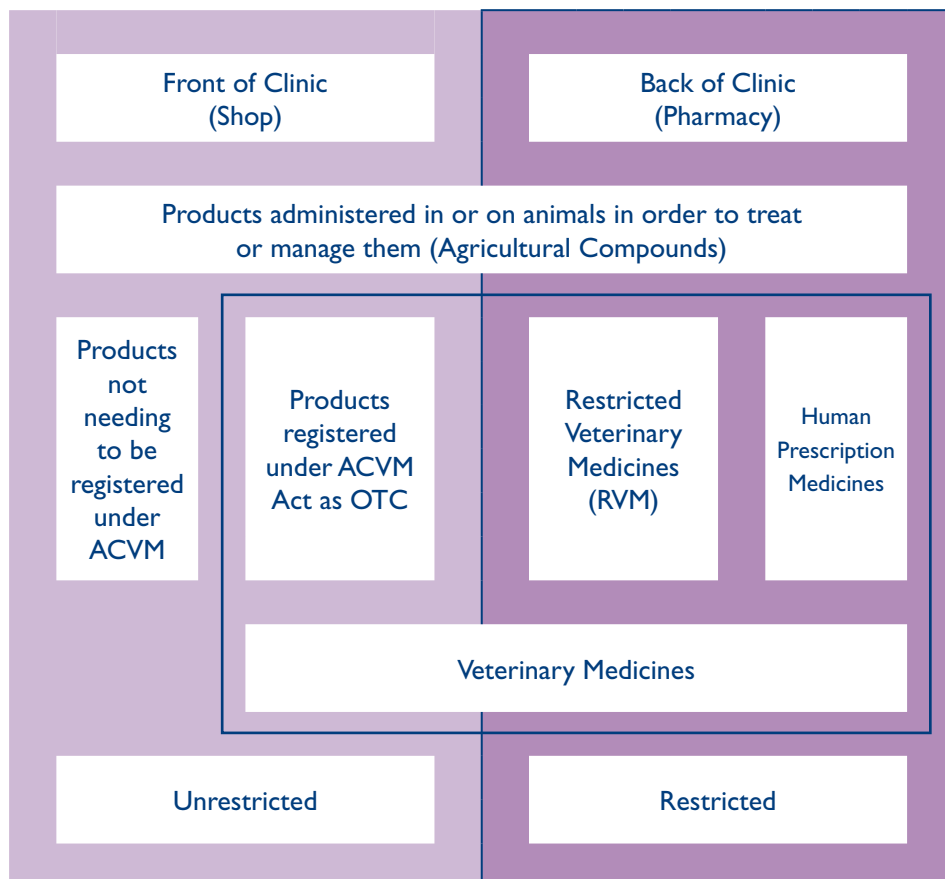
The agricultural compounds in the pharmacy and treatment areas of the clinic are all likely to be classified as restricted veterinary medicines. All require registration under the ACVM Act, and all are likely to have restrictions applied to the circumstances in which they can be sold and used.

A number of the products found in the pharmacy will be human prescription medicines. When these are used on animals they are considered to be veterinary medicines and fall under the regulation of the ACVM Act in terms of how and when they may be used.

Whether a product is registered, and therefore whether restrictions exist in relation to use or sale can be determined from a number of sources. The packaging of the product must show whether it is registered, and if relevant whether the product is restricted. The IVS annual will usually record that information. The online [ACVM register](#) allows you to search by product and provides the most current information.

The naming and classification of veterinary medicines has changed. The traditional Prescription Animal Remedy (PAR) naming system has been replaced by Restricted Veterinary Medicine (RVM). The previous PAR1/PAR2/PAR3 classification system is no longer used to group these products and all now fall under the same RVM grouping.

Whereas unrestricted or OTC products can be sold by anyone to anyone, Restricted Veterinary



Medicines and human prescription medicines require veterinary authorisation before they can be sold.

Veterinary authorisation means that in order to sell/dispense the product a veterinarian needs to have met a number of requirements, most important of which is to have gathered sufficient information to support their authorisation (or prescribing) of the product.

