

From: Scott Parry <scott.parry@ava.com.au>

Subject: NumOcaine supply via use of telemedicine - AVA comment

Date: 31 March 2020 at 11:27:30 am AEST

To: Robin Smith <robin@senesino.co.uk>

Cc: Melanie Latter <melanie.latter@ava.com.au>, Ellen Buckle <ellen.buckle@ava.com.au>

Dear Mr Smith,

Thank you for your communication dated March 27 in which you propose a means for NumOcaine local anaesthetic to be more readily accessed by sheep producers around Australia via the use of telemedicine. The Australian Veterinary Association is the national organisation representing veterinarians in Australia. Our 9000 members come from all fields within the veterinary profession.

The AVA advocates to various levels of government, including state veterinary boards as well as industry, on behalf of our members. However the AVA has no direct role in enforcing or enacting legislation or regulation around the supply or use of S4 medications.

Background information relevant to your enquiry.

Increasing the level of engagement between production animal veterinarians and livestock producers is a key priority for the AVA, in particular the production animal Special Interest Groups (SIGs) that represent cattle, sheep, goat, camelid, pig and poultry veterinarians. AVA believes that a strong veterinarian – producer relationship is of immense benefit to the health and welfare of the animals under our care and likewise benefits the productivity and profitability of these livestock enterprises. The production animal SIGs are currently developing a suite of tools for veterinarians to use to increase engagement with sheep producers in particular. The aim being to make S4 pain relief products for aversive animal husbandry procedures such as tail docking and mulesing more accessible to more producers. We will update you on this project as it progresses. Be rest assured that the AVA, like the NumNuts company, is very committed to improving livestock welfare through facilitating greater uptake and use of pain relief products in the livestock industries.

Of immediate relevance to the issue you raise, the AVA has strong policy positions on:

- The rights and responsibilities of veterinarians in prescribing and supplying veterinary medicines for use in food producing animals.
- The appropriate use of telemedicine in practice.
- The absolute requirement for appropriate analgesia (pain relief) to be used in routine, painful animal husbandry procedures.

I refer you to the relevant policies which can be found by opening the following links:

[Veterinary prescribing rights](#)

[Responsible use of veterinary medicines on farms](#)

<https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/telemedicine-practice/>

[Use of analgesia for routine husbandry procedures](#)

[Tail docking and castration of lambs and sheep](#)

Feedback and comments directly relevant to your enquiry.

The Covid 19 pandemic and subsequent state and federal restrictions that have been placed around business operation and travel, have certainly brought the use of telemedicine in veterinary practice into the spotlight. AVA is definitely supportive of the use of this modality as a means of reducing unnecessary and potentially dangerous contact between veterinarians, their staff and clients. A summary of the AVA's stance on telemedicine during the Covid 19 response, taken from a recent member communique is as follows:

“Can veterinary practices utilise telemedicine technology to reduce risk of COVID-19 transmission?

AVA has a telemedicine policy as well as a number of “Telemedicine and COVID-19” guides. Please refer to these documents for more detail. However, in short, telemedicine is a legitimate tool that

veterinarians can use in this situation. However, it needs to be used both within its diagnostic and regulatory limitations. AVA members are encouraged to consult with their relevant state board for specific guidance on this issue.

Veterinarians are strongly encouraged to utilise these telemedicine “platforms” as primarily a means of performing tele-triage and giving tele-advice during the current situation, thus reducing unnecessary face to face contact with clients. The use of telemedicine technology as a direct replacement for physical examination and diagnosis in animals, should be avoided. All indications are that veterinarians will continue to be able to physically examine and treat sick, injured and suffering animals throughout the shutdown. The judicious use of telemedicine as a support tool for practitioners in providing continuity of animal care in a responsible manner is encouraged.”

As stated above and in our Telemedicine Policy, the use of telemedicine is ultimately regulated by the state veterinary board in which the telemedicine service is being provided and veterinarians are bound by this legislation. AVA has been in regular communication with the state and territory veterinary boards since the declaration of the Covid 19 pandemic status. Indications are that the state boards, whilst still bound to enact the legislation around bona fide client relationships and supply of Schedule 4 veterinary medicines, will be likely more understanding of the need to utilise this technology, given the current extraordinary circumstances.

From the AVA perspective, our comments specific to your proposal to enable NumNuts to be supplied to sheep producers via the use of telemedicine platforms without the need for physically establishing a bona fide veterinarian – client relationship are as follows:

- While ever local anaesthetic is scheduled as an S4 medication, major changes to how it is supplied will essentially require legislative change on a state by state basis. The state veterinary boards can only work within the existing legislative frameworks.
- It is vital that robust veterinary oversight to the supply of all S4 medications is retained. In the case of local anaesthetics such as NumOcaine, a lack of veterinary oversight to supply and use runs the risk of unscrupulous non veterinarians using local anaesthetic to perform surgical acts of veterinary science. This represents a significant risk to animal welfare that AVA and almost certainly state veterinary boards will not be amenable to. Issues around food safety and residues are also best managed via strong veterinary oversight to S4 drug use.
- AVA is strongly in favour of the need for bona fide veterinarian - client relationships to be established initially via a physical property visit. This enables the veterinarian to make an accurate assessment of the livestock under their care, type of production system and level of management in place.
- Even under the current Covid 19 lockdown restrictions, livestock veterinarians are classified as essential service providers and are allowed to continue work in the food supply chain. Ensuring that food and fibre is produced in a safe and humane manner, including enabling the use of analgesia such as NumOcaine, would almost certainly be considered an essential service in all states. Therefore there should be no regulatory reason that initial bona fide client relationships could not be established via a physical property visit.
- As a means of enabling the ongoing supply of S4 medications such as NumOCaine, to clients where a bona fide relationship has been previously established via a physical on property visit, particularly in the context of the current Covid 19 pandemic, AVA would support the use of telemedicine platforms to do so. Obviously veterinarians would need to ensure that they comply to relevant state registration and record keeping requirements when doing so.

- These are extraordinary times and as such normal, accepted practices may, on occasion have to be adapted to best serve human health and animal welfare. Given good record keeping and comprehensive information gathering, a veterinarian could likely reasonably justify that the occasional supply of an S4 product such as NumOcaine on the basis of a telemedicine visit only (with no prior physical property visit), is a reasonable action. But the decision to supply on this basis is up to the individual veterinarian's professional judgement and discretion and should be treated as an extraordinary, rather than a routine approach to S4 supply and use.

The AVA is acutely aware of the need for production animal veterinarians to be seen as enablers of good animal production practices rather than obstacles. Key to this is increasing the uptake of effective pain relief measures being used in our livestock production systems. Issues around supply of S4 medications and bona fide veterinarian – client relationships – which also vary from state to state (or territory) – make this a policy and advocacy minefield. The AVA supports the use of telemedicine as a tool to increase the uptake of use of S4 pain relief medications, but still requires there to be meaningful and demonstrable relationships between veterinarians and the clients they service.

I am happy to discuss this matter further, so please do not hesitate to contact me via my mobile phone – 0427226626.

Yours sincerely,

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Australian Veterinary Association

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