

BVA policy position on the vet-led team

Executive Summary

The concept of the vet-led team, the model in which an interdisciplinary group of appropriately trained and regulated professionals work together under the direction of a veterinary surgeon, is growing in prominence and importance as the veterinary profession experiences rapid changes, including:

- An expansion in the range of allied professionals and members of the vet-led team operating within this environment;
- A change in the expectations of pet owners, farmers, industry, Government and other clients;
- Concerns about the capacity of the veterinary workforce which have been brought into sharp focus by the exit of the UK from the EU

Vet-led teams operate across all sectors, industries and settings. The overarching benefits to realising an efficient and effective vet-led team include:

- Better animal health, animal welfare and public health outcomes;
- Improved client care;
- Provision of more integrated animal care;
- Improved clinical provision or assurance on food hygiene controls;
- More effective and efficient use of skills within the veterinary professions;
- A strengthened veterinary workforce, with the potential to ease capacity concerns and difficulties recruiting and retaining both vets and RVNs;
- Improved wellbeing for veterinary surgeons, RVNs, and allied professionals; and
- More sustainable veterinary businesses.

To support the achievement of these benefits, BVA makes the following recommendations:

Recommendation 1: The operation of all vet-led teams should be guided by the following principles:

- **As the professionals competent, and appropriately legally permitted, to diagnose the presence or absence of disease and injury, veterinary surgeons oversee the vet-led team and direct the appropriate procedures and treatments.**
- **The veterinary surgeon's right to diagnose, prescribe and undertake surgical procedures and medical treatments must not be undermined.**
- **The integrity and authority of the veterinary signature must be protected.**
- **There must be clear lines of accountability and responsibility.**

Recommendation 2: The "Hub and Spoke" model should be utilised to coordinate the provision of services to clients and facilitate the holistic oversight of animal health, animal welfare and public health. Within the model vets act as the hub for treatment, directing to the most appropriate professional with the appropriate skills. Allied professionals operate as spokes surrounding the hub, returning cases back to the vet whenever further direction is necessary.

Recommendation 3: There should be clear and accessible information available to veterinary surgeons in relation to giving consent to treatment by allied professionals.

Recommendation 4: The veterinary profession should engage with allied professional bodies to encourage the principle that veterinary diagnosis, oversight and where appropriate access to veterinary records are pre-requisites before offering treatment.

Recommendation 5: RCVS proposals for the regulation of allied professionals should incorporate a requirement for regulators to mandate veterinary diagnosis, oversight and appropriate access to veterinary records as pre-requisites before treatment by an allied professional.

Recommendation 6: Insurance companies should require a vet referral prior to treatment by an allied professional.

Recommendation 7: Further work clarifying the regulation of allied professional should be undertaken and communicated through an ongoing and concerted awareness campaign aimed at both the veterinary profession and public.

Recommendation 8: The title 'veterinary nurse' should be protected in legislation in the interests of animal health, animal welfare, public health and to underline confidence in the professionalism of veterinary nurses.

Recommendation 9: Further work to clarify the duties that can be delegated to Registered Veterinary Nurses (RVN) under Schedule 3 should be undertaken and communicated through an ongoing and concerted awareness campaign and provision of joint CPD with vets and RVNs.

Recommendation 10: Accessible, flexible and professionally recordable post-registration awards for RVNs from all academic backgrounds should be provided, to help address the current academic variation in the different routes to registering as an RVN and bring clarity to the academic standard achieved at this higher post-registration level.

Recommendation 11: Any regulatory or legal change should only occur where that change fulfils the following criteria:

- Improved level of care to animals and improved animal health and welfare and public health outcomes
- Enhanced service to clients
- Clear lines of accountability between the veterinary surgeon and RVN.
- Positive impact on the division of workload within the veterinary team.

Recommendation 12: Consideration should be given to granting RVNs additional rights to dispense POM-V flea and wormer treatments, working as part of the vet-led team.

Recommendation 13: There should be an expanded role for RVNs in general anaesthesia, where the veterinary surgeon maintains overall responsibility for the anaesthesia process.

Recommendation 14: Consideration should be given to expanding the role of RVNs in the ongoing management of chronic cases, supporting owner compliance and contributing to the maintenance of long-term welfare. This may include repeat dispensing for certain conditions already diagnosed, subject to a standard operating procedure (SOP) and directed CPD, and routine veterinary surgeon checks.

Recommendation 15: Consideration should be given to the potential role for RVNs in repeat dispensing contraceptive medication, anthelmintic monitoring and treatment, and administration of vaccines in a zoo setting, after initial veterinary assessment, under overall veterinary direction, and in line with the collection's Preventive Health Programme and Disease Surveillance Programme.

Recommendation 16: There should be more effective utilisation of Suitably Qualified Persons (SQPs) within the vet-led team with improved integration facilitating more effective collaboration with farm health planning advice from the veterinary surgeon

Recommendation 17: It would be beneficial to incorporate the Suitably Qualified Person (SQP) role within RVN training, assessment and competencies, and to provide a pathway for current RVNs to be recognised with SQP status in a time efficient and cost-effective manner. This should be explored for RVNs working in small animal, farm and equine practice.

Recommendation 18: BVA should work with Royal College of Veterinary Surgeons (RCVS) to encourage the development of accreditation of allied professional where appropriate. RCVS structures should be utilised to regulate where it is considered to be the most appropriate body and the following criteria are met:

- There is evidence that the activities carried out by the group are beneficial to animal health, animal welfare or public health;
- Association with the group will not damage the reputation of the veterinary profession;
- The professionals within the group will only practise under appropriate veterinary oversight
- The regulation of the group will be self-funding.
- The professionals within the group present as cohesive and established.

Recommendation 19: The Royal College of Veterinary Surgeons must consult the veterinary profession on any regulatory changes that may arise as a result of technological or other innovation.

Recommendation 20: The veterinary profession should engage with clients on the most effective use of technology to complement the essential role of the vet.