The most common form of veterinary authorisation involves a consultation. Consultation includes gathering and recording information, being satisfied that treatment is justified and appropriate, obtaining consent for treatment, ensuring that the person administering the treatment is able to carry out treatment competently, and making provision for the management of adverse events.

There is an alternative mechanism for veterinarians to authorise restricted veterinary medicines – Veterinary Operating Instruction (VOI).

A VOI is a set of instructions from an authorising veterinarian to a non-veterinarian to hold restricted veterinary medicines (RVMs) in anticipation of their use. VOI allow the non veterinarian to use the RVMs but 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.

Veterinary Operating Instructions are not a new idea. The concept has been described in documented ACVM (Agricultural Compounds and Veterinary Medicines) standards previously as ACVM Operational Procedures Standard (AOPS) – the use of which is referred to in the New Zealand Veterinary Association (NZVA) Best Practice requirements for Production Animal Practices. These set out the standards expected of veterinarians in authorising farmers to hold RVMs in anticipation of use. These standards have been identified by MAF's ACVM Group as the mechanism it would prefer veterinarians to use in authorising restricted veterinary medicines to farmers in place of what is colloquially referred to as the ACVM Consult. AOPS have not been widely known about or used by the profession.

In the past, the former New Zealand Food Safety Authority approved a number of Codes of Practice under section 28 of the ACVM Act. These have now lapsed. Some of these Codes were written to document how certain animal treatment outcomes could be achieved by a particular organisation. Those organisations which "owned" approved Codes included the New Zealand Veterinary Association, New Zealand Police, Research Teaching and Training Organisations and private organisations. A consistent feature of the Codes of Practice was the documentation of the authorisation process for the use of restricted veterinary medicines by non-veterinarians. The Codes documented how identified organisations would train and approve non veterinarians, and authorise them to use RVMs in specified groups of animals under specific circumstances. For example the Grooms Code which allowed grooms travelling by air or sea with horses

to make the decision to administer restricted veterinary medicines to their charges in certain circumstances.

The Codes dealt with a lot more than the authorisation of restricted veterinary medicines, but the parts relating to the holding, storage and use of restricted veterinary medicines mirrored the requirements found now in VOI.

As a result of the review of the ACVM Act by NZFSA in 2007, AOPS were given a new name and profile. The new name is Veterinary Operating Instructions.

VOI (and the historical AOPS) are based on the concept of Standing Orders used in human medicine.

Standing Orders were developed in the early 2000s in hospitals to allow nurses

Continued overleaf

Important Information from MAF



Veterinarians approved by MAF to certify cats and dogs to Australia.

The current programme is under review with significant changes proposed that will affect all veterinarians approved to certify cats and dogs to Australia. To keep up to date with details, please regularly check this [MAF web page](#).

It is proposed the new system will be implemented in April 2012.

Further notifications will be posted on this web page, as well as to known email addresses that MAF holds, with an opportunity to provide feedback on the proposed system later this year. Please ensure your contact details are correct with MAF.

For any queries relating to this review, please contact the Animal Exports Team on:

Email: animalexports@maf.govt.nz

Phone: 0800 00 83 33

Reminder of the next round of the Voluntary Bonding Scheme for Veterinarians

The next round for the Government's voluntary bonding scheme for veterinarians dealing with production animals opens 23 February 2012 for graduates who will have recently completed their vet degree from Massey University.

There are 30 places available and they will be filled in the order that applications are received (from 23 February) and approved by MAF, until the cap of 30 has been reached or 22 February 2013 at which point the application round will close.

The scheme encourages new graduates to stay in an eligible practice by providing a taxable payment of \$11,000 for every year, up to five years, that they are working in the practice.

All practices that deal predominantly with production animals, like dairy and beef cattle, sheep, pigs and poultry, will be eligible, providing the vets receiving the funding will spend most of their time working with these animals.

