



# Draft Medicines and Poisons Regulation 2019

*Consultation by Parliamentary Committee*

*State Development, Natural Resources and Agricultural Industry  
Development Committee*

Submission from  
Queensland Division  
Australian Veterinary Association Ltd

To:

[sdnraidc@parliament.qld.gov.au](mailto:sdnraidc@parliament.qld.gov.au)

[www.ava.com.au](http://www.ava.com.au)



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The Australian Veterinary Association (AVA) thanks the Queensland government for the opportunity to make comments on this important matter.

## About us

The Australian Veterinary Association (AVA) is the national organisation representing veterinarians in Australia. Our 9500 members come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, livestock and wildlife, conservation and zoo animals. Government and institution employed veterinarians work with animal health, public health and biosecurity. We also have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association. The AVA has a range of special interest groups (SIGs), allowing members with shared interests or expertise to develop their practice and skills in a specific area. These include Conservation and Biology and Animal Welfare and Ethics, Public Health, Equine and Cattle and Sheep.

## Response to the draft regulation

The Australian Veterinary Association (AVA) supports the proposal to streamline regulations and the policy objective to ensure drugs and poisons are used safely and effectively and do not cause harm to human health. It also supports recognition of the veterinary profession to be best placed to manage the risks associated with prescribing antibiotics to animals.

The AVA would like more clarity of the following aspects of the regulation which have been difficult to follow:

### Ambiguity about what a veterinarian can do

This regulation allows a veterinarian to buy and possess, prescribe, dispense, give a treatment dose and administer.

These permissions are dependent upon being in “***accordance with recognized veterinary practice***”

- However, there is no definition of *recognized veterinary practice* other than to refer to the veterinary Surgeon’s Board of Queensland. It is not defined in the veterinary Surgeon’s Act 1936 and as such would be based on the policy of the day of the veterinary Surgeon’s Board.
- Policies can change and there will therefore be uncertainty as to what this covers and also depending on the definition, some aspects such as dispensing may be redundant regulations. For example:
  - The definition of dispense in the Medicines Bill is given as selling on prescription
  - This definition clashes with previous definitions of when a vet can dispense which currently requires a bona fide relationship with the owner of the animal that the vet is treating. There is a circular problem here in that if a vet was able to dispense, they could only do so if they had the bona fide relationship with the client and then the rather bizarre situation they would find themselves in would be that they could only dispense if they wrote a prescription to themselves.
- It is not clear if a veterinarian can supply a person on prescription from another veterinarian. If they cannot do this, then:
  - This becomes a problem if a practice does not have a particular drug but a neighbouring veterinary clinic does have this drug. In this situation, the veterinarian in the neighbouring clinic is required to see and examine the animal in order to supply the animal with the required medicine. This is unnecessary stress on the animal and sometimes impractical in rural and regional areas.
  - NSW has an ability for vets to allow other vets to supply drugs by using a form to “supply under written authority”. A recent example that the AVA is aware of is a vet who was asked to treat a snake passing through their town which had been under the care of another veterinarian with expertise in snakes. They required more medication and they rang the first vet who prescribed the appropriate medication for the second vet to dispense to the owner of the snake. In Queensland, this would not be legal unless the second vet saw the snake.

## Prescriptions

Remote areas require special consideration. It is recognised that in a few particular situations, such as the extensive pastoral industry and some aquaculture establishments, it might be appropriate for a veterinarian to prescribe, authorise and/or dispense a limited supply of a drug as a contingency measure. There might be a high probability of an annual recurrence of a specific disease condition on a remote property, for example. In such situations, the veterinarian should be especially aware of the need to satisfy the PAD checklist criteria (see Appendix) as far as feasible, maintaining appropriate communication with the client. The use of digital images transmitted on the internet might be helpful in establishing a diagnosis.

A special situation exists with aquaculture, where clinical expertise may not be available locally. If a veterinarian is consulting to an aquaculture establishment interstate, it would be useful for veterinary medicines to be supplied through a local veterinary practice. Currently the legal situation is that this cannot be done.

## Recommendations:

- **That the Medicines and Poisons regulation define recognized veterinary practice.** Currently the definition is dependent upon Veterinary Surgeon's Board policy (it is not defined in the Veterinary Surgeons Act 1936). The standard definition of having a bona fide relationship with the client has limitations for dispensing and limitations for common situations whereby a veterinarian is out of stock of a lifesaving drug and wants another vet to supply it directly to the client. The AVA recommends that Queensland adopt a similar scheme to NSW in that a veterinarian can supply under written authority from another veterinarian.
- **That definitions in general be clearer and easier to follow.** Diversion risk medicine is a new term and from the Bill, it is a medicine defined under the regulation along with other terms such as high risk, monitored and restricted categories. S8 drugs appear in all of these categories. It can be followed but it is not easy to find out one's obligations without referring to multiple parts of the Act and the regulation.
- **That veterinarians be allowed to supply a drug to a colleague's client upon written authority to supply.**

## Contact details

Contact: Dr Laurie Dowling  
Executive Officer, Qld division AVA  
Ph 07 3422 5309  
email [execqld@ava.com.au](mailto:execqld@ava.com.au)

## Australian Veterinary Association

# Prescribing, Authorising and Dispensing (PAD) Checklist

*Veterinarians should use this checklist whenever prescribing, authorising or dispensing (supplying) drugs, and are advised to include the PAD checklist in the clinical record if prescribing, authorising or dispensing occurs in any circumstance other than a fully-documented clinical examination.*

### BEFORE

- prescribing and dispensing a Schedule 4 (PAR) or 8 (Controlled) drug,
  - prescribing and dispensing any other veterinary medicine whether registered or not,
  - authorising or prescribing a veterinary medicine for inclusion in a stock feed or premix,
  - authorising or prescribing 'off-label' use of a registered drug or veterinary medicine,
- ensure that the following conditions are met:**

- The person presenting the animal(s) is a *bona fide* client.
- I have current knowledge of the management, health status and drug status of the animal(s) and am satisfied there is a therapeutic or prophylactic need for the use and/or supply of this drug.
- I have followed the requirements of the drugs and poisons and control-of-use legislation in my state/territory in regard to:
  - the ordering, purchase, storage, use and supply of this product (including any 'off-label' use),
  - the use of appropriate containers,
  - labelling requirements, including the provision of advice notes,
  - recording requirements (including any guidelines from my professional registration body).
- I am confident the client understands my instructions regarding the use and storage (and where appropriate, identification of treated animals and relevant withholding restrictions) of this drug and is able to use it properly and safely.
- The amount I am prescribing/dispensing is reasonable for treatment of the condition for which I have documented the therapeutic need.
- If the drug is an antibiotic, I have considered the expected infectious agent, spectrum of activity of the drug and implications of antimicrobial resistance.