Recommendation 21: A change in regulation to allow remote prescribing without undertaking a physical examination or assessment is not necessary for vets to embrace the opportunity offered by telemedicine or to address the primary reason behind pet owners not registering with a vet.

Recommendation 22: Opportunities need to be available throughout the veterinary career to develop management and leadership and team building skills. The development of CPD to instil these skills, including joint training with allied professions, should be prioritised.

Recommendation 23: Undergraduate training has a role to play in management and leadership and facilitating the development of leadership, teamworking and management skills.

Introduction

The concept of the vet-led team, the model in which an interdisciplinary group of appropriately trained and regulated professionals work together under the direction of a veterinary surgeon, is not new but it is growing in prominence and importance.

The veterinary profession has experienced rapid change in the environment within which it operates and there has been an expansion in the range of allied professionals and members of the vet-led team operating within this environment.

The (non-exhaustive) list of allied professionals and members of the vet-led team can include the following: Registered Veterinary Nurses (RVNs), Official Auxiliaries/ Meat hygiene inspectors, Embryo transfer technicians, Equine dental technicians, Foot trimmers, AI technicians, Farriers, Blood samplers, Groomers, Hydrotherapists, Behaviourists, Physiotherapists, and Animal care assistants.

There has also been a change in the expectations of clients. The list of clients includes pet owners, farmers, industry, Government and others who depend on the services of veterinary surgeons and the team of professionals they work with. Vets themselves recognise the need to involve appropriately qualified professionals to enhance the service they offer to clients and the health and welfare of animals under their care. There is evidence of the need to innovate the provision of the veterinary service offering to farmers to meet the broader needs of their businesses,¹ and to meet the expectations of pet owners.²

For some time, there have been concerns about the capacity of the veterinary workforce and these have been brought into sharp focus by the exit of the UK from the EU. To meet this acute capacity gap, there has been considerable attention given to the how best to utilise the veterinary workforce and associated allied professions, with Government, the Royal College of Veterinary Surgeons (RCVS) and business all considering the issues and proposing change.³

This context means it is more important than ever to establish the profession's vision for a relationship with allied professions, in the face of political, economic, technological and legal changes. Vet-led teams

¹ Kaler and Green, 2013 Lowe, 2009

² Roshier et al, 2012

³ For example the DEFRA consultation on expansion on the use of Approved Tuberculin Testers <https://www.gov.uk/government/consultations/bovine-tb-extending-the-use-of-approved-tuberculin-testers-atts-to-perform-skin-tests-on-cattle-in-england>

operate across all sectors, industries and settings: in clinical practice, on farm, in abattoirs, in zoos, in laboratories,⁴ and across Government agencies. The way in which vet-led teams operate will vary across the wide range of sectors to which they apply. However, the overarching benefits to realising an efficient and effective vet-led team of veterinary surgeons and appropriately trained and regulated allied professionals including Registered Veterinary Nurses (RVNs) are constant:

- Better animal health, animal welfare and public health outcomes;
- Improved client care;
- Provision of more integrated animal care;
- Improved clinical provision or assurance on food hygiene controls;
- More effective and efficient use of skills within the veterinary professions;
- A strengthened veterinary workforce, with the potential to ease capacity concerns and difficulties recruiting and retaining both vets RVNs, and other allied professionals;
- Improved wellbeing for veterinary surgeons, RVNs, and other allied professionals; and
- More sustainable veterinary businesses;

The principles underpinning the vet-led team

The characteristics of vet-led teams vary greatly between sectors, with vets providing leadership while collaborating with different allied professions in different ways, and to accommodate different business needs and operational particularities. Although approaches will vary, bespoke models which fit the demands of each setting should be underpinned by veterinary responsibility to clients, animal health and welfare and public health.

Veterinary surgeons are the professionals with the necessary competence to diagnose the presence or absence of disease and injury. Therefore, to safeguard animal health, animal welfare, public health and to maintain confidence in the veterinary profession, veterinary surgeons must oversee the vet-led team and direct the appropriate procedures and treatments. The veterinary surgeon's right to diagnose, prescribe and undertake surgical procedures and medical treatments. These rights must not be undermined.

Veterinary certification plays an important role in the control of animal health and welfare, the continuity of European and international trade and the maintenance of public health. Veterinary surgeons certify facts and opinions honestly and with due care following the RCVS 10 Principles of Certification.⁵ The integrity and authority of the veterinary signature must be protected. Elements of the process underpinning certification can be carried out by a suitably trained and regulated allied professional working as part of a vet-led team, and already does with Official Auxiliaries (OA) working to support OVs.

The vet-led team should be supported by clear lines of accountability and responsibility. As the environment within which the veterinary profession operates changes, the necessity for clarity only grows. When considering accountability and responsibility it is vital to consider the various relationships that may be in place. These can be complex, with multiple arrangements operating concurrently: between veterinary surgeons, allied professionals including RVNs, employers, and clients.

Recommendation 1: The operation of all vet-led teams should be guided by the following principles:

⁴ The working group invited input from other key groups including the British Veterinary Nursing Association (BVNA), the Veterinary Management Group (VetMG), the Major Employers Group (MEG), Royal College of Veterinary Surgeons, (RCVS), Veterinary Defence Society (VDS) and representatives of allied professions (the Animal Behaviour and Training Council and the Register of Animal Musculoskeletal Practitioners).

⁵<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/certification/>

- **As the professionals competent, and appropriately legally permitted, to diagnose the presence or absence of disease and injury, veterinary surgeons oversee the vet-led team and direct the appropriate procedures and treatments.**
- **The veterinary surgeon's right to diagnose, prescribe and undertake surgical procedures and medical treatments must not be undermined.**
- **The integrity and authority of the veterinary signature must be protected.**
- **There must be clear lines of accountability and responsibility.**

The “Hub and Spoke” model

Veterinary surgeons are the professionals with the necessary competence to diagnose the presence or absence of disease and injury. There should be a veterinary examination or assessment and diagnosis before a course of action is prescribed. Failure to diagnose can lead to unnecessary, inappropriate or harmful treatment. As such, vets are the profession which must act as the hub for treatment, directing to the most appropriate professional with the appropriate skills. These professionals operate as spokes surrounding the hub, returning cases back to the vet whenever further direction is necessary.

