

Code of Professional Conduct: Questions answered during the workshops on veterinary medicines

Provision of advice for use of over the counter products (OTCs)

1. Does a practice need to nominate a veterinarian who is responsible for standards, training, provision of advice to staff etc? What happens in a multi-site and multi-owner practice?

The 2007 COPC (Code of Professional Conduct) identifies the following expectation:

6.2 Management of clinical practice

In every clinical practice, irrespective of the nature of ownership of the practice one or more "responsible veterinarians" must be clearly nominated to take reasonable care to ensure that there is a supply of adequate resources (both human and financial) so that:

- (i) *the practice is operated to the standard expected in this Code*
 - (ii) *the staff (both veterinary and lay) and equipment are properly used and operated at a level commensurate with the overall capacity and capability of the enterprise (Le. not over-stretched);*
 - (iii) *competent staff are employed and they are properly managed and supervised;*
 - (iv) *all procedures are properly performed and appropriate consequential actions taken.*
2. Why should veterinarians and staff be responsible for the consequences of incorrect advice (if asked) about the use of an OTC product, or where an adverse event may occur, when staff in other outlets are not held responsible for any advice given?

See question 1 with respect to a vet's responsibility for their staff. As a general principle veterinarians are expected to display high standards of expertise, performance, conduct, integrity and accountability in the course of their professional activities. Providing advice to a client is a professional activity. It would be wrong to assume that incorrect advice provided to a person at a non veterinary retail outlet is without consequences of Fair Trading Act etc.

3. Does the expectation about the provision of advice, if requested or if proffered apply to online veterinary pharmacies?

Yes.

4. Given the new expectations, should veterinary staff refrain from providing any advice, even when asked?

These are not new expectations. The revised Code is merely clarifying what is expected. Drug companies choose the veterinary channel to distribute their products because of the stewardship veterinarians can provide. Clients will continue to ask vets and their staff for advice and guidance. Failure to provide such advice and guidance on request is not an option. Most veterinarians accept this responsibility and ensure that they and their staff are appropriately trained in order to provide the veterinary advice which differentiates their service from non veterinary retail outlets. Over the previous 12 year period there have been no complaints to VCNZ about the sale or use of OTC products.

5. Does this mean that the veterinarian has endorsed the efficacy of all OTC products for sale in a clinic? Is stocking a product the same as recommending it?

Stocking a product is not an endorsement or recommendation of the product from an ethical perspective. The Code will not specify what products veterinarians should be stocking or set ethical expectations about the quality of products. However veterinarians

should have knowledge of the product and be able to provide impartial advice to clients about the product.

6. What happens if a client claims that an OTC product that you stock is not efficacious, especially if you believe it is not efficacious?

Veterinarians are expected to technical support in the case of product failure or adverse event. This would include a lack of efficacy. Depending on the circumstances a range of actions may be indicated including, an investigation of the claim, involvement of the registrant of the product, submitting an Adverse Event report to the registrant and possibly the ACVM group.

7. If a farmer buys an OTC product elsewhere, and asks his or her veterinarian for advice, what should the veterinarian do?

Regardless of whether an OTC product is involved, or where an OTC product is purchased, veterinarians remain accountable for the professional services and advice they provide. Ideally the provision of advice should be recorded, and the client charged. Irrespective of whether or not the client is charged, the veterinarian is accountable for the advice given.

8. Is a veterinarian considered to be unethical if he/she appears to 'push' a particular product, especially if there is a promotion occurring?

As animal health professionals, veterinarians are in a position to provide advice and recommendations on any product used on animals. Veterinarians must be impartial and discerning in their sale or recommendation of products so that clients obtain and, equally importantly, know they can obtain an unbiased opinion on the safety, efficacy and worth of the products for particular conditions. This does not necessarily mean that veterinarians are prevented from promoting particular products. However, the recommendation of products should take into account the particular circumstances of the individual case and the veterinarian should be satisfied that the product choice is justified and its use appropriate for the intended purpose.

9. Who will be held responsible for a veterinary staff member when they give incorrect advice, an adverse event occurs and it may/may not be reported to the VCNZ?

