BCVA Position Paper on Telemedicine

There has been much recent debate around the subject of telemedicine, including ongoing discussions at the Royal College of Veterinary Surgeons and the British Veterinary Association. The following represents the position of the British Cattle Veterinary Association (BCVA) Board regarding telemedicine, as well as advice for its members.

Production animal veterinary care differs significantly from companion animal care in two very important factors relevant to this position: In production animal care, we are more often dealing with population medicine rather than individual medicine with inferences made on the health and welfare of the group from examination, data and experience of the unit. Secondly, one vital function of production animal practice is ensuring a safe, healthy food supply to the public. Maintenance of food security has influenced the formation of this policy.

Recommendation 1: This debate be reframed around the definition of 'Under his care' with regards to prescribing rather than telemedicine or remote prescribing.

Recommendation 2: The RCVS should consider an objective definition of 'real and not nominal' care.

Recommendation 3: The RCVS should consider setting a backstop for definition of 'recent enough' to protect the provision of local veterinary branches.

Recommendation 4: The statement regarding a requirement for a physical examination for an animal to be defined as under the care of a veterinary surgeon should remain.

Recommendation 5: Where care for all veterinary services including prescription of medicines and out of hours provision is provided by one local veterinary practice, that care will be deemed real and not nominal.

Recommendation 6: Where care is provided by more than one business, a document shall be produced setting out the roles and responsibilities of each business with regards to provision of veterinary care, including provision of emergency care.

Recommendation 7: Where care is provided by more than one business, each business should only prescribe medicines for conditions where they are the nominated providers of veterinary care.

Recommendation 8: The RCVS should set a maximum interval between veterinary observation/examination of an animal or herd/flock to prescribe medicines at 12 months but recognise that in many cases this may be too long.

https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/

Telemedicine is defined as the remote diagnosis and treatment of patients by means of telecommunications technology. This definition makes a clear distinction from remote prescribing, which is the provision of licensed medicines without physical observation or contact with the patient although both fall under the scope of this document (excluding remote prescribing in response to an authorised veterinary prescription). The following document concerns Prescription Only Medicine – Veterinary (POM-V) products only although from a veterinary perspective, the principles would apply to other Veterinary Medicinal Products (VMPs).

In production animal practice, it is relatively common in the UK for veterinary practices, under the authorisation of a specific veterinarian, to dispense medication to farmers following either observation of clinical signs by the farmer, following veterinary-written or informed on farm protocols, or following discussion of the case in the absence of a physical examination by the veterinarian. These dispenses fit the definitions above of either telemedicine or remote prescribing.

By comparison, some other European countries require veterinary examination for each and every case, with only the remainder of a treatment course to be left on farm. In the current UK situation, it is the responsibility of the named, documented veterinary surgeon to ensure the medicines prescribed or dispensed are appropriate for the task in hand showing due deference to the following;

- License claims and conditions
- Likely response to treatment
- Practicalities of administration
- Withdrawal periods
- Sustainability, particularly with regards to development of resistance
- Cost

Much of the debate at RCVS and BVA level relates to telemedicine in the companion animal disciplines, where the prevalent situation is one where each animal is examined prior to medicine dispense for a particular condition with a number of businesses exploring options for remote examination and diagnosis leading to remote prescribing using technology such as video calling. This situation represents a very different scenario in one important distinction; the ongoing relationship and understanding between veterinarian and client/patients. It is the opinion of the BCVA therefore, that this debate should be more around defining an appropriate level of responsibility of care to dispense, rather than whether dispensing without a clinical examination should be permitted.

Recommendation 1: This debate be reframed around the definition of 'Under his care' with regards to prescribing rather than telemedicine or remote prescribing.

In the RCVS Code of Professional Conduct for Veterinary Surgeons, the following statements exist regarding the definition of 'Under his care':

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The Veterinary Medicines Regulations do not define the phrase 'under his care' and the RCVS has 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 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.

A veterinary surgeon cannot usually have an animal under his or her care if there has been no physical examination; consequently a veterinary surgeon should not treat an animal or prescribe POM-V medicines via the Internet alone.

This definition is deliberately vague in 2 places to allow room for professional judgement. Whilst the BCVA wouldn't want to endanger that freedom of professional judgement, we feel that the RCVS as a regulator has a responsibility to provide further clarity and rigidity.

The term 'real and not nominal' is certainly one which the BCVA would support. However, without clearly defining 'real' or 'nominal' in this context, this term is open to potential abuse. Any new definition should be objective and therefore not open to interpretation.

Recommendation 2: The RCVS should consider an objective definition of 'real and not nominal' care.

'Recent enough' is another term which, whilst allowing for professional judgement, gives no protection to the profession from abuse of the term. Therefore it is the opinion of the BCVA that the RCVS has a duty to define backstops, in protection of the veterinary profession, and in particular the provision of local veterinary branches.

Recommendation 3: The RCVS should consider setting a backstop for definition of 'recent enough' to protect the provision of local veterinary branches.

The RCVS does provide some clarity with regards to the requirement for a physical examination, at least for the initiation of nominated care. With regards to the prescription of medicines, this is something which the BCVA would not like to see changed. We believe an initial assessment is paramount to understanding many of the factors in assessing the selection of an appropriate medicine as listed above.

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Recommendation 4: The statement regarding a requirement for a physical examination for an animal to be defined as under the care of a veterinary surgeon should remain.

So the interim conclusion is that there is a requirement for greater clarity around definition of 'real and not nominal' care as well as the term 'recently enough'.

Regarding real and not nominal care, the base position should be one of a local veterinary practice, providing care for all veterinary services, including prescription of medicines (and supply if chosen by the client) and out of normal working hours provision. Any deviation from this will require further clarification.

Recommendation 5: Where care for all veterinary services including prescription of medicines and out of hours provision is provided by one local veterinary practice, that care will be deemed real and not nominal.

There is a requirement for all veterinary surgeons to be aware of the provision of 24 hour veterinary care, including in an emergency, to animals under their care. Therefore, where the provision is not by a local branch, or one offering out of normal hours provision, it is necessary for the animals to be under the care of 2 veterinary providers. This may also be the case where a client has chosen to use different veterinary providers for different aspects of their farm care.

Where 2 veterinary business are involved in providing care for a farm, to ensure the care is real and not nominal, it is the recommendation of the BCVA that the two (or more) veterinary providers, in agreement and association with the client, produce a document detailing the specific roles and responsibilities of each business, including but not restricted to the provision of emergency care.

This is in line with our understanding of the incoming revision of the European Union Veterinary Medicines Regulations.

Details of any relevant interactions, including all medicine dispenses, should be shared between all involved businesses.

Recommendation 6: Where care is provided by more than one business, a document shall be produced setting out the roles and responsibilities of each business with regards to provision of veterinary care, including provision of emergency care.

It is important the veterinary practitioners only prescribe medicines within their field of knowledge of the client's situation. Any document produced shall also become a template for the prescribing responsibilities of each business, with each business only prescribing for the conditions for which they are responsible for the care. If and when a centralised recording database exists, it should be the responsibility of the prescribing veterinarian to ensure those medicines are entered onto the database.

Recommendation 7: Where care is provided by more than one business, each business should only prescribe medicines for conditions where they are the nominated providers of veterinary care.

With regards to the term 'recently enough or often enough', guidance should be provided into the judgement of this condition. This guidance should pay deference to the following conditions:

- Client understanding and training in medicine administration
- Client understanding of legal conditions associated with medicine administration including withdrawal periods
- Recent changes in client staffing
- Client disease identification
- Supportive disease diagnostics
- Likely frequency in changes of disease patterns/causal pathogens
- Likely frequency in changes in medicine efficacy
- Assessment of disease frequency data and treatment response rates
- Seasonal patterns of disease
- Seasonal client stock management patterns

Due to a significant prevalence of seasonal mating management in British farming, any backstop set by the RCVS should take this into consideration. Therefore, it is the recommendation of the BCVA that the maximum interval between observations of the animal or herd should be set at 12 months, although there should be a recognition that in many cases this is too long.

Recommendation 8: The RCVS should set a maximum interval between veterinary observation/examination of an animal or herd/flock to prescribe medicines at 12 months but recognise that in many cases this may be too long.

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