

# Key legislative requirements – veterinary surgeons

## Medicines and Poisons Act 2019

### Introduction

From 27 September 2021 the legislation that defines the lawful way to deal with medicines and poisons in Queensland will be contained in the *Medicines and Poisons Act 2019* (the MP Act), subordinate regulations and associated legislative instruments.

This new suite of legislation will replace the Health Act 1937, the Pest Management Act 2001 and the Health (Drugs and Poisons) Regulation 1996.

Current versions of the legislation can be found on the [Queensland Legislation website](#) at:

- [Medicines and Poisons Act 2019](#)
- Medicines and Poisons (Medicines) Regulation 2021
- Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021
- Medicines and Poisons (Pest Management Activities) Regulation 2021.

The legislative instruments made under the MP Act, including the Departmental Standards, can be found at [Queensland Health](#).

The Poisons Standard, which contains details of the schedules for medicines and poisons and packaging and labelling requirements can be found at [www.tga.gov.au/poisons\\_standard](http://www.tga.gov.au/poisons_standard).

### Poisons and pest management activities

The information in this document pertains to scheduled medicines only. Further information is available on the Queensland Health site about the regulation of [poisons](#) and [pest management activities](#).

### Commonly used terms and phrases

**Prescribe** is a term that relates to the action of a practitioner authorising treatment with a medicine, either administration or supply, to be carried out by another person.

To **supply** a medicine means to give or sell a medicine to a person and includes supplying medicines to patients (by dispensing or giving a treatment dose) and supplying stock of medicines on a purchase order.

**Dispense** is a term that applies in relation to a person (i.e. a pharmacist, a medical practitioner or a veterinary surgeon) selling a medicine to a patient (or for an animal) on a prescription from an authorised prescriber.

The term '**give a treatment dose**' also relates to supplying a medicine to a patient (or the owner/custodian of an animal) however this term is not interchangeable with dispense. For example, a veterinary surgeon may give the owner or custodian of an animal a medicine as

treatment dose during a consultation. 'Giving a treatment dose' allows one or more doses to be given, for example, as a course of treatment.

**Diversion-risk medicines** are medicines that are at an increased risk of misuse or being diverted to the illicit drug market. They are listed in Part 1 of Schedule 2 of the Medicines and Poisons (Medicines) Regulation 2019 (Medicines Regulation).

**Restricted medicine** is a term that is used to describe medicines that have additional restrictions on who can prescribe them. A medicine may be restricted because it has specific health risks, for example, it is teratogenic. Restricted medicines are listed in Part 1 of Schedule 2 of the Medicines Regulation.

## Veterinary surgeon authority to deal with medicines

The Medicines Regulation has 13 Schedules that contain the authorisations for people to carry out certain activities (or 'dealings') with medicines. Those people who have an authorisation to deal with a medicine in a Schedule are termed *approved persons*.

The authorisation for veterinary surgeons to deal with medicines is contained in **Schedule 11** of the Medicines Regulation.

## Prescribing medicines

Veterinary practitioners may prescribe medicines for the treatment of an animal under their care if the veterinary surgeon has assessed the medicine to be reasonably necessary for the therapeutic treatment of the animal.

The requirements for prescribing medicines are contained in Part 6 of Chapter 4 of the Medicines Regulation.

Some important changes to these requirements are highlighted below. This list does not include all the changes, so veterinary surgeons should also read Chapters 4 and 5 and Schedule 11 of the Medicines Regulation.

- There is no longer a restriction on the number of repeat supplies that a veterinary surgeon may specify on a prescription. For S8 medicines, the number of repeat supplies should reflect the 6-month expiry of prescriptions for S8 medicines.
- If a prescription is for a diversion-risk medicine (see definition above), the total quantity that is authorised to be supplied (taking into account the initial supply and any repeat supplies) must be **no more** than would be sufficient to provide treatment for an animal for 6 months.
- Veterinary surgeons may not prescribe restricted medicines (see definition above). It is not expected that restricted medicines would normally be used in the treatment of animals however, if necessary, a veterinary surgeon could obtain an approval from Queensland Health to use these medicines.

- A paper prescription for an S8 medicine that has been generated on a computer no longer needs to have all the particulars handwritten on the prescription other than a hand-written signature.
- A paper prescription that has been generated on a computer may not be amended once it has been printed. If an error is identified after a prescription has been printed, the error must be corrected in the prescribing software and a new prescription generated.

A quick reference guide to the requirements for writing prescriptions can be found in [Writing lawful prescriptions](#).

## Supplying medicines (other than medicated feed)

A veterinary surgeon may dispense, or give a treatment dose of, a medicine to the owner or custodian of an animal, for the treatment of that person's animal. The veterinary surgeon must **attach a label to the medicine** and **make a record of the supply**. The requirements for labelling medicines are contained in section 134 of the Medicines Regulation. Section 136 contains the information that must be in a record of supply when giving a treatment dose.

The Medicines Regulation authorizes a veterinary surgeon to dispense (on a prescription) a non-restricted medicine to the owner or custodian of an animal for its veterinary treatment. When dispensing a prescription, including a prescription from another veterinary surgeon, the dispensing veterinary surgeon must:

- meet the professional obligations required by the Veterinary Surgeons Board of Queensland (VSBQ) including having a bona fide relationship with the animal being treated such that the dispensing veterinary surgeon is satisfied that the medicine they are supplying is appropriate treatment for the animal;
- only dispense prescriptions that are compliant with the requirements for a lawful prescription;
- not dispense previously fulfilled or cancelled prescriptions, prescriptions reasonable suspected to be unlawful (Medicines Regulation section 120) or expired prescriptions (section 121);
- keep the fulfilled prescription, record the information about dispensing on the prescription, make the required dispensing record as required in the Medicines Regulation section 122 to 124 for a period of 2 years.