This “Hub and Spoke” model provides a co-ordinated approach centred on the animal and client, with improved co-ordination facilitating appropriate access to veterinary records and holistic oversight of the health and welfare of the animal. This model seeks to clarify where responsibility sits and how it is shared between allied professionals. Crucially, this model makes effective and efficient use of skills within the veterinary profession by allowing vets to focus on the functions that can only be undertaken by a vet.

Case study 1: Hub and Spoke in action

Overall the poultry industry relies heavily on a vet-led team to ensure the health and welfare of UK poultry. The UK poultry industry is highly integrated and efficient, with strict biosecurity measures enforced throughout the chain. One of the challenges posed by this model is providing regular veterinary care to flocks in a world where vets are in short supply. To address these challenges the poultry industry has developed a successful vet-led team to ensure the health and welfare of flocks.

Most poultry veterinary care in the UK is provided through dedicated poultry practices, with some care coming from internal company vets. In many cases, company field staff act as a bridge between farmers and vets. Such staff tend to oversee a group of farms and are responsible for ensuring the best possible management practices as well as escalating any health or welfare concerns to the vet. On many occasions field staff will be responsible for taking a history on the farm along blood samples or selecting birds for post-mortem examination. The vet will then analyse and feedback results to both the farmer and the field's person.

To ensure that these activities are carried out correctly, poultry vets provide regular training in areas such as vaccination, blood sampling and monitoring welfare. These processes are routinely audited to ensure they're being administered correctly. Much of this training is required by animal welfare schemes and by retailer standards. Parts of the production chain such as hatcheries and larger abattoirs require trained animal welfare officers.

The vet-led team extends beyond the farms and hatcheries into abattoirs. Levels of pododermatitis are recorded by non-vet abattoir staff. Official Veterinarians will record the levels onto the FSA IRIS system. This data is then submitted to APHA so that any issues can be investigated, in conjunction with the farm's private vet. This demonstrates how the vet-led team is augmented by the use of big data. Additionally, the use of technology is becoming increasingly important with cameras to measure and record the levels of pododermatitis and hock dermatitis being developed.

Richard Jackson, British Veterinary Poultry Association

Case Study 2: Bovine TB and other field work

The Animal and Plant Health Agency's field team for animal health and welfare consists of veterinarians and non-veterinary technical staff who work together to provide inspection, surveillance, regulation and enforcement activities to deliver governments' policies related to animal health and welfare. The administrative teams in the Centralized Specialist Centres also input to this field work.

The range of work is wide and in general, a vet leading on a particular area of expertise will be responsible for oversight of the technical visits, to lead, coordinate and advise as necessary. This ensures that veterinary professional expertise is used where necessary but is supported by and complementary to the work of non-veterinary colleagues.

One example is cattle TB testing where most of the APHA controlled TB testing is done by specially trained technical staff following strict standardised operating procedures and working closely with case veterinarians. Background information is shared, highlighting points of concern or checks that might be needed for that visit, as well as delivering targeted advice or investigating issues that might become apparent at the time of the technician's visit. Any reactor or inconclusive reactor readings are reported back to the duty vet for interpretation, as well as any apparent concern with animal health or welfare, so that any needed actions can be immediately taken or planned in with the case vet.

There are many other examples of vet-led teams within APHA with technical staff undertaking field boundary checks, cleansing and disinfection checks or welfare checks. Findings are reported back to a vet to make a veterinary decision on the next steps for each case which may include making a joint visit to inspect, advise and enforce as necessary. As problems are found, other non-veterinary staff in other agencies such as Trading Standards officers, RPA or BCMS enforcement, might be requested to join this vet-led team on order to achieve the desired veterinary and legal outcome.

Association of Government Veterinarians

Recommendation 2: The “Hub and Spoke” model should be utilised to coordinate the provision of services to clients and facilitate the holistic oversight of animal health, animal welfare and public health. Within the model vets act as the hub for treatment, directing to the most appropriate professional with the appropriate skills. Allied professionals operate as spokes surrounding the hub, returning cases back to the vet whenever further direction is necessary.

Delegation and referral to allied professionals

As part of the hub and spoke model, services should be directed from the veterinary surgeon, following examination or assessment and diagnosis, to an appropriately registered, regulated and competent allied professional.

Problems can arise where an animal keeper circumvents the veterinary surgeon by seeking treatment directly from another profession, denying the veterinary surgeon the initial opportunity to examine or assess the animal and diagnose the presence or absence of an abnormality, disease or injury prior to treatment. By detaching the veterinary surgeon from the oversight of services there can be disjointed provision resulting in poor animal health, animal welfare and public health outcomes. The vet is also detached from the client, and therefore unable to advise on the best course of action or direct to a regulated professional with the appropriate skills.

This can result in cases, such as that illustrated in case study 2, where without the knowledge of the veterinary surgeon an untrained and unregulated individual can perform acts or advise clients in a manner that is detrimental to animal health, animal welfare or public health, with potentially long-lasting consequences.

There can also be risks for the vet themselves. In some cases, vets may be asked to sign a consent form provided by an allied professional and asking for confirmation that the animal is fit to receive the treatment. By signing such a consent form the veterinary surgeon may be in a position of accruing professional, contractual and tortious liability⁶ for poor treatment undertaken by a professional working outside of the vet-led team. By providing consent that an animal is fit to receive a treatment, the client may infer that the vet has endorsed the treatment. As such, it is essential that the veterinary surgeon takes the responsibility that is inherent in their role as the gatekeeper for animal health care.

