

Have you got your house in order?

Jeremy Johnson, BVSc MRCVS, poses the question

THAT WAS the take-home message when Graeme Dear, formerly head of Scotland's largest salmon production company, talked to the Association of Vets in Industry (AVI) in December as part of a meeting on medicines and the environment.

It was both an entertaining and interesting tale from a Scottish industry with which few of us are involved. But in terms of lessons-learned, applicable to any industry, Dr Dear demonstrated that it was getting its house in order that helped turn things around for the salmon industry in Scotland – by investing both in improved operating practices and positive PR, including establishing a culture of greater openness.

And having had a problem with the perception of their product, they are now very far from complacent.

But what is this to do with me?

At first sight this would not seem to affect many of the vets in the UK. But having been involved in the launch of a pharmaceutical product for use in farmed salmon, I know that being able to demonstrate traceability from manufacturer through to user was one of the things that helped us

establish our own product when the salmon farming industry was suffering an image problem.

Shortly before Dr Dear spoke to us I had been witnessing an outburst of veterinary outrage along the lines of, "Why do we have to be inspected?" And this, of course was inspired by the current debate about whether the VMD's Animal Medicines Inspectorate (AMI) or the Royal College of Veterinary Surgeons (RCVS) – under the guise of the Practice Standards Scheme – should inspect veterinary practice medicine dispensaries.

But first

Whilst presenting at The Management Symposium roadshows last autumn, I received a request to talk to the Animal Health Distributors Association (AHDA) conference this January, and around the same time I presented on medicines at a veterinary conference in Italy.

And, in between writing paragraphs for this article, I popped into my local community pharmacy and found that for the first time it is now selling two well-known NFA-VPS flea and worm treatments for dogs and cats.

So with a review of veterinary medicines under way, and with other professionals interested in medicines that historically were supplied solely by veterinary practices, a number of events have prompted me to consider how medicines distribution works elsewhere in Europe and speculate as to how things could turn out here.

It's our job

Back to AHDA. After doing my own slot at AHDA, I watched John Millward, head of the AMI talking about what has been achieved in the "SQP channel" in 2007.

The main area where Suitably Qualified Persons (SQPs) were picked up as being errant by AMI inspectors was in the area of prescribing medicines – the principal fault being a failure to engage with the client. Just handing a named product out at the request of the customer, with no checks as to how it was to be used.

Does this sound familiar? I feel I know

what some of you will be thinking... "No way can the quality of training of an SQP approach that of a vet."

Whilst that may be true, it is also true that some of the SQPs I have met are more up to date on some medicines issues – anthelmintic resistance, for example – than some of the vets I know.

And as I scan the list of other faults picked up by the AMI, starting with record keeping, I have to say that working as a vet in industry, some of the vet practices with which I have dealt have not been 'whiter-than-white'.

So it's hard for a vet who has spent a long time in industry to be entirely comfortable with generalisations about any particular group of professionals, without some consideration of the experience and services offered by the individual professional or business in question.

SQPs and inspection

What was more notable in John Millward's presentation – leaving aside the list of faults themselves – was that comparing 2007 with 2006, there was a major improvement ... 76 per cent compliance versus 40 per cent last year and a commitment to keep on improving. And in his own presentation, the chairman of the Animal Medicines Training Regulatory Authority (AMTRA), Bob Stevenson, made it absolutely clear that improving standards and CPD are the future for any SQP who believes he or she has a future in the medicines supply channel. So inspection has been accepted by SQPs and the businesses that employ them, and standards are on the way up.

Probably the two are linked; not just linked by the prospect of an inspector turning up, but by the economic imperative for a retail outlet employing a SQP to grow its business by gaining access to other medicines.

And when in Rome

What of Italy then? How does that compare to the UK? After years of meetings with other European colleagues working for pharmaceutical companies, I am aware that the veterinary practices in

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Italy have low market share of the medicines market. In the autumn, I had the chance to sit down and quiz some Italian companion animal vets over the detail of why this is.

The vets in Italy are a decent bunch as you would expect, just like vets in UK, and concerned about many of the same things that preoccupy vets here – profitability, the need to increase revenues to justify investment in new equipment and facilities, the costs of employing staff, and so on. But they are much worse off.

They explained to me that in Italy, one of their problems is that they are allowed only to supply sufficient medicine for the initial treatment of the animal. The rest of the course of treatment has to be supplied by a pharmacy. Imagine what impact that would have on your business?

Long arm of the law

The next AVI meeting is on April 17, the theme is drug misuse, and one of our scheduled presenters is from the Metropolitan Police. The last time I had a firearms licence – for the purposes of shooting livestock – it was the police who had to check up on me ... and so they did, even if I moved 100 miles.

I doubt that anybody reading this article would argue for more lax control of firearms. And whilst I have not seen his presentation yet, I would expect 'our man from the Met' to be surprised if he found that there were no regular inspections of some vet practices.

Pethidine abuse by vets is uncommon, but it still happens; and 'special K' still seems to be used for recreational purposes. Having used it personally and experienced its effects ... but only on cats,

sheep, horses and badgers, I don't understand *why* any more than you do!

But it's only if you have a robust distribution channel, that ensures traceability, that you are able to say, "Sorry guv, that ketamine didn't come from us. Our house is in order."

An orderly house

Inspections are part of the process of demonstrating that your house is in order, especially in the post-Shipman world, and in just the same way that the salmon farming industry both had to improve its practices and also demonstrate that it had done so, the rest of the veterinary industry also needs to be able to show its house is in order.

Sure, for a POM-VPS medicine or NFA-VPS, nobody should expect you to do more than the competitor channels. You might choose to for business reasons, but it shouldn't be an obligation. And it would stick in your throat if the body that inspected you charged more than a regulatory body inspecting another group of professionals. And you were not given any choice as to which inspectorate you used.

So who would you like to inspect you? The AMI, the RCVS, or the police? And if you object to inspections what might happen?

Think of Italy. The chances are that somehow you will be able to opt out of inspection if you want to; but the logical end-point is then a restriction in the range of medicines that are immediately accessible to you for your day-to-day work.

Inevitably there will be a few vets who have invested heavily in CPD and who are now specialised to the extent that they are

effectively independent consultants, charging well for their time and less dependent on medicines revenue. I say good luck to them.

And perhaps for them it will not matter that much if ultimately they have to pick up their medicines from authorised outlets, or prescribe their use to be supplied by such an outlet. Although I do think that they should be entitled to some prescription income.

Just get on with it

But what of the majority of vet practices? My wife and I run a small business and we object to additional, sometimes unnecessary red tape, just as you probably do. Would I object to this item of red tape and risk the possible consequences?

Certainly we are never surprised to walk into a veterinary practice and find that medicines account for more than 50 per cent of turnover, and represent even more of the profit if discounts and capital usage are taken into account.

So I think for this one, I would be inclined to make sure my 'house was in order', accept inspections by somebody, and just get on with it.

Have your say on practice pharmacy inspection.

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