For medicines that are diversion-risk medicines, the quantity that may be dispensed or given must be no more than would be sufficient to treat an animal for up to 6 months if the medicine is administered to the animal in the way directed by the veterinary surgeon.

In supplying a medicine to the owner or custodian of an animal, the veterinary surgeon is also required to comply with the requirements of the *Chemical Usage (Agricultural and Veterinary) Control Act 1988* including requirements for the animal to be under the care of the veterinary surgeon supplying a veterinary chemical.

Further guidance on the VSBQ requirements can be accessed from <https://www.vsb.qld.gov.au/resources/guidelines-and-policies/guidelines/bona-fide-veterinarian-client-patient-relationship>.

This means that the requirements in the Medicines Regulation would not permit a veterinary surgeon to operate solely as a veterinary 'pharmacy'.

## Veterinary nurses

A veterinary nurse is a person who is employed to practise veterinary nursing and who holds a qualification that makes the person eligible for full membership of the Veterinary Nurses Council of Australia Inc.

The authority for veterinary nurses to deal with medicines is contained in Part 2 of Schedule 11 of the Medicines Regulation. This authority is expanded to now allow a veterinary nurse to administer:

- At a veterinary premises, S8 medicines that have been pre-prepared into treatment doses (labelled with directions for a known animal) when a veterinary surgeon is not able to be physically present but is available to be contacted using technology to communicate with a veterinary nurse in real time (for example, to provide afterhours post-operative care).
- S2, S3 and S4 medicines under the supervision of a veterinary surgeon at a veterinary premises; or at a place other than a veterinary premises, under the direct supervision of a veterinary surgeon.
- Note. Supervision and direct supervision are defined in Schedule 22 of the Medicines Regulation.

For details about the dealings with medicines that a veterinary nurse can perform, refer to Part 2 of Schedule 11.

## Medicated animal feed

Requirements for prescribing and supplying medicated animal feed have been updated. Detailed information about these changes can be found in the information sheet [Medicated animal feed](#).

## Biosecurity and using medicines to treat food producing animals

Veterinary surgeons are reminded that they may have obligations under other legislation, in addition to the MP Act, when using medicines to treat animals. The Biosecurity Act 2014 contains the Code of Practice for Feed for Food Producing Animals and other measures to safeguard the economy, agricultural industry and environment from contaminants. The Chemical Usage (Agriculture and Veterinary Control) Act 1988 places controls on the use of chemicals (including medicines) in relation to residues.

Advice about obligations under these Acts should be sought from the Queensland Department of Agriculture and Fisheries.

## Storage and record-keeping

Medicines must be stored to maintain their integrity and limit the opportunity for diversion or unintended poisoning. The requirements for storing medicines are contained in Chapter 8 Part 2 of the Medicines Regulation and in the [Departmental Standard: Secure Storage of S8 Medicines](#).

At a place where more than one person will possess (have custody or control of) medicines, section 196 of the Medicines Regulation includes an obligation for the owner or person in charge of the place to appoint an appropriately qualified person to be responsible for establishing and maintaining a medicines store and an S8 safe (if one is required).

If pentobarbital is kept at a place, it must always be kept in a locked medicine store (e.g. a safe or a cupboard) when not in use by a veterinary surgeon, veterinary nurse or another person authorised under an Emergency Management of Animals General Approval (see Medicines Regulation section 37). Pentobarbital must not be left unattended (Medicines Regulation section 202)

## Disposal of S8 medicine waste

Chapter 4 Part 11 of the Medicines Regulation contains the requirements for disposing of medicines, including S8 medicines and other diversion-risk medicines. To prevent environmental contamination, medicines must not be disposed of as general waste. They may not be poured down a sink, flushed down a toilet, or sent to landfill. Medicine waste should be sent to an approved waste management contractor for destruction by high temperature incineration.

If the medicine waste is from an S8 medicine, it must first be destroyed (rendered unusable and unidentifiable) before being sent away for disposal. Ambulance officers, dentists, medical practitioners, pharmacists, nurses, midwives, podiatrists, and veterinary surgeons can destroy S8 medicine waste if the destruction is witnessed by another person who is also authorised to destroy S8 medicines. The S8 medicine waste can then be sent away for disposal. The specific requirements for destroying S8 medicines are explained in the information sheet [Disposal of S8 medicine waste](#).

## Reporting matters to the chief executive<sup>1</sup>

There are a number of reporting obligations for health practitioners and veterinary surgeons under the MP Act. The notification requirements are contained in Chapter 8 of the Medicines Regulation and include requirement to notify lost or stolen S8 medicines or pentobarbital and for a pharmacist to notify non-receipt of a paper copy of a prescription that was sent to a pharmacy by digital communication (fax/email).

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<sup>1</sup> The Director General, as chief executive of Queensland Health (section 10, *Public Services Act 2008*), is responsible for administering the legislation portfolio set out under the Queensland Government's [Administrative Arrangements Order](#).

There are specific forms that must be used when notifying Queensland Health. These can be found on the Qld Health website at: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/reporting-medicines-matters>.

## For further information

Contact Queensland Health

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