⁶ Tort is the name given to the branch of law that imposes civil liability for breach of obligations imposed by law. The most common tort is the tort of negligence which imposes an obligation not to breach the duty of care (that is, the duty to behave as a reasonable person would behave in the circumstances) which the law says is owed to those who may foreseeably be injured (physically, emotionally, financially or property) by any particular conduct.

Any case where a vet signs their name on a document should be approached with care and accuracy.⁷ Vets must not agree to sign a consent form where their professional judgement is not satisfied. Vets should familiarise themselves with the work of allied professionals and ensure their knowledge is up to date before signing a consent form. There is a need for authoritative information on the regulation and accreditation of the wide range of allied professions and professionals in order to support veterinary decision-making.

Similarly, other professionals should be aware that they should only work after a diagnosis has been obtained from a veterinary surgeon. Where a case is presented to an allied professional before a veterinary surgeon has been able to perform an examination or assessment, diagnose and stipulate the best course of action, the proper application of the hub and spoke model would ensure allied professionals direct the client and animal to the hub first.

Recommendation 3: The should be clear and accessible information available to veterinary surgeons in relation to giving consent to treatment by allied professionals.

Recommendation 4: The veterinary profession should engage with allied professional bodies to encourage the principle that veterinary diagnosis, oversight and where appropriate access to veterinary records are pre-requisites before offering treatment.

Recommendation 5: RCVS proposals for the regulation of allied professionals should incorporate a requirement for regulators to mandate veterinary diagnosis, oversight and appropriate access to veterinary records as pre-requisites before treatment by an allied professional.

Recommendation 6: Insurance companies should require a vet referral prior to treatment by an allied professional.

Case Study 3: Reasons to use only suitably qualified, regulated behaviourists for referrals

Engaging poorly qualified trainers and behaviourists can have unintended and worrying consequences for our pets and their owners. In a worst-case scenario, animals can end up being euthanised for dangerous behaviour, but this risk can be minimised by choosing a regulated practitioner.

One such situation, involved a 2-year-old miniature schnauzer which was referred to an ABTC registered behaviourist by a local veterinary practice in the East of England. Bob (not his real name) had recently snapped at a visiting two-year old child, and his owner was expecting a baby. This event had triggered the consultation. The behaviourist identified that Bob was anxious and fearful in a number of situations including getting into the car; going out for a walk; on the arrival of visitors; when meeting dogs on-lead.

During the consultation it became obvious that the owner had been instructed in techniques which were based on outdated, scientifically discredited theories using aversive stimuli, such as using a choke chain or slip lead to yank Bob off the sofa if he jumped up there. Sue (not her real name) confirmed that she had some months earlier seen an unregulated behaviourist who had advised that she should shout “NO” whenever Bob showed an unwanted behaviour and physically pull him off the sofa, or away from the door or window when he was barking reactively. The same lead yanking technique was also advised if Bob reacted to dogs on a walk. Sue had also been advised that the family must always eat before Bob, not allow him through doorways ahead of them and that they had to be “the pack leaders” to stop Bob from trying to “dominate” them. She reported that Bob had become more reactive in recent months (although she didn’t like shouting at him or yanking the lead, she had been trying these methods). This inaccurate and poor advice was very likely to have contributed to an increase in reactivity in a fearful animal, rather than any beneficial effects, since the response of his owner was to make him even more fearful. This could be considered dangerous for the owner to attempt and certainly had a damaging impact on the relationship between the dog and the owner. It led to an escalation in aggression from the dog as he had never previously snapped or bitten, leading to him biting a small child.

Before engaging a trainer or behaviourist be aware that anyone who is not ABTC registered can be persuasive about their credentials and skills which will be made to appear impressive. If, however, they do not have the all-important ABTC logo on their website or paperwork the referring vet is risking their reputation, the owner is potentially wasting their money but more importantly the animal’s welfare is being gambled with.

⁷ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/certification/>

Jane Williams, Chair of the Association of Pet Behaviour Counsellors

Case Study 4: The consequences of not applying the hub and spoke model

I had a client of long standing who took advice from a dog trainer about a behaviour problem with his dog. He had a slightly chaotic lifestyle, but he had had horses and dogs with us for years and had always been a diligent and responsible owner. He ensured all vaccinations were up to date for his animals and was a diligent owner when his horse required surgery.

My client sought the services of a trainer, without first approaching me, his vet, for advice and guidance. The trainer he engaged demonstrated a restraint technique to subdue the dog in his home. When the owner repeated this technique in the middle of town, which involved pinning the dog down by its neck alarmed members of the public intervened.

He was arrested, charged and convicted of causing unnecessary suffering. I became involved in an appeal against a lifetime ban from keeping animals which we won.

My client had no real way of knowing that the person he paid for advice was not fit to provide it.

Robin Hargreaves, Chair Vet-led team Working Group, Former BVA President, Small animal practitioner.

Regulation of allied professionals

The importance and understanding of regulation

Robust regulation of allied professions would offer the means to set and enforce appropriate minimum educational, ethical and clinical standards to practice, and advance those standards over time. Regulation provides a means for vets and clients to have confidence in the competence of certain professions and professionals, ultimately leading to better safeguarding of the health and welfare of animals and public health.

According to findings in the Spring 2018 BVA Voice Survey, over half of vets believe that regulation was one of the top three most important considerations when selecting an allied professional to work with. In the same survey, BVA assessed the level of confidence vets have in the regulation of allied professions. The findings raise several questions, in part, because many of the professions in which confidence is highest, have little or no formal regulation in place.

For example, vets ascribe similar levels of confidence to Lay TB testers and Physiotherapists (69% and 64% respectively). Lay TB testers must register with the Animal and Plant Health Agency (APHA) and meet requirements under the Veterinary Surgery (Testing for Tuberculosis in Bovines) Order 2005 (the Exemption Order). In contrast, there is no legal requirement for anyone to hold any qualification to call themselves a veterinary physiotherapist, although there is a range of undergraduate and post graduate courses in veterinary physiotherapy available.