Information and application packs are available from the MAF website [here](#) or by emailing vetscheme@maf.govt.nz

Changes to ACVM requirements and Veterinary operating instructions - Continued from page 7

under the direction of doctors to have the authority to administer prescription medicines and controlled drugs (such as opioids for post-operative pain relief) to patients without having to find a doctor to authorise the treatment. The doctor would write a set of instructions authorising a specified person with the appropriate competencies to administer a specified drug at a specified dose under specified circumstances. Records of treatment would have to be noted on the patient's chart and the doctor was required to sign the chart within 24 hours. The protocol proved very successful and the use of Standing Orders has been expanded to incorporate a range of situations – dental therapists, rural nurses, paramedics, practice nurses, specialist diabetes nurses etc. The Ministry Of Health is currently reviewing Standing Orders and is considering changes to remove the need for doctors to sign the patient's chart within 24 hours. At the time of writing, it seems likely the Ministry of Health will move towards monthly checking which can also be carried out remotely.

Standing Orders exist to make the best use of the available skilled work force while continuing to ensure the risks around prescribing are managed appropriately.

There is no requirement under Standing Orders that doctors must only authorise registered health practitioners such as nurses. Despite that they do. The actual requirement is that the person working under standing orders has the necessary competencies to carry out the instructions. Government has indicated that it is not likely to maintain or introduce any regulation which is not considered necessary to maintain appropriate risk management, which might be described or seen as patch protection, or which adds any unnecessary cost associated with the provision of a service. Standing Orders and VOI legitimately fit comfortably within those requirements. They increase the effectiveness of delivering health/veterinary services in a cost effective manner while satisfactorily addressing risk management.

The ACVM document [Veterinary Operating Instructions ACVM Guidelines No 65](#) closely mirrors Standing Orders

The new Code of Professional Conduct for Veterinarians recognises VOI as a mechanism by which veterinarians can authorise restricted veterinary medicines, as an alternative to consultation. The Council's expectations around VOI are based on the ACVM standards but the Code is more explicit about the particular requirements veterinarians must meet - in particular in the areas of monitoring, record keeping and documenting the competencies and training of the person named in the VOI.

The VOI documentation on the ACVM section of the MAF website provides a useful template for creating VOI. The essential elements include:

- ✦ Unique identification and life of the VOI
- ✦ Reason/Purpose for VOI
- ✦ Personnel named. Skills / qualification required
- ✦ Animals described
- ✦ Veterinary medicines specified
- ✦ Equipment / Techniques for administration
- ✦ Expected treatment outcome
- ✦ Anticipated adverse events, unexpected treatment outcomes and how these will be managed.
- ✦ Storage of veterinary medicines
- ✦ Specification about records and reconciliation

Important features of VOI include:

- ✦ VOI cannot be used where veterinary diagnosis or judgement is required in order to make decisions on how to treat an animal.
- ✦ There are 3 main scenarios where the use of VOI would be considered appropriate:
 - Prophylactic treatment of healthy animals eg vaccination
 - Chemical restraint of animals so that a procedure can be undertaken.
 - Therapeutic treatment when the condition being treated is so obvious that a veterinary diagnosis is not required.
- ✦ There are few situations where it would be appropriate to authorise antibiotics under VOI.

- ✦ Controlled drugs cannot be authorised using VOI
- ✦ The VOI must anticipate the possibility of adverse events and how these will be managed. The person authorised under the VOI must be appropriately trained to manage those events which can be reasonably dealt with, without veterinary involvement. Veterinary intervention will be needed to manage certain adverse events. In those situations, the VOI must define how that veterinary involvement will be provided. Unless provision for veterinary care in such events is readily available, it may not be appropriate to develop VOI. The authorising veterinarian will either need to provide that care themselves, or make prior arrangements with other veterinarians so that the service will be readily accessible if the need arises.
- ✦ It is technically feasible for VOI to be written to be used on animals that are geographically remote from the authorising veterinarian. However, authorising veterinarians need to bear in mind that it may be difficult to meet all of their VOI responsibilities (e.g. supervision of the VOI, managing adverse events etc.) when the authorised person is acting remotely from them. Veterinarians are strongly advised to consider carefully and act with caution when considering VOI for situations where the animals to be treated do not belong to their clients

VOI offer veterinarians and veterinary nurses and technicians, in particular, new opportunities to deliver certain animal health services, provide solutions for particular client's needs and enhance animal welfare outcomes. Because of their training veterinary nurses and technicians are well placed to be the most likely personnel authorised by veterinarians under VOI.

