

Antibiotic Group Prophylactic Use Management Review Template

This document is intended to support the completion of the management review in accordance with the new Veterinary Medicines Regulations, as set out below. However, the veterinary surgeon may choose an alternative format or method to complete the review.

The Veterinary Medicines Regulations (as amended) 2013 contain the following provisions:

Subject to the professional obligations of a veterinary surgeon to ensure the health and welfare of animals under their care:

- A veterinary surgeon may **not** prescribe an antibiotic veterinary medicinal product which is:
 - o Used routinely
 - o Used to compensate for poor hygiene, inadequate animal husbandry, or poor farm management practices
 - o Used to promote growth or increase yield
- Additionally, a veterinary surgeon may **not** prescribe an antibiotic veterinary medicinal product for prophylactic purposes unless in exceptional circumstances where:
 - o The risk of an infection or of an infectious disease is very high
 - o The consequences of not prescribing the product are likely to be severe
- Additionally, a veterinary surgeon may only prescribe an antibiotic veterinary medicinal product for administration to a group of animals for prophylactic purposes where the circumstances below apply:
 - o The rationale for prescribing the product to the group of animals is clearly recorded by the veterinary surgeon prescribing it
 - o **A management review** is carried out at, or as soon as reasonably practicable after, administration of the product in order to identify factors and implement measures for the purpose of eliminating the need for any future such administration.

For further information, please see the guidance document [clarification of new antimicrobial resistance elements applied from the VMRs.](#)

This management review relates to:

Unit name	Date formulated	Vet name	Farmer name

Reason/ rationale(s) for antibiotic group prophylactic use	
Which animals received antibiotics (e.g. number of animals, age group, batch number or name, shed etc.)?	
Details on antibiotic(s) administered (e.g. name, dose rate, course length)	

Measures to prevent group prophylactic use for this condition*

These should focus on the condition which necessitated group prophylactic use and include:

- (a) A review of existing hygiene and management measures on the farm
- (b) A focus on the underlying risk factors that could be controlled by recognised alternative measures (e.g. vaccination, biosecurity, hygiene, nutrition and animal husbandry) for the purpose of eliminating the need for any future prophylactic administration of antibiotics to groups of animals

* If multiple conditions contributed to the need administration of antibiotics to a group of animals for prophylactic purposes, then it is recommended to complete a separate sheet for each condition

Condition which necessitated group prophylactic use:	e.g, respiratory disease
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Existing measures to prevent antibiotic group prophylactic use for this condition

Action Number	Suggested improvement actions or new measures for the purpose of eliminating future group prophylactic use for this condition
1	
2	
3	
4	

Actions

For each action identified above, please provide further details, including clear timescales and action responsibilities.

Example:

ACTION NUMBER			
Action:			
Desired outcome (key measurables):			
Who is responsible?			
Date added:		Deadline for completion:	
Progress update Date:			TICK IF ACTION IS COMPLETED
Progress update Date:			
Progress update Date:			
Progress update Date:			
CONTINUE ON A SEPARATE SHEET IF NEEDED			

ACTION NUMBER

Action:					
Desired outcome (key measurables):					
Who is responsible?					
Date added:		Deadline for completion:			
Progress update Date:				TICK IF ACTION IS COMPLETED	
Progress update Date:					
Progress update Date:					
Progress update Date:					
CONTINUE ON A SEPARATE SHEET IF NEEDED					

ACTION NUMBER

Action:					
Desired outcome (key measurables):					
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ACTION NUMBER					
Action:					
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Date added:		Deadline for completion:			
Progress update Date:				TICK IF ACTION IS COMPLETED	
Progress update Date:					
Progress update Date:					
Progress update Date:					
CONTINUE ON A SEPARATE SHEET IF NEEDED					

Tips and recommendations:

Record in your clinical records the rationale for group prophylactic use and that a management review has taken place.

Use a separate document for each condition.