This suggests a level of misunderstanding amongst the veterinary profession and it is likely that the general public who will be less engaged on this issue, will have a lower level of understanding. For regulation to be understood and followed it needs to be clear and easy to use. Complexity can be exploited by both owners and unregulated professionals to perform procedures outside of the law. This situation could be improved with more visible, clearer and more accessible regulation or guidance

Recommendation 7: Further work clarifying the regulation of allied professional should be undertaken and communicated through an ongoing and concerted awareness campaign aimed at both the veterinary profession and public.

Case study 5: Clear regulation supports team working with Meat Hygiene Inspectors (Official Auxiliaries)

The role and responsibilities of the Official Auxiliary (OA) are clearly laid down in European Union regulation EC854/2004.⁸ This clearly stipulates the training required and the responsibilities of the role of the OA. The OA acts at all times on behalf of, and under the direction of the Official Veterinarian (OV) who has ultimate responsibility for the OA and their standard of work.

There are certain duties such as Post mortem of suspected cases of bovine Tuberculosis and emergency slaughter animals where it is clearly delineated that only the OV can carry out these tasks and apply the health mark.

The work of an OA is relied upon by the OV in certification of products for export by carrying out post mortem examination, welfare checks, animal by product checks and animal identification checks amongst other duties. It is often the case that in completing an export certificate the OV will verify that checks have been made in compliance with legislation in force and these will have been carried out by an OA.

OAs are appointed as Inspectors under the Hygiene regulations, welfare legislation and other legislation in daily use within the approved slaughterhouse and cutting plant.

The Association of Meat Inspectors of which many OAs are members has explored the possibility of becoming an affiliated profession within the remit of RCVS.

Veterinary Public Health Association

Registered Veterinary Nurses (RVNs)

The value of RVNs

RVNs are an essential part of the vet-led team in practice. Experienced and well-trained RVNs are an asset to the veterinary practice team and contribute in a wide range of ways to successful medical and surgical outcomes. RVNs play an important role in the education of owners on good standards of preventive animal care, as well as boosting owner compliance by educating clients to act on pet care advice. Not only do they provide skilled supportive care they also undertake minor surgery, medical treatments and diagnostic tests and monitor anaesthesia under appropriate veterinary direction and supervision.

RVNs are amongst the most established allied professionals working within the vet-led team and are embedded within the vet-led team in small animal practice. RVNs also work across farm animal and equine practice. However, historically RVNs have been less well utilised in these sectors.

For many years BVA has strongly supported the principle of the protection of the title of Veterinary Nurse. In 2014, RCVS consulted on a new Royal Charter which incorporated a new regulatory regime for vet nurses. Responding to that consultation, BVA was supportive of the underlying principles, the approach to disciplinary arrangements and welcomed the recognition given to the veterinary nursing profession.

When the new RCVS Royal Charter came into effect in 2015, it provided a coherent, comprehensive regulatory system across the veterinary profession. Under changes instituted in the new Charter all veterinary nurses were for the first time registered with and regulated by the RCVS. All RVNs are required to adhere to the RCVS Code of Professional Conduct for Veterinary Nurses and are subject to the College's disciplinary system in the case of serious professional misconduct. The RCVS has set a mandatory level of continuing professional development (CPD) that veterinary nurses must undertake. This system has resulted in a clear majority of vets (97%) having confidence in the current regulation of RVNs.⁹

However, the title 'veterinary nurse' is not currently protected, and therefore anyone, even if they lack the relevant training and education, can refer to themselves as a veterinary nurse. The veterinary

⁸ REGULATION (EC) No 854/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 29 April 2004 laying down specific rules for the organisation of official controls on products of animal origin intended for human consumption

⁹ Spring 2018 Voice of the Veterinary Profession (Voice) Survey

professions believe that this should change. BVA, RCVS, and British Veterinary Nursing Association (BVNA) believe that only individuals with the appropriate level of training and professional responsibilities should be able to use the title 'veterinary nurse', and that its use by unregistered individuals is misleading, with the potential to endanger animal health, animal welfare, public health and to undermine confidence in veterinary nursing profession. The title 'veterinary nurse' should be protected in legislation.

Recommendation 8: The title 'veterinary nurse' should be protected in legislation in the interests of animal health, animal welfare, public health and to underline confidence in the professionalism of veterinary nurses.

More effective use of RVNs under Schedule 3

The Veterinary Surgeons Act 1966 (Schedule 3 Amendment) Order 2002¹⁰ provides that veterinary surgeons may direct registered or student veterinary nurses who they employ, to carry out limited veterinary surgery. A veterinary nurse or student veterinary nurse is not entitled to independently undertake medical treatment, minor surgery or monitor general anaesthesia.

There is potential for the development to the role of the RVN as part of a vet-led team where RVNs feel comfortable and have the competence to undertake appropriate tasks within the scope of Schedule 3.

The 2017 RCVS survey on the future role of RVNs assessed the extent of delegation under Schedule 3 of the Veterinary Surgeons Act 1966, the level of understanding of Schedule 3 within the profession, whether RVNs would like to extend their role, and whether veterinary surgeons supported their aspirations. In terms of the professions' understanding of Schedule 3 and how it applies in practice, both RVNs and veterinary surgeons indicated that confidence in their understanding was not very high. RVNs rated their personal understanding at 6.74 out of 10 and vets rated their understanding as 5.57 out of 10. Furthermore, when asked what prevented the full utilisation of RVNs, the majority of both vet and RVN respondents gave a lack of understanding of which tasks could be delegated under Schedule 3 as a primary reason.