The recent changes to the regulation of veterinary medicines (including VOI) will allow the legitimate development of more challenging (and hopefully more fulfilling) roles for veterinary nurses and technicians both inside and outside veterinary clinics.

For further information refer to the new [Code of Conduct](#) requirements and explanatory notes

Your help with Nottingham University Global Veterinary Survey

The aim of the Centre for Evidence-based Veterinary Medicine at the University of Nottingham is to narrow the gap between veterinary research and veterinary practice, using targeted research to answer clinical questions generated by veterinarians in the field.

The Centre is inviting New Zealand veterinarians to take part in a study looking at common diseases seen and exploring the awareness of evidence-based veterinary medicine within the global profession. They also want to identify which resources veterinarians use to obtain information relating to veterinary issues. This is a follow up survey to one conducted with UK veterinarians (and they are therefore looking for non-UK participants).

The Centre is interested in vets doing a variety of work completing the survey, as they would like to get views from a wide spectrum of the profession.

You can complete the questionnaire online by putting the following link into your web browser: <http://cevm.cvent.com/d/hdqh6g>. The deadline for responses is 31 October.

Further information about the study can be obtained through the survey link.

If you have any further questions or feedback about the questionnaire, or would like further information about the Centre, please visit the Centre's website or email them at CEVM@nottingham.ac.uk

Use of social media

Many vets are using Facebook and other internet forums both professionally and personally.

While this can bring benefits it also poses risks.

A previous Newsbrief article about unprofessional comments made on an internet forum highlighted the care that must be taken to ensure appropriate professional standards are maintained regardless of the means of communication.

The British Medical Association (BMA) has published guidance for doctors and medical students on the use of social media. Click [here](#) for a copy, but note this file is 2MB.

The BMA's key messages can also be applied to veterinarians and veterinary students. These are:

- social media can blur the boundaries between your private and professional life
- you should consider adopting conservative privacy settings where these are available but be aware that not all information can be protected on the web
- the ethical and legal duty to protect patient confidentiality applies equally on the internet as to other media
- it is inappropriate to post informal, personal or derogatory comments about patients, (clients), and colleagues on public internet forums
- if you post online you must declare any conflicts of interest
- defamation law can apply to any comments posted on the web in a personal or professional capacity
- you should be conscious of your online image and how it might impact on your professional standing (and, by implication, the reputation of the profession)

Wine Winners

Many thanks to those attending the NZVA conference who helped test proposed multi choice questions for the National Veterinary Registration Examination.

The winner of the wine was Moira Fergus of Tararua Vets

Get the full picture on Australian animal health

Animal Health Surveillance Quarterly – new edition out now

This quarterly report provides a topical summary of animal health matters from across Australia. To download a copy click [here](#).

If you would like subscribe to this publication, by email or post, please email: ahsq@animalhealthaustralia.com.au

Animal Health in Australia 2010 – report now available

This annual report provides a comprehensive overview of Australia's animal health system and status in 2010. To download a copy of the 14th volume click [here](#).

If you would like to be notified when the next report is published please contact ahsq@animalhealthaustralia.com.au

Veterinary Council Annual Report 2010

The Council's 2010 Annual Report can be read or downloaded by clicking [here](#) or you can request a hard copy by emailing [vet@vetcouncil.org.nz](mailto:veter@vetcouncil.org.nz)

Making comments about another vet's standard of care

Sometimes people making a complaint advise that another vet has commented adversely on the veterinary care they have received. Usually this vet is not named, has not seen the animal or had the opportunity to consider the treating vet's comments or review the records.

Vets should exercise considerable caution when asked to comment on the care provided by a colleague and should avoid adverse comments in circumstances where they have not seen the animal or had access to its medical history.

