Q&A – Antimicrobial Resistance

Introduction

We have provided responses to questions received to further aid consideration of the proposals for the review of the Veterinary Medicines Regulations 2013 (VMR).

We may have paraphrased or consolidated similar questions from the focus sessions held in early March to make the document easier to navigate. If your question has not been answered, email vmr@vmd.gov.uk.

Please submit comments on the proposed changes as part of your official consultation response using citizen space. It is helpful to include details about any impacts these changes may incur in your response, for example costs and savings, environmental impacts, social impacts or any other impacts.

You can also include comments on the implementation of these changes in your response, for example your views on what guidance would be needed or how long it would take you to put any changes into practice.

If you have any specific questions on the proposed changes, email vmr@vmd.gov.uk.

You can also find more information about the consultation and supporting documents on gov.uk and VMD Connect

The Q&As from the other sessions are available on VMD Connect and GOV.UK.

Contents

Anthelmintics

Q) Why are anthelmintics not being included in the requirements for antibiotics?

The proposed requirements discussed today are focused on antibiotics and reducing antibiotic resistance. However, the VMD recognizes that anthelmintic resistance is also an important issue, please provide feedback if you feel additional requirements relating to the use of anthelmintics should be added to the VMR.

Growth Promotors

Q) Is the government considering introducing a ban on the importation of animal foods produced with antibiotic growth promoters?

Legislation regarding the importation of food does not fall under the remit of the VMR and is not being considered as part of these proposed changes.

Medicated Feedingstuffs

Q) Will the validity of a medicated feedingstuffs prescription of 5 days be 5 working days?

Q) Will this result in farms having to have separate feed deliveries where vets write multiple prescriptions?

We appreciate the complexity of the supply chain for medicated feedingstuffs.

We are seeking information from industry in their consultation feedback on how this measure can be implemented in a practical way which upholds the intention, to ensure antibiotics prescribed to treat infections in animals are administered withing an effective and appropriate timeframe.

Q) Is it possible for a vet to prescribe more than one antibiotic to be incorporated into a single feed where there are different pathogens and disease challenges that cannot be treated by a single antibiotic?

The aim of including this in the consultation is to avoid antibiotic use that is not targeted towards a specific pathogen. However, if there are specific situations where you think there is a need to add two veterinary medicines for in-feed use at the same time due to concurrent pathogens/ disease challenges, then please provide specific examples as part of the consultation.

Prescription

Q) Are there intentions to introduce mandatory susceptibility testing before prescription of antibiotics?

This has not been included as a requirement in the proposed VMR. There are a number of voluntary/farm assurance led initiatives in food producing animals requiring susceptibility testing when using a Highest Priority Critically Important Antibiotic. If you think additional

provisions should be added to the VMR, then please feed this back as part of the consultation.

Q) Would the VMD consider banning remote prescribing of antibiotics for prophylactic use?

The proposals for remote prescribing would not remove the requirement for a vet to have performed a clinical assessment or other proper assessment of an animal under their care. This is interpreted by the RCVS in their Veterinary medicines Guidance for Professionals (rcvs.org.uk) and it is up to individual vets to determine if they have fulfilled these requirements when prescribing veterinary medicines, including antibiotics for prophylactic use.

We advise that to fulfil the requirements for prophylactic use and to ascertain the correct treatment option, a vet should carry out a clinical assessment of the animals being treated.

Q) Who is expected to carry out the management review? How will this be reviewed and enforced?

This would be a review involving the farmer and their vet, as well as any other necessary professionals, to ensure that a suitable health plan was in place to minimise subsequent and future risk of infections.

The VMD would look at record keeping during an inspection of veterinary practices to ensure this was being carried out in accordance with the proposed requirements. Any enforcement action needed will be taken in line with our enforcement policy.

Q) Why are there no proposals to reduce the use of antibiotics for metaphylactic use?

Metaphylactic use does come under the proposed restrictions relating to the use of all antibiotics included in 1B, that is that antibiotics cannot be:

> (a) used routinely;
>
> (b) used to compensate for poor hygiene, inadequate animal husbandry, or poor farm management practices; or
>
> (c) used to promote growth or increase yield.