This uncertainty leads to inconsistency in the application of Schedule 3 in practice and scope to clarify the parameters to provide greater opportunities for RVNs. Further work clarifying the duties that can be delegated under Schedule 3 should be undertaken before, or at least alongside, any activity to develop the RVN role beyond the existing Veterinary Surgeons Act. Improved communication, such as an ongoing and concerted awareness campaign, could improve understanding of those activities that can be carried out under Schedule 3, supporting vets to delegate appropriately. Greater provision of joint CPD with vets and RVNs together could support continuity of understanding of Schedule 3 issues and help RVNs to feel comfortable that the work they are doing is within their areas of expertise.

Increasing the presence of RVNs within large animal practice would be beneficial, offering RVNs additional career pathways and enabling more effective division of workload in this sector. Nurses working in equine practice are currently under-utilised and therefore options for developing their role, particularly with regard to preventive health plans, should be explored. There could also be better use of RVNs in the farm setting, including blood sampling and wound care. Training for veterinary nurse students in farm animal, equine and wildlife work is currently inadequate, focusing almost solely on the small animal sector. Extra training should be developed, providing opportunities for veterinary nurse students to develop skills specific to these sectors and in doing so promote careers in large animal work.

There may also be opportunities for RVNs to provide some services through home visits. RVNs working in this way should do so as part of a vet-led team, under the direction of a veterinary surgeon, as is required.

Recommendation 9: Further work to clarify the duties that can be delegated to Registered Veterinary Nurses under Schedule 3 should be undertaken and communicated through an ongoing and concerted awareness campaign and provision of joint CPD with vets and RVNs.

¹⁰ The Veterinary Surgeons Act 1966 (Schedule 3 Amendment) Order 2002
<https://www.legislation.gov.uk/ukdsi/2002/0110395271>

Expanding RVN career pathways

BVA supports the provision of career pathways that formally recognise the invaluable contribution of RVNs. The career progression of RVNs should be encouraged, whilst taking care not to undermine the value of the General Practitioner RVN. BVA supports a post-registration framework that provides clear progression routes to encourage RVNs with a range of skill sets to undertake further training in order to instil confidence and increase the knowledge and practical skills of RVNs.

BVA welcomes RCVS proposals to develop post-registration opportunities for RVNs with a view to developing their skills and expertise and providing career pathways. There is currently academic variation between RVNs with Diplomas (level 3) and those with a BSc (level 6). Provision of accessible, flexible and professionally recordable post-registration awards for RVNs from all academic backgrounds would be beneficial. This could provide an opportunity to create academic parity, allowing those with a Level 3 Diploma to achieve a post-registration qualification in advanced veterinary nursing equivalent to that available to candidates with a BSc (level 6). This could help to address the current academic variation in the different routes to registering as an RVN and bring clarity to the academic standard achieved at this higher post-registration level.

The development of post-registration opportunities for RVNs could be utilised to incorporate further functions within the RVN role. For example, the proposed 'Farm animal nursing to include TB testing' designation could lead to an integrated RVN/ Approved Tuberculin Tester role. We would welcome an additional farm animal designation, which incorporates the Suitably Qualified Person (SQP) role within RVN training, assessment and competencies. The APHA Certification Support Officer (CSO) role, developed to support the work of Official Veterinarians (OV) carrying out product exports may also provide an opportunity to provide a designation to allow RVNs to perform this role.

Recommendation 10: Accessible, flexible and professionally recordable post-registration awards for RVNs from all academic backgrounds should be provided, to help address the current academic variation in the different routes to registering as an RVN and bring clarity to the academic standard achieved at this higher post-registration level.

Development of the RVN role through legislative or regulatory change

Any expansion of the RVN role beyond what can be achieved within the current legal and regulatory framework, must offer genuine career progression opportunities for RVNs and real opportunities for veterinary surgeons to delegate to appropriately trained RVNs working within the veterinary team.

Development of the RVN role should be mindful not to compromise the development of veterinary skills, particularly for new graduates. Expanding the range of tasks that can be delegated to RVNs should not reduce the opportunity for newly qualified veterinary surgeons to perform tasks which embed essential skills and confidence, providing the foundation for progressing to more advanced skills.

Any regulatory or legal change should only occur where that change fulfils the following criteria:

- Improved level of care to animals and improved animal health and welfare and public health outcomes
- Enhanced service to clients
- Clear lines of accountability between the veterinary surgeon and RVN.
- Positive impact on the division of workload within the veterinary team.

There should be an expanded role for RVNs in general anaesthesia, however, it will be essential that the veterinary surgeon maintains overall responsibility for the anaesthesia process and "supervision" must be clearly defined to state that the vet must remain on the premises within audible, contactable distance always.

We believe there is a role for RVNs to play in prescribing routine flea and wormer treatments following a protocol-based RVN health check. To enable this, there would need to be careful consideration of the issues around professional responsibility and liability, particularly in relation to adverse reactions to treatments.

RVNs can play an important role in the ongoing management of chronic cases, supporting owner compliance and contributing to the maintenance of long-term welfare. Subject to diagnosis by a veterinary surgeon, there is a potential role for RVNs in the re-supplying of Nonsteroidal anti-inflammatory drugs (NSAIDs) pain relief, topical treatments for some skin conditions, and repeat prescriptions for a wider range of medications to treat chronic conditions in stable patients. In this

scenario, the RVN would follow a carefully worded practice SOP before dispensing the medication and regular checks by a veterinary surgeon would still be necessary, the frequency of which would be down to professional judgment of the vet and depending on the case history of the animal. However, there is a risk that this could result in some medications being used preferentially for convenience reasons if made accessible to clients via a RVN. In a zoo setting, there is a potential role for RVNs in repeat dispensing contraceptive medication, after initial veterinary assessment. We would not support RVNs dispensing any POM-Vs without clinical assessment/diagnosis by a veterinary surgeon, except for routine flea and wormer treatments subject to the considerations above.

Recommendation 11: Any regulatory or legal change should only occur where that change fulfils the following criteria:

- **Improved level of care to animals and improved animal health and welfare and public health outcomes**
- **Enhanced service to clients**
- **Clear lines of accountability between the veterinary surgeon and RVN.**
- **Positive impact on the division of workload within the veterinary team.**

Recommendation 12: Consideration should be given to granting RVNs additional rights to dispense POM-V flea and wormer treatments, working as part of the vet-led team.