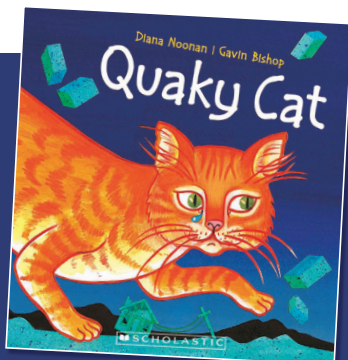
Making unfounded criticisms of colleagues can undermine the public's trust in the profession.

Where genuine concerns exist about a colleague's conduct, competence or health raise these directly with the vet concerned, or with the Council, not with clients.

Detailed guidance on what do in such circumstances can be found in the explanatory notes for section 10 of the Professional Integrity part of the new Code. Click [here](#).

Support the people of Christchurch.

50% of Scholastic's proceeds will be donated to charity.



This is a book our very brave children (and adults) will treasure.
Bob Parker, Mayor of Christchurch

SCHOLASTIC

What's the difference between the Veterinary Council of New Zealand (VCNZ) and the New Zealand Veterinary Association (NZVA)?

Sometimes there's confusion about the roles of VCNZ and NZVA. Although the two organisations can and do work closely together on common issues, VCNZ and NZVA are two distinct and separate entities with different functions.

Veterinary Council of New Zealand	New Zealand Veterinary Association
Primary focus is on the interests of the public.	Primary focus is on the interests of the veterinary profession.
A statutory body set up under the Veterinarians Act 2005.	A not for profit membership organisation that promotes and supports the interests of member veterinarians.
Regulates the whole veterinary profession. To practise as a veterinarian in NZ, a person must be registered and hold a current practising certificate issued by VCNZ. Only those who are properly trained and qualified and have good English language skills are registered.	Membership is voluntary. Members have access to professional support and mentoring, special benefits and business and professional resources that help mitigate professional risk.
Works with the veterinary profession and others to develop professional standards. Sets and monitors the standards veterinarians must meet.	Assists its members to meet/exceed the required professional standards.
Sets minimum requirements for continuing professional development (CPD).	Promotes continuing professional development (CPD) opportunities and an online CPD recording system for its members.
Governing body includes lay and professional representatives and cannot meet without a lay member present.	Governed by veterinarians for veterinarians - there is no lay representation.
Collects data and publishes an annual veterinary workforce analysis.	Has the primary role in addressing and advocating on workforce and animal health and welfare issues.
Accredits or approves veterinary schools and the programmes they provide for registration (without further examination) purposes	Provides quality assurance programmes to support members in practice, eg Best Practice and Leptosure programmes.
Maintains a publically available Register of Veterinarians where registration and practising status can be checked.	Connects members with colleagues - national and international - in the same field of expertise and local area through its Special Interest and Regional Branches, including a New Graduate Mentor Programme.
Receives and considers complaints and concerns about veterinarians. Maintains a separate Judicial Committee which considers serious cases of professional misconduct.	Offers access to veterinary professional indemnity insurance and provides advice and support to members subject to a complaint. Responds to questions from the public on the appropriateness of treatment and fees charged and can assist with resolving disputes.
Has statutory powers to remove registration or impose conditions on practice.	Can decline or remove membership if required.
Collaborates with NZVA on prevention, early intervention and support strategies for health impaired veterinarians through the Vets and Stress programme.	Collaborates with VCNZ on prevention, early intervention and support strategies for health impaired veterinarians through the Vets and Stress programme.

In brief.....what else has Council been up to?

