

March 2007

“Animals under our Care”

BVA Specialist Advice

British Equine Veterinary Association (BEVA)

BEVA NOTES THAT PARAGRAPH 5 OF SCHEDULE 3 TO THE VETERINARY MEDICINES REGULATIONS 2005 STATES THAT:

5.—(1) A veterinary surgeon who prescribes a veterinary medicinal product classified as POM-V must first carry out a clinical assessment of the animal, and the animal must be under his care, and failure to do so is an offence.

BEVA notes that although the Veterinary Medicines Regulations 2005 do not define the phrase “under his care”, the RCVS ‘Guide To Professional Conduct’ has to date interpreted it as meaning that:-

- a. the veterinary surgeon must have been given the responsibility for the health of the animal or herd by the owner or the owner's agent*
- b. that responsibility must be real and not nominal*
- c. the animal or herd must have been seen immediately before prescription and supply OR,*
- d. recently enough OR often enough for the veterinary surgeon to have personal knowledge of the condition of the animal OR current health status of the herd or flock to make a diagnosis and prescribe.*
- e. the veterinary surgeon must maintain clinical records of that herd/flock/individual*

What amounts to 'recent enough' must be a matter for the professional judgement of the veterinary surgeon in the individual case.

BEVA would agree with this current definition but make the following comments.

1. Whilst there remains a need for flexibility this needs to be balanced against guidance to ensure that:
 - Prescribing is necessary and appropriate; and
 - Emergency service provision is maintained.

2. BEVA believes that in the context of horses “clinical assessment” as required by the legislation should usually include first hand physical examination (or at least inspection in the case of feral animals) of the horse or horses concerned.
3. BEVA believes that the time period allowed under “recently enough ... to have personal knowledge of the condition of the animal” will depend on the animal and its condition. An animal or herd with a new problem would need to be seen immediately before any prescribing and thereafter initially re-examined at least every 3 months if further prescribing were required. Established stable or recurrent conditions requiring repeat prescription would require re-examination at least 6 month intervals. Prophylactic medication protocols should be subject to at least an annual veterinary risk assessment.
4. At present the requirement for provision of 24 hour cover effectively relates to all vets in practice and to all animals that they might be requested to attend. BEVA believes that the “under his care” guidance should also set out a requirement for responsibility for emergency care (including OOH emergency care) of those animals/that unit. That responsibility might be discharged by another veterinary surgeon/practice by prior written agreement between a prescribing veterinary surgeon/practice, a veterinary surgeon/practice willing to provide emergency (including OOH) cover and the owner/keeper.