

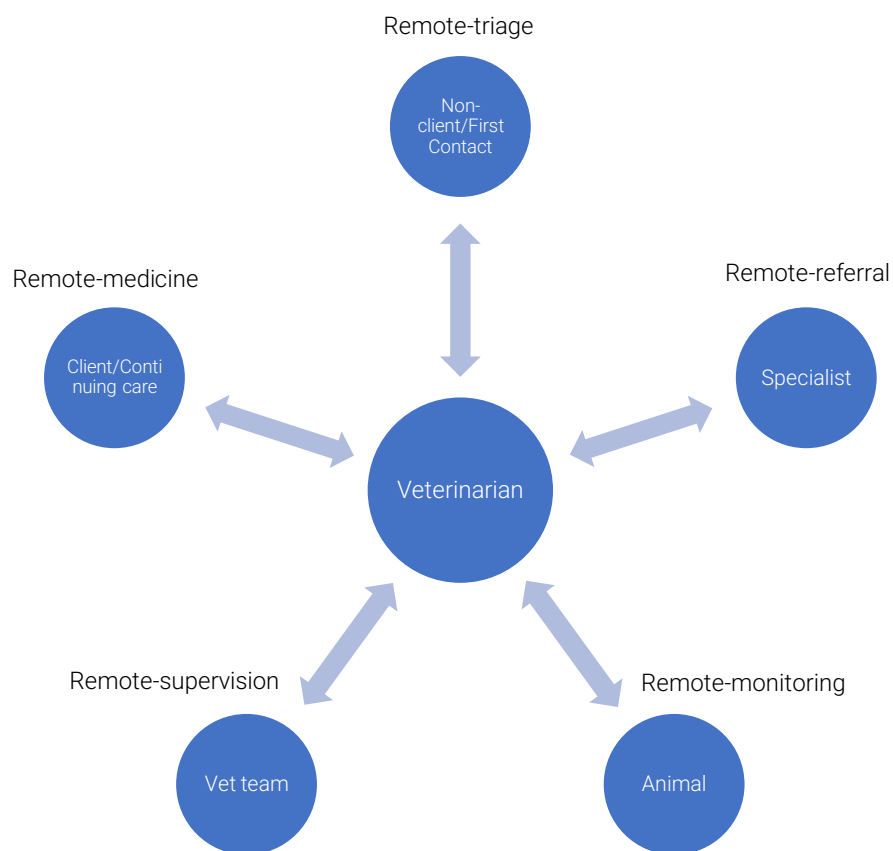


Guidance: Remote Veterinary Care (Telehealth and Telemedicine)

With technology improvements, and as shown during the COVID-19 lockdowns, it is possible to provide some veterinary services without face to face contact between the veterinarian and patient. This guidance provides some definitions and structures to help navigate this space.

Remote Veterinary Care can bring benefits including better patient and client access to care and advice. We support the use of technology to realise these benefits while ensuring the responsible practice of remote veterinary care by veterinarians that maintains animal health and welfare standards.

Remote Veterinary Care Model



Background

Remote Veterinary Care (RVC) is an interaction between a veterinarian, client and patient in which the veterinarian is not physically present with the client and patient. It can take place on a variety of platforms, including but not limited to telephone, video call and social media.

RVC can benefit patients, clients, and veterinarians in circumstances where physical access to a veterinary practice is difficult or where telecommunications technology enables a more rapid veterinary assessment. However, RVC services are not appropriate in some circumstances.

Veterinarians are expected to deliver a consistent and acceptable standard of care and veterinary practice irrespective of whether this is delivered by physical or virtual means.



Communication and coaching skills, the ability to combine clinical experience with telehealth, clinical knowledge, ethical awareness, collegiality, and a supportive attitude are all important competencies for the provision of telehealth.

Remote Triage

Remote triage (RT) is the safe, appropriate, and timely assessment of animal patients via electronic consultation (e.g. phone or video call with their owners). The assessment may be based on the owner's report of history and clinical signs, sometimes supplemented by visual information (e.g. photographs or video).

While possible causes may be discussed, a diagnosis is not rendered. The essence of RT is to make good and safe decisions regarding a patient's disposition and to produce a plan (immediate referral to a veterinarian or not), under uncertain conditions and sometimes under urgency.