See the answer to question 1. If the adverse event report (AER) identifies inappropriate advice that reflects on the veterinarian responsible, and that AER is reported to VCNZ, it could be referred to a Complaints Assessment Committee (CAC) to be investigated. Not all information (such as an AER) that is provided to VCNZ is referred for investigation.

Code review information

10. Where will the explanations and guidelines be made available?

The Code and explanatory notes to the Code will be accessible on the VCNZ website. Guideline documents will be identified in the explanatory notes. Not all guidelines will be found on the VCNZ website. Where they are not, there will be a link for documents accessible via the internet, or instructions on how to access them. Who authors/owns the guideline document may determine where it is located, eg NZVA, ACVM group etc.

11. How will veterinary nurses and technicians fit into the new code?

The Code of Professional Conduct is written to identify the expectations and standards that affect the conduct of veterinarians. The Code identifies some of the responsibilities

of veterinarians when they use technicians and veterinary nurses to assist them provide services to clients. VCNZ currently does not have jurisdiction over veterinary nurses or technicians.

Prescriptions and authorisations

12. What is the difference between a prescription and an authorisation?

The common understanding of a prescription is the documented instruction to a pharmacist to dispense a medicine. The term is also used to describe the documented instruction of a veterinarian for a veterinary medicines trader to dispense a veterinary medicine.

An authorisation is a documented instruction by a veterinarian authorising the sale or use of a veterinary medicine.

When referring to a documented instruction by a veterinarian the terms can be used interchangeably.

13. Is there an ethical obligation for a veterinarian to fill another veterinarian's prescription?

No.

14. Why are you making it unethical for veterinarians to refuse to issue a prescription?

Refusal to provide a prescription is unethical only when the veterinarian would have otherwise dispensed the veterinary medicine themselves. The reason it is unethical, is that the decision to authorise the use of the veterinary medicine has already been made. A consultation has occurred and the decision to prescribe a specific trade name product has been made in order to manage a medical condition. The veterinarian has decided that the choice of the product is justified and the use is appropriate. On that basis it is unethical to withhold treatment on the basis that the client chooses to purchase the product from a different source.

15. Do you have to issue a prescription if you don't normally stock that product?

Only if you want the client to source the product from an alternative source. If you have decided to authorise a particular trade name product, and the client requests a prescription for an alternative product, you are not obliged to comply if that is not the specific product you were planning to dispense.

16. Do you have to issue a prescription if requested?

You are ethically obliged to issue a prescription on request if you were otherwise going to dispense the product yourself.

17. Can a farmer just come into a clinic and request that you provide a prescription or an authorisation for future use of a product? Can s/he then have the prescription filled elsewhere?

Following a consultation, a veterinarian can authorise to supply a farmer/client with a product for future use. Through the veterinarian's in house recording system, the details of the authorisation must be documented and the authorisation must be linked to a specific consultation. This record of the authorisation in itself is not a prescription, but the details that are recorded could be transferred and written out in the form of a prescription.

The terms and conditions of the authorisation for future supply can be changed (or withdrawn) by the veterinarian at any time if the clinical circumstances that apply in relation to the use of the product change.

If a veterinarian has documented an authorisation for future supply, and because of that authorisation the veterinarian would supply the farmer/client with the product, then if the farmer/client asks for a prescription to take away in lieu of the product being dispensed by the veterinarian, there is an ethical expectation that the veterinarian will provide that prescription.

18. How long is a prescription and authorisation for future use valid for? Does the veterinarian or a practice have the ability to vary the length of validity?

There is no specified limit to the length of time an authorisation for future supply is valid for. The ethical expectation is that the veterinarian will exercise sound professional judgement in making that decision. Generally, veterinarians in companion animal practices set a time limit on authorisations of 6 months, and in farm practice for 12 months. However, in any given circumstance, it is up to the veterinarian to take into account the various and different circumstances and parameters that apply when authorising any restricted veterinary medicine. One of these is the expectation that the veterinarian has a satisfactory knowledge of the current health status of the animals being treated.

The validity can be varied on a case by case basis if the veterinarian has considered all of the appropriate variables associated with the case and determined that it is appropriate to extend or shorten the time frame of the authorisation.