The restrictions to in-feed use would also apply to metaphylactic use.

The key difference between prophylaxis and metaphylaxis is that, with metaphylaxis, there are clinically sick animals which need to be treated. However, if you think additional restrictions are needed for metaphylaxis, then please feed this back as part of the consultation.

Q) Why is the VMD not proposing to ban all prophylactic use of antibiotics?

The UK's veterinary antibiotic use profile is not the same as the EU's:

- UK antibiotic use in animals has halved since 2014 and continues to decrease through a voluntary, collaborative approach (no specific AMR legislation). We have already shown we can make sustainable reductions in antibiotic use without blanket measures in legislation

- UK use is already lower than most other European countries

Our objectives and considerations for our divergent UK approach on prophylaxis:

- We want to continue to make reductions in the unnecessary use of antibiotics in animals, this is happening, year on year
- Making improvements to farm infrastructure and management practices can take time
- Blanket banning of group prophylaxis while these changes are being implemented:
  - Could be harmful to animal welfare (you would need to wait until some animals become clinically ill before treating)
  - Could increase the risk of the disease spreading (which would subsequently require higher antibiotic use and thus increase the risk of AMR developing)
- A stepwise approach helps the UK farming industry, with the support of the veterinary profession, continue to make sustainable changes towards minimising prophylactic use to groups of animals

Q) Does this mean a vet can't use antibiotics as perioperative prophylaxis?

No, if it can be justified that, for a particular surgical procedure or in a particular patient:

- the risk of infection is very high, and
- the consequences are likely to be severe,

then antibiotics can still be given prophylactically for peri-operative use.

Sales and Usage Data

Q) Will the collection of antibiotics sales and usage data remain voluntary? Will there be a risk of incomplete data?

Q) Will current formats of submitting industry usage data be acceptable?

Q) Will the data collected be consistent with other countries to allow joint tracking of international usage?

We are proposing to give the VMD the power to request antibiotic data on sales and usage from records made as a requirement of the VMR.

The intention would be to continue with voluntary initiatives to collect data and encourage industry to take on the ownership of reducing risk to AMR which leads to better results. Where data is required to inform policy making to reduce the risk of AMR and the data has not been provided, we will be able to use this power to access the data.
If the provision was enacted, there would need to be further discussions as to how antibiotic use data would be collected. However, where possible, it would be preferable to use existing industry systems.

You need to be careful when comparing antibiotic use between countries (due to potential differences in production systems, climate, disease burden etc.). However, where feasible and appropriate, collecting and presenting antibiotic use data in a way that is consistent with other countries (e.g. across Europe/ Internationally) is considered desirable.

Q) What are the timeframes for implementing the requirement to provide usage data for companion animals, horses and exotic species?

In the VMR, there are no specific timelines linked to collecting antibiotic use. However, we are keen to work with the companion animal, horse and exotic species sectors to improve the availability of antibiotic use data.

Q) Can Practice Management Systems include data fields to help collect this data?

Yes, standardisation of data fields and outputs could help with the collection of antibiotic use data, and we would be keen to explore this further.

Temporary Restrictions

Q) How will temporary restrictions apply to antimicrobials?

The temporary restrictions proposals will allow the Secretary of State to:

- restrict the supply of a veterinary medicine
- restrict the use of a veterinary medicine
- suspend the MA of a veterinary medicine
- require an MAH to submit a variation for their MA

These restrictions will only be applied where urgent action is necessary for protecting human or animal health or the environment and apply to all authorised medicines.

Vaccines / Immunological veterinary medicines

Q) Will SQPs still be able to prescribe vaccines, as this is important for the One Health approach to reducing the risk of AMR?

The categorisation of current medicines will not be changing and SQPs will continue to be able to prescribe and supply those which are currently POM-VPS. The change is intended to align the VMR with what we are seeing in practice, which is that new immunological products are classified as POM-V medicines.

Please include any comments on the impacts of this change in your consultation response.