RT may be conducted by non-veterinarians and is effectively conducted on a daily basis in almost every practice each time a staff member answers the phone and advises a client. It is also often conducted by non-veterinarians to triage afterhours calls for veterinary practices.

Enhancing RT by the use of technologies, including videos, etc, may improve the ability of the veterinary staff to accurately assess an animal and make recommendations in relation to accessing veterinary care.

Any advice provided through RT should be general in nature to avoid the client perceiving they have received a diagnosis specific to the patient's illness or injury.

It would be prudent for veterinarians conducting RT to distinguish between providing RT and veterinary remote-medicine.

Only registered veterinarians with a current practising certificate can use the title "veterinarian". This means that, in any situation where either the person providing the RT service or the client is located in New Zealand (or both), the person may only call themselves a veterinarian if they are registered as a veterinarian in New Zealand and hold a current annual practising certificate.

Veterinary Remote Medicine

Veterinary remote medicine (VRM) is the provision by a VCNZ registered veterinarian with a current annual practising certificate, of specific veterinary advice, formulation of a treatment plan, or veterinary treatment of an animal through remote diagnosis of disease and injury using technology where no physical examination of the animal by the veterinarian takes place.

VCNZ's perspective on VRM in New Zealand

VRM is another method or mode of delivering veterinary care, rather than a new model of practice. A veterinarian's existing legal and professional obligations are not altered when veterinary services are provided via VRM.

VCNZ expects a consistent standard of care and veterinary practice by veterinarians whether the delivery is physical or virtual.

For clarity, a veterinarian conducting a consultation either in person or via VRM to a patient, whether existing or new, must meet the expectations of a veterinary consultation as defined in the [Code of Professional Conduct](#), namely:

1. *Interviewing the client or a legitimate and authorised representative of the client*



2. *Collecting and recording sufficient information relevant to the individual circumstances to ensure the proposed course of action (including treatment) is appropriate and meets the needs and best interests of the animal(s) and the client*
3. *Obtaining appropriate consent to the proposed course of action*
4. *Being given, and accepting responsibility for, the ongoing health and welfare of the animal(s) concerned in relation to the consultation. This includes arranging emergency care after considering the circumstances and the potential for adverse effects from, or failure of, the agreed course of action*
5. *Determining and providing the appropriate level of advice and training so as to be satisfied that the agreed course of action can proceed as planned.*

A veterinary consultation will usually involve the veterinarian seeing [in person] the animal(s) at the time of the consultation. If not, the animals must have been seen [in person] recently or often enough for the veterinarian to have sufficient personal knowledge of the condition/health status of the animal(s). This consultation is required in order for the veterinarian to be able to propose the particular course of action.

Is an examination necessary?

Veterinarians must employ sound professional judgment to determine whether using VRM is appropriate each time they consider practising via VRM, and only provide advice via VRM to the extent that is possible without a physical examination.

A sufficiently well-developed ability to combine clinical experience with telehealth, clinical knowledge and ethical awareness are essential skills for VRM, and recent graduates should consider this carefully before relying solely on a VRM consultation to form a clinical opinion.

In determining whether VRM is appropriate in each case, a veterinarian must consider whether practising via VRM will enable them to satisfy all relevant and applicable legal and professional obligations and meet the expected standard of care in any specific case.

Veterinarians must not substitute VRM technology for a physical examination when a physical examination is necessary and where they could not reasonably make an appropriate diagnosis or create a treatment plan without one. If an examination is necessary, the veterinarian must not attempt to treat¹ the animal by remote-medicine and must arrange to examine the animal or refer the animal to another veterinarian.

Uses of VRM

Situations where VRM might be used include:

- Primary care, such as first-contact situations, following the principles above, where the veterinarian has determined that a physical examination is not necessary.
- Medical progress follow up. VRM can be very beneficial in continuing care situations, for example as part of a medical progress exam (revisit) process, to assess the animal's or animals' ongoing illness and response to treatment, and where it has been determined that a physical examination is not required.

¹ Treat in this context may include authorising veterinary medicines, providing veterinary advice for example behavioural or nutritional advice, or undertaking a veterinary procedure.



Geographical constraints and eligibility to provide VRM

VRM occurs in New Zealand when either:

- The animal that is receiving the veterinary care is located in New Zealand, or
- The veterinarian or veterinary specialist providing the service is located in NZ in relation to an animal anywhere in the world.

In both of the above situations, the veterinarian or veterinary specialist (with the exception of remote referral between veterinarians) must be registered as a veterinarian in New Zealand and hold a current annual practising certificate.

The credentials of all advice givers, as well as disclaimers on telehealth and remote-medicine resources, should be unambiguous and prominently displayed (e.g. on a website or as part of an acceptance of terms and conditions when a client engages the service).

Veterinarians providing remote-medicine services must ensure that clients are aware of the provider's identity, location, registration status, and their policies on the collection, storage and use of personal information when accessing veterinary services through remote-medicine.

Emergency care and adverse events following VRM consultations

The act of undertaking any consultation including a VRM, establishes a client relationship which carries with it the requirement to ensure provision of a continuous emergency service in relation to the service provided.

If the client does not have an existing relationship with another (local) veterinarian, the VRM veterinarian becomes the 'usual veterinarian' for this patient. Where circumstances are such that the veterinarian cannot personally ensure provision of a continuous emergency service, specific prior arrangements must be made with colleagues who can do so and provide their colleagues in the area and the mutual client with a specifically arranged emergency service locally.

Offering VRM consultations is seen as distinct from veterinarians offering a specific and limited range of veterinary services – refer to our technical advice [here](#).

A veterinarian conducting VRM consultations, where they are also geographically remote, must therefore have established an arrangement with a local veterinarian to provide any required emergency care service.

Veterinary Remote Referral

Veterinary remote referral (VRR) between veterinarians is a remote consultation between a primary care veterinarian, one or more colleagues in a different location.

A primary care veterinarian has the professional discretion to consult with veterinary colleagues, specialists or other consultants to gain insights and advice on the care of a patient. These consultations can be conducted using VRR technologies.

VCNZ sees a formal consultation, an informal dialogue between veterinarians in which no reproducible medical records and documented exchange of diagnostic, treatment, or surgical recommendations are provided, as VRR.



Any professional obligations and responsibilities associated with a VRR remain with the primary care veterinarian (**unless the case is formally referred** for secondary or tertiary level care).

It is ultimately the responsibility of the primary care veterinarian undertaking a VRR to judge the credibility and reliability of the referral veterinarian to whom the case is referred. For example, that the individual providing the advice/referral is properly registered and, in the case of specialists, credentialed, and to ensure that their decision making in a case is justifiable and evidence-based.

VRR of the client is a remote consultation between a primary care veterinarian, one or more colleagues in a different location, and the pet owner.

If the case is formally referred for secondary or tertiary level care then the referral veterinarian becomes responsible for the care they provide. An agreed approach to managing the patient post discharge from referral veterinarian back to the primary care veterinarian is recommended.

In situations where integrative care is undertaken, both the primary and referral veterinary care providers will hold professional obligations and responsibilities and it would be prudent for them to communicate carefully on the management of the case.

Electronic Authorisation (prescribing) via veterinary remote medicine.

Veterinarians considering authorisation of Restricted Veterinary Medicines (RVMs) or Prescription Medicines (PMs) via VRM must meet all the usual requirements for authorisation of RVMs and PMs set by the Agricultural Compound and Veterinary Medicines Act 1997 and Regulations and the Code of Professional Conduct for Veterinarians.

That is:

- Only authorise RVMs and PMs following a veterinary consultation, or issuing a VOI,
- Have sufficient information to support the authorisation,
- Establish that the use of the RVM or PM is appropriate and justified under the circumstances,
- Confirm that any person who will administer the RVM or PM understands and is able to competently carry out the authorising veterinarian's instructions for use,
- Determine and provide the appropriate level of advice and training and be satisfied that the agreed course of action can proceed as planned,
- Provide direction (or make arrangements) to address anticipated adverse events that arise from the use of the RVM or PM,
- Ensure there are arrangements for emergency care (afterhours) for the client.

If the veterinarian has not seen [in person] the animal (or conducted an on-farm consultation for the herd to which the animal belongs) recently enough, or often enough, to reasonably reach a general or preliminary diagnosis, and after performing VRM concludes that RVMs may be required to treat that animal, the veterinarian must either perform an examination of the animal or refer the client to another veterinarian for this purpose.