Recommendation 13: There should be an expanded role for RVNs in general anaesthesia, where the veterinary surgeon maintains overall responsibility for the anaesthesia process.

Recommendation 14: Consideration should be given to expanding the role of RVNs in the ongoing management of chronic cases, supporting owner compliance and contributing to the maintenance of long-term welfare. This may include repeat dispensing for certain conditions already diagnosed, subject to a standard operating procedure (SOP) and directed CPD, and routine veterinary surgeon checks.

Recommendation 15: Consideration should be given to the potential role for RVNs in repeat dispensing contraceptive medication, anthelmintic monitoring and treatment, and administration of vaccines in a zoo setting, after initial veterinary assessment, under overall veterinary direction, and in line with the collection's Preventive Health Programme and Disease Surveillance Programme.

Case study 6: A veterinary nursing perspective of the vet-led team

Our practice is a central hub for our group of 4 practices. Our team across the group consists of 16 Receptionists, 2 Patient Care Assistants (PCA), 9 RVNs and 1 SVN.

The vet-led team is exactly that, vet-led but it is the whole structure of the team that is crucial for our patients care.

Making the best use of the roles we all play is the best way forward. Veterinary nurses are a fountain of knowledge and skills, the list of jobs they can do is endless. VNs can find themselves underused in certain areas of their vocation. They could do so much more in practice, with further training and competency they can use their current skillset and expand it. We can then make better use of those that may wish to progress their career including Patient care assistants (PCAs). Each person has a part to play in the veterinary world. Every day is different, and every day requires different skills to deal with the various situations we undoubtedly face.

Having a PCA run bloods while veterinary nurses are placing IVs and preparing pre-medications for the list of operations to do on a given day makes things more efficient. The vet will have other patients to look after, perhaps plan a particular difficult surgery ahead.

Having a pre-op discussion if there is a difficult operation ahead can make such a difference e.g. when an animal that has been involved in a road traffic accident that has a diaphragmatic hernia that requires a repair. By going through the needs of the patient pre-operatively all hands can be on-deck. The anaesthesia nurse can have all the medications necessary to hand. A PCA can be a runner fetching surgical equipment to provide the surgical team with everything they need.

Without all the cogs working within a clock, a clock won't run at its best. A veterinary practice is the same, we all need to work together to all work at our best.

Wendy Nevins, President British Veterinary Nursing Association

BVA policy position on the vet-led team May 2019

Suitably Qualified Persons (SQPs)

A Suitably Qualified Person (SQP) is entitled, under the Veterinary Medicines Regulations, to prescribe and/or supply specific categories of veterinary medicinal products that fall within the scope of the qualification they have obtained and the registration they hold.

The Veterinary Medicines Directorate (VMD) Suitably Qualified Persons (SQPs) Code of Practice April 2017 sets out the standards for:

- bodies that have been recognised to be suitable for the registration of SQPs;
- SQPs who are registered with a recognised body and who can supply veterinary medicines classified as POM-VPS and NFA-VPS in accordance with the registration they hold. This applies equally to all SQPs whether working in SQP retailers, vet practices or pharmacies.

Schedule 3 Paragraph 14 of the Veterinary Medicines Regulations states the “Secretary of State may recognise bodies that are suitable to maintain a register for suitably qualified persons to prescribe and supply veterinary medicinal products classified as POM-VPS and NFA-VPS.” Currently, two bodies are recognised as responsible for training and registering SQPs. They are:

- the Animal Medicines Training Regulatory Authority (AMTRA)
- Vet Skill Ltd

AMTRA is the larger of the two with over 6000 SQPs registered. SQPs must renew their registration with AMTRA each year and pay an annual fee. AMTRA monitors CPD and deals with complaints about breaches of professional standards. In 2016 VMD authorised Vet Skill Ltd as a suitable body to maintain a register for SQPs. VetSkill is an Ofqual approved awarding organisation that specialises in qualifications for the veterinary and animal related industries. Those wishing to train as an SQP and register with VetSkill, need to undertake the VetSkill SQP Diploma, which has been available since January 2017.

To register with either of the above organisations as SQP, a person must undertake relevant training and pass examinations before becoming eligible to supply VPS veterinary medicines. All SQPs are obliged to undertake Continuing Professional Development (CPD), with the amount dependent on the category of SQP registration.

Veterinary surgeons and farmers should work together on the development of farm health planning and grazing management programmes, to ensure integrated and sustainable control strategies. SQPs should work with vets to follow the farm health plan. Farm health plans should be reviewed with the veterinary surgeon on at least an annual basis and include assessment of the herd/flock and diagnostic test results. Better integration of SQPs would enable them to play a role within a practice, providing a useful connection between farm and practice, greater compliance with farm health plans and improved disease surveillance.

Recommendation 16: There should be more effective utilisation of Suitably Qualified Persons (SQPs) within the vet-led team with improved integration facilitating more effective collaboration with farm health planning advice from the veterinary surgeon

Integration of RVN and Suitably Qualified Person (SQP) course and qualification

It would be beneficial to incorporate the Suitably Qualified Person (SQP) role within RVN training, assessment and competencies, and to provide a pathway for current RVNs to be recognised with SQP status in a time efficient and cost-effective manner. This should be available to RVNs working in all sectors, and not restricted to those working with small animals.

We have welcomed RCVS proposals to develop post-registration opportunities for RVNs with a view to developing their skills and expertise and providing career pathways. We would welcome an additional Farm animal designation that incorporates the Suitably Qualified Person (SQP) role within RVN training, assessment and competencies. This would offer farm animal practice a role that is qualified to perform a package of functions that would play a valuable role as part of the vet-led team. This could provide additional capacity that would contribute in many ways to successful medical and surgical outcomes. This could provide increased on-farm contact with farmers; expanding the practice offer to clients and offering an opportunity for capturing data or disease detection.