Elected Dr Julie Wagner as the new Deputy Chair	Assisted in planning and organising events to celebrate World Veterinary Year
Appointed NZVA representatives Wayne Ricketts and Caroline Robertson to the Council's Professional Standards Committee which resumes meeting this month	Participated in Australasian Veterinary Boards Council (AVBC) meetings
Published new or revised pamphlets on Council's role and functions and complaint processes (available from the Council office on request. Email vet@vetcouncil.org.nz)	Approved one application for registration in the limited academic scope
Switched from hardcopy to electronic agenda for VCNZ meetings	Presented to NZVA branches and special interest groups on the new Code of Professional Conduct
Approved an additional communications assessment for the final registration examination for overseas qualified vets for introduction in 2012	Participated in meetings of the Agricultural Compounds and Veterinary Medicines Advisory Council
Approved the accreditation of the veterinary science degree courses at James Cook University, the National Autonomous University of Mexico, Ross University in the West Indies and Nottingham University. Those who have graduated from these schools after the approval date are eligible for registration in New Zealand without further examination.	Laid disciplinary charges against a veterinarian. Subsequently judicial review proceedings have been issued against the Council and its CAC. The disciplinary hearing is on hold pending the outcome of the court proceedings.
Introduced more rigour and additional security requirements into the running of the Final registration examination	Appointed Bruce Corkill, QC to the Judicial Committee panel
Appointed Kiro Petrovic to replace Katja Geschke on the Registration Committee	Developed additional guidance for Judicial Committee members
Supported Massey's submission for an increase in veterinary student numbers	Confirmed the equivalence of the Australian and NZ final examinations for overseas qualified vets following an exchange of chief examiners
In-house training for new CAC panel members	Appointed Mary Ruth Doole and Victoria Hinson to the CAC panel
The Chair was one of four AVBC representatives who attended a productive meeting of the International Accreditation Working Group (IAWG) meeting held in Chicago.	Undertook a facilitated risk review and revised format for risk reporting by management.

Vets in Stress?

A reminder that free 24 hour access to confidential and professional offsite counselling support is available to all veterinarians by ringing 0508 664 981.

The Veterinary Council of New Zealand and the New Zealand Veterinary Association jointly fund this programme which is available to all veterinarians.

Recently the previous provider SEED merged with Workplace Support North Island into one organisation now called Vitae. Apart from the name change it is business as usual with all services continuing.

Vitae's [website](#) provides additional information including a self-referral form.

Please do not hesitate to contact the Registrar, Janet Eden, if you have any questions about this.

Your help needed with a survey on animal abuse and human violence

New Zealand veterinarians are invited to complete a short online survey in relation to animal abuse and human violence. This research will help uncover how veterinarians support suspected victims of violence, and identify any training gaps that exist. This study is being undertaken by a PhD student/veterinarian at the University of Queensland, Australia and responses are anonymous. The survey should only take about 10 minutes to complete

Click on this [link](#).



ALERT

IMPORTANT CHANGES TO MEDICAL GAS CYLINDERS

AS 4484

The Australia and New Zealand Industrial Gas Association (ANZIGA) is the industry association that represents manufacturers of compressed industrial and medical gases in Australia and New Zealand.

ANZIGA wish to alert you to an important change that is going to occur to medical gas cylinders in New Zealand in the near future.

The Australian Standard (AS 4484) that defines the labelling and colour coding for gas cylinders has been amended. This amendment requires that medical gas cylinders shall have a white body colour. The cylinder shoulder colours (quadrants) indicating the gas type will remain the same.

The reason for this change is to enhance the safety of the end users of medical gases by clearly identifying medical gas cylinders from industrial gas cylinders.

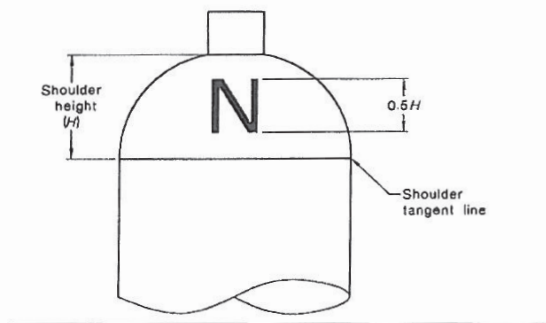
This change will progressively be made from 1st August 2011 and completed by 31st May 2013.

Your medical gas supplier will contact you in relation to this change.

While all cylinders containing medical gas may be identified by their white body and shoulder colours, the primary means for identifying any gas is by the product label.

The cylinder product label must always be used to correctly identify the contents of the cylinder.

The new colour scheme is a white cylinder body with a letter 'N' marked twice on the shoulder of the cylinder (as shown below). The shoulder colours will remain unchanged from those of the old scheme. The "N" is to indicate "new" colour scheme and is specified by the standard.



Your medical gas supplier will communicate with you during this change