If a prescription is provided to a client authorising the supply of a restricted veterinary medicine or a human medicine, and regardless of whether it is to be used on production or companion animals, it must only authorise the necessary amount to sufficiently achieve the intended purpose as determined by the related consultation

19. Does the provision of an authorisation require the farmer to keep records of the use of those products?

VCNZ does not have jurisdiction over non veterinarians. There are no VCNZ or ACVM requirements for clients to maintain records in relation to the use of the product. However the following specific requirements apply for the veterinarian who has authorised the use:

- *The product must be labelled in such a way as to provide identification and contact details of the prescribing veterinarian preferably using adhesive labels attached to the product containers. The product must be able to be traced back to the prescribing veterinarian.*
- *The veterinarian must also provide sufficient information to the farmer in order to prevent residues*
- *The veterinarian must keep and store appropriate treatment records documenting the consultation and the treatment regime*
- *Where the product is administered by the veterinarian or dispensed directly by the veterinarian to the client, there is no requirement to provide the client with a documented prescription or authorisation.*
- *Records of prescriptions and authorisations must be kept by the prescribing veterinarian for 5 years.*

20. Is a consultation required for an authorisation?

Yes. Every authorisation must be linked to a specific consultation.

21. Do you have to identify a trade name product (TNP) when prescribing, or can you prescribe the active ingredient? When prescribing a human product do you have to use the TNP?

An authorisation is for a trade name product not for the active ingredient. If a veterinarian provides a prescription to a client to take away to be filled by a trader, the trader is required to dispense the specific TNP identified in the prescription and not any alternative product without the authorising veterinarian's specific permission.

22. What requirements are there for record keeping purposes, in regards to prescribing and using restricted veterinary medicines?

See question 20.

23. Will the term 'prescription' disappear? Isn't that what veterinarians do all the time though? What will the written 'advice' to a trader to dispense a product be called?

No. The terms prescription or veterinary authorisation can be used interchangeably. Both can be used to describe a documented instruction for a specified person to use or purchase a restricted veterinary medicine.

24. What are a veterinarian's ethical responsibilities when authorising?

Compliance with subsections 2 and 3 of the Veterinary Medicines section of the revised Code of Professional Conduct.

25. What happens if a client requests another product, when the veterinarian is about to prescribe a product?

The veterinarian is responsible for deciding which specific restricted veterinary medicine will be used. The vet has no ethical obligation to change to a different product at the request of the client. The vet is expected to have exercised sound professional judgement and used impartial evidence-based reasoning to determine the best product for the circumstances.

26. If a veterinarian authorises the use of a product, while he/she is on the farm, and the farmer has to come into the clinic to uplift, does the veterinarian have to write an authorisation?

No, but the appropriate case treatment regime will need to be recorded in the client notes.

27. Could you use an argument based on animal welfare that you have to dispense the product now, rather than complete a prescription (where requested) that might not be filled for 2-3 days?

Yes, under particular circumstances in relation to the specific treatment required to be used right there and then in order to minimise pain and distress. But the veterinarian would need to be prepared to justify that decision.

Charging

28. Can a prescription be charged for and if so how much?

Yes. VCNZ is not involved in setting or providing advice on fees. However, the fees veterinarians charge should relate to the time and administrative resource required to write the prescription.

29. Are you able to offer a discount on products where a client buys them from you following a consultation?

Yes.

30. Is it unethical to charge a higher hourly rate for clients who purchase their drugs elsewhere?

It is not unethical for a veterinarian to segment their clients based on the types of professional services they use, or the products purchased, and to charge differing scales of fees accordingly. However, it would be unethical to have different standards of consultation based on whether the client was going to purchase product or request a prescription, eg, if a prescription was required, then a farm visit and lab samples would be needed, whereas if the product was purchased from the veterinarian then all that would be needed was an in clinic discussion.

Cascade of drug selection

31. Can the cost of the product be part of the decision process in selecting a drug for use?

Yes but it should not be the only parameter.

32. Can a veterinarian combine the use of two drugs off label? e.g. teatseal and an intramammary antibiotic?

Yes, providing there is no specific condition of registration that prohibits such use. If such use is outside the label instructions the veterinarian will need to comply with the requirements around discretionary use. If the veterinarian is unsure about the advisability of combining the use of two treatments, they should talk to the registrant of the products. There may be relevant label claims recognised by the ACVM group but which are not published on label material, which could make the proposed use on label.

VCNZ

33. Is the VCNZ adequately resourced for assessing complaints?

Yes. There is no financial limit to the available resources required for managing complaints and discipline by VCNZ.

34. Have there been any end users involved with the VCNZ working party? If not, why not?

Yes. There are 3 lay persons with, one having a farming background. End user groups such as Federated Farmers have not been represented on the working party, but were invited to the recent workshops. Their feedback will also be sought in the consultation phases of the review.

35. What are the expectations of the VCNZ in regard to internet sales?

VCNZ will be developing a guideline around internet use in practice. The ethical expectations that apply are the same irrespective of the way the sale is made. The same ethical expectations apply to veterinarians selling OTC products through websites as to veterinarians selling OTC products from their clinics. The same applies to PAR traders who are veterinarians and who have internet based trading services.

36. Do you envisage that technicians will be carrying out 'veterinary type' activities in the future?

Technicians and nurses are carrying out veterinary activities now, both in New Zealand and overseas. Technicians are able to undertake routine technical procedures where the procedures comply with legislative restraints (eg surgery), where the case specific variables can be resolved and where appropriate controls can be put in place.

24/7 care and emergency care?

37. Where a veterinarian only carries out certain tasks on a farm e.g. prescribing dry cow therapy and reproduction management, are they required to provide 24/7 care and emergency care?

The general requirements for 24 hour emergency care have not yet been revised as part of the COPC review. However the specific requirements associated with consultation have been decided. All veterinarians who provide services to clients (including sale of restricted veterinary medicines) are expected to make provision for emergency care 24/7 on matters related to the services provided.

38. What is going to be required for providing 24/7 care and emergency care in the future?

At the time of writing the general requirements for 24/7 care have not been determined. What has been determined is the responsibility for provision of emergency care associated with consultations. Irrespective of whether veterinary medicines have been prescribed, veterinarians are expected to make provision for 24/7 emergency care for patients in relation to any adverse events that might occur in relation to matters they have consulted on.

39. What happens when several veterinarians may be providing services to one farm?

Irrespective of the number of veterinarians providing services to a particular client, each will have responsibilities to make provision for 24/7 emergency care in relation to the matters they have consulted on.

40. Who is responsible for an animal's welfare where a veterinarian has or has not carried out a consultation?

Under the Animal Welfare Act the person who is primarily responsible for an animal's welfare is the owner of the animal. Once the owner communicates with a veterinarian the Code of Professional Conduct identifies professional and ethical responsibilities that the veterinarian is expected to comply with.

41. If a veterinarian from another area prescribes and dispenses dry cow therapy, does the local veterinarian have to attend a dystocia call out?

The prescribing of dry cow therapy by any veterinarian does not create the responsibility for that veterinarian to attend a dystocia. In order to prescribe dry cow therapy the veterinarian will have had to comply with the Standard Relating to Sufficient Information guideline. That veterinarian then does have responsibilities to make provision for 24/7 emergency care in relation to the matters consulted on. Dystocia is not related to the consultation for dry cow therapy.

Veterinary Operating Instructions

42. What happens if there are no operating instructions in place?

Veterinary Operating Instructions are a documented set of instructions produced by a veterinarian in order to provide controls over the use of restricted veterinary medicines by a non veterinarian. They should be used in any situation where there are risks in relation to the use of those veterinary medicines which need to be managed carefully. They are only considered appropriate to use when managing the clinical situations where a non veterinarian can use a restricted veterinary medicine under the authorisation of a veterinarian because all of the case specific variables have been removed.

Veterinary Operating Instructions may not be necessary for the routine use of restricted veterinary medicines where the risks associated with use are minimal and the veterinarian's label instructions are considered sufficient in providing the necessary advice and warning related to use.

43. Can all Class A products be authorised without a consultation, provided there are operating instructions in place?

Veterinary Operating Instructions do not replace the requirement for a consultation. No restricted veterinary medicines can be authorised without a consultation except when they are being used under an Operating Plan approved under the ACVM Act.