VRM and privacy

The veterinarian must ensure that they safeguard a client's privacy when practising via remote-medicine. This includes taking precautions and confirming that the technology and physical setting



being used by the veterinarian and client have adequate security protocols in place to ensure compliance with the veterinarian's legal and professional obligations to protect clients' privacy and confidentiality.

VRM and record keeping

The veterinarian must ensure that information collected when practising via VRM becomes a part of the medical record. Electronic or video recordings of the VRM session do not have to be retained as part of the clinical record.

Some examples of the appropriate use of remote medicine

- A family on vacation consults with their usual veterinarian via phone or a messaging app about an issue related to their pet's diabetes that the veterinarian has been treating. The veterinarian determines that she can consult about the condition without a physical examination, because one was performed recently.
- A family video calls their veterinarian with a follow-up question after a recent onsite appointment.
- A veterinarian with a regular client in a remote region whose animal the veterinarian has seen recently may consult via e-mail and digital photographs.
- A farmer consults a veterinarian via video chat about a potential skin condition in a herd. The veterinarian determines that they can consult about the condition without a visit, because they have been on farm recently.
- A farmer consults a veterinarian via video chat about a 'down cow'. The veterinarian determines that they can consult via VRM initially, because they have been on the farm recently and are confident they have sufficient knowledge of the health status of the animal, they have provided recent training to the farm staff, and the client has a current RVM authorisation for future supply.

Some examples where it is not appropriate to use remote medicine

- A veterinarian in Australia decides to offer VRM in New Zealand and is not registered with VCNZ
- A veterinarian on Stewart Island provides VRM to a Sheep and Beef farmer in the North Island and authorises the use of restricted veterinary medicines without having established an arrangement with a local veterinarian to provide afterhours and emergency care.
- A veterinarian in Wellington provides a VRM second opinion (not a referral) for a pet owner living in Nelson and advises them to discontinue the restricted veterinary medicines that have been authorised for the pet, without consultation with the original veterinarian.

Business systems

The introduction of any new system or process will require some consideration and adjustment to ensure the safety of patients, clients, and staff. Areas to consider would include establishing client identity, client consent, client follow up systems, development for recent graduates on triaging, when and how to escalate cases to a visit, and charging.



Glossary

Electronic authorisation is the use of VRM to authorise the use of veterinary medicines.

Primary care veterinarian is a veterinarian who provides both the initial contact for a client and their animal/s with an undiagnosed health concern and the continuing care of varied medical and/or surgical conditions. This includes medical diagnosis and treatment, welfare assessment and management, and provision of information about illness, its prevention and health maintenance.

Secondary and tertiary level care is the treatment by veterinary specialists and veterinarians accepting referrals (referral veterinarians) of a patient that has been referred by primary care veterinarian. Once a patient is hospitalised and needs a higher level of specialty care, they may be referred to a tertiary care facility. Tertiary care requires highly specialised equipment and expertise.

Integrative care is the linking of specialist (e.g., dermatology, gastroenterology, cardiology, orthopaedic surgeon etc) services for a patient with a chronic illness with a primary care clinician (either within the subspecialty practice or elsewhere) who continues to provide primary care.

Examination is the process of evaluating objective anatomic findings through the use of observation, palpation, percussion and auscultation.

Herd consultation and assessment is a meaningful and in-person assessment using visual, olfactory, auditory, and, where determined appropriate, tactile evaluation of a herd or a representative subset of a herd that enables the veterinarian to have sufficient personal knowledge of the condition/health status of the animals.

Artificial Intelligence Triage (AIT) is a remote interaction between a pet owner and an AI based intelligent conversational platform

Artificial Intelligence Referral (AIR) is a remote interaction between a veterinarian and an artificial intelligence solution providing diagnostic support.

Remote-supervision is the supervision of people using mediums such as audio or audio-video conference, text messaging and email. Clinical supervision is integral to continuing professional development of healthcare professionals. While remote-supervision may be useful in any context, its value is amplified for healthcare professionals working in rural and remote areas where in-person access to supervisors within the local work environment is often diminished.

Telemonitoring, mHealth or mobile health is the use of mobile devices to monitor a patient. Some applications and wearables are designed to provide information directly to veterinarians while others are designed and marketed directly to consumers for their education and for animal monitoring without clinical input.