Demand for a combined role within small animal practice has been perceived by AMTRA and Harper Adams University, with the development of a plan to allow RVNs to add to their existing qualification

BVA policy position on the vet-led team May 2019

and become an AMTRA SQP. This opportunity should be expanded to include RVNs working in the farm animal and equine sectors.

Recommendation 17: It would be beneficial to incorporate the Suitably Qualified Person (SQP) role within RVN training, assessment and competencies, and to provide a pathway for current RVNs to be recognised with SQP status in a time efficient and cost-effective manner. This should be explored for RVNs working in small animal, farm and equine practice.

Case study 7: A sheep vet working with SQPs and other allied professions

We are a 34-vet large animal practice in the South West working with veterinary technicians (VTs), suitably qualified persons (SQPs), laboratory technicians and veterinary nurses to deliver a proactive health planning service. The case load of the practice is approximately 75% dairy with a growing beef and sheep service.

A vet-led team has enabled us to expand our portfolio of services which we offer our clients including AI services, mobility scoring, handling assistance, routine foot trimming for cattle, and heifer weighing whilst crucially keeping data collated within the vet lead team i.e. permitting analysis and ongoing surveillance of farming businesses. This is data which without collaboration can easily be lost.

SQPs are used within our business in dispensary roles but are also given the opportunity to participate in on farm workups and involved in flock health planning. We also provide veterinary delivered CPD, approved by AMTRA for all of our SQPs. We aim to offer an integrated parasite service from samples processed in our in-house laboratory, veterinary interpretation, and SQP prescribing. We have also supported SQPs in further study including on farm research work to promote services.

We see huge potential with SQPs, VTs and lab technicians in broadening our services. The role of the vet is evolving, and we feel well placed to coordinate collaboration, facilitate knowledge transfer at all stages and provide higher level, broad data analysis to promote improvements in performance and animal welfare.

Emily Gascoigne, Veterinary Surgeon, RCVS Recognised Specialist in Sheep Health and Production

Better regulation of other allied professions

Utilising the existing structures of the RCVS, as regulator of the veterinary surgeons and RVNs, may provide a solution to the approach to regulation of other allied professions, not already regulated elsewhere.

Where the RCVS is considered to be the most appropriate body, the associated risks and costs must be carefully considered. Any utilisation of the RCVS structures should be predicated on the following criteria:

- There should be evidence that the activities carried out by the group are beneficial to animal health, animal welfare or public health;
- Association with the group must not damage the reputation of the veterinary profession;
- The professionals within the group must only practise under appropriate veterinary oversight and with appropriate access to veterinary records.
- The regulation of the group must be self-funding.
- The professionals within the group must present as cohesive and established.

The existence of multiple regulators or multiple accrediting bodies per allied profession will have associated pros and cons. Additionally, this inevitably play its part in the way in which the cohesiveness of a profession is determined. On the one hand, competition for registrants could result in a race to the bottom in terms of standard setting. Conversely, standards could also rise through competition. Access to multiple regulators may enable individuals who have been removed from one to continue to work by registering with another. There are also potential difficulties when one umbrella organisation regulates a wide range of professionals with differing standards of scientific evidence or rationale underpinning their work.

BVA policy position on the vet-led team May 2019

There are two potential models for regulation of allied professionals through the RCVS:

- Direct regulation: Regulation at this level would involve the RCVS providing registration services, setting standards for education, developing a code of conduct, providing advice to practitioners and the investigation of concerns (including disciplinary processes and possibly alternative dispute resolution). This is the approach currently taken for the regulation of RVNs.
- Accreditation model: the RCVS would accredit an organisation based on the regulatory structures the organisation already has in place. Therefore, the organisation would provide registration services, set the standards for education, develop a code of conduct, provide advice to practitioners and investigate concerns (including holding disciplinary hearings). The RCVS would assess the organisation on a regular basis to check that its standards and processes were adequate. If the organisation met the RCVS' standards, it would become accredited by the RCVS.

Both models hold merits and will be more or less effective depending on the allied profession. In general, the accreditation model more effectively minimises potential risks and costs to the veterinary profession, including any perceived reputational risk by maintaining an appropriate degree of separation.

Recommendation 18: BVA should work with Royal College of Veterinary Surgeons (RCVS) to encourage the development of accreditation of allied professional where appropriate. RCVS structures should be utilised to regulate where it is considered to be the most appropriate body and the following criteria are met:

- There is evidence that the activities carried out by the group are beneficial to animal health, animal welfare or public health;
- Association with the group will not damage the reputation of the veterinary profession;
- The professionals within the group will only practise under appropriate veterinary oversight
- The regulation of the group will be self-funding.
- The professionals within the group present as cohesive and established.

Case study 8: The benefits of working as a team

The RAMP council believes that practitioners should be competent in the musculoskeletal techniques applied. We recognise that there is confusion amongst both public and professionals around how to choose an appropriately qualified practitioner who will work with the fully informed consent of the vet. The Register of Animal Musculoskeletal Practitioners is committed to protecting the public and their animals and promoting public confidence in the animal musculoskeletal occupation it registers. Any condition outside the practitioner's remit or code of practice is referred back to the Veterinary Surgeon. This is probably the biggest shift in relation to musculoskeletal treatment for animals since the original Veterinary Surgery (Exemptions) Order in 1962. The RAMP council look forward to working with the BVA and the RCVS towards regulation, in order to ensure that all animal musculoskeletal practitioners work to the high standards of knowledge and education that are essential to the welfare of the animals we care for. The below case study showcases the benefits of working as a team.

Janie is a para-dressage horse competing at international level. A team approach is essential to develop, maintain and improve her performance. As a performance horse with a results-orientated owner, Janie is lucky enough to have a team which includes:

- Owner
- Veterinary Surgeon
- Musculoskeletal Therapