

RURAL VETS MEETING
15 February 2008
PRESCRIBING IN RURAL AREAS

Approximately 20 veterinarians from rural based practices attended the meeting in Hahndorf. This included vets from Murray Bridge, Port Augusta, mid north, Naracoorte/Penola, and Victor Harbour. Members of the VSBSA who attended the meeting included Paul Leadbeter, Dr Andy Doube, Dr Jane McNicholl, Dr Andrew Carter, and the Registrar. Paul Leadbeter and Dr Andy Doube delivered the presentation, a copy of which is attached. A copy of the proposed 10 point checklist document, *Veterinary Professional Dispensing Service* was distributed to those attending.

Issues raised during the meeting included:

Follow up

Some vets considered there were practical considerations for rural veterinarians to follow-up clients, and put the view that doctors do not follow up their patients. The distances involved for follow up was the main concern for rural vets, and the *response was that follow up could be by way of telephone call etc, not necessarily a visit. The follow up process was important, because it would identify if the animal was recovering, and would also assist vets in assessing the animal husbandry skills of their client.*

'Just in case'

There was discussion about this phrase, which needed to be more defined – 'where a foreseeable need is not obvious' was considered to more accurately reflect the requirement, because 'just in case' could cover the example where the vet may be dispensing large amounts of a medication for a diagnosed condition such as mastitis. In this case, the vet should know the client, know the situation and know the animals, and may dispense larger amounts of medication than required at the time for the diagnosed condition, 'just in case' other animals became infected.

Xylazine

Questions arose about using Xylazine; it is not considered appropriate for shearing rams but is considered appropriate for deer velveting? *Response was that those using Xylazine for deer velveting must undergo an accredited course.* Vets noted that those who have accreditation for deer velveting don't always maintain their skills, *and the response was that it is good practice for the vet to ensure skills are maintained on a yearly basis before dispensing Xylazine to the farmer for deer velveting, as skills can decline.*

Another query arose about the use of Xylazine in horse dentistry, and it was suggested that equine dentists are able to tranquilize horses in NSW. *Response was that equine dentists do not fit the criteria for a bona fide client; and that it is possible to prescribe and supply a tranquilizer to the owner for the purpose of equine dentistry, as the owner should be familiar with the health of the horse (eg any heart problems etc), whereas the equine dentist is not.*

NOTE: The issue of equine dentists having access to tranquillizers was subsequently raised with the NSW Registrar, who advised that this is certainly not the case. NSW has the same requirements as SA (ie can only be supplied to a bona fide client), and have in fact taken this issue further by identifying the use of power drills for horse dentistry (ie for restoring or maintaining normal dental

function) can only be used if the vet has directly and immediately supervised the sedation of the horse.

A further query arose as to whether ACP could be supplied to equine dentists, rather than Xylazine. *Response was no, for the same reasons as Xylazine – ie equine dentists are not bona fide clients; and do not know the health status of the horse.*

Client understands all instructions

Discussion arose about the capacity of some clients – eg some may be illiterate etc. *Response was that it is the vet's role to set up the prescribing regime for the client, according to their capacity, so that they understand the instructions given. It will therefore be different for different clients, and the vet must assess their client well in order to ensure they fully understand instructions.*

Bona fide client

A question arose about whether the species of animal important for this definition? For example, the client may have horses and cows; the vet has seen the cows but not the horses. Can the vet then dispense for the horses? *Response was that the vet should know the horses before prescribing medication, even though the client was known to the vet.*

General issues raised by rural vets

1. Most vets are responsible and do the right thing. It is the vets who do not do the right thing that put pressure on all vets to comply. An example was given where a vet knows another vet is supplying Xylazine to shearers; and though this has been discussed between the vets as wrong, the practice continues. *Response was that the Board should be informed if a vet is contravening a guideline, Code of Practice etc. The Board has the power to conduct inspections of practices, and inspections include records kept by the veterinarian. Where information is given to the Board in this way, confidentiality will be maintained.*
2. Farmers groups and drug companies need to know about regulations which are determined by the Board, APVMA and other regulating authorities. Tri-solfen is a recent example where the manufacturer was not aware there were different regulations governing S.4 medications in each state, and so they assumed vets in all states would automatically provide the medication directly to mulesing contractors. This was a case where the manufacturer should have contacted all Boards and other regulating bodies so that veterinarians can be provided with the correct information about the medication.
3. The definition of a bona-fide client was discussed, and it was suggested that 'on farm' visits at least every 12 months may be too long. It could be 6 months; and it was noted that in the UK the practice is every 3 months – though distance in SA is quite different to UK. It was suggested that Guild Insurance could provide comments on this question.
4. Related to this, discussion also took place on the practice records which should record visits to farms. Would the individual vet need to attend the farm, or is the owner a bona fide client if any vet from the practice visits? Response was that the client would be a bona fide client if the records showed a vet from the practice visited the farm; but it is possible that in the event of a legal claim being made by the owner it could be against the individual vet even though the practice carries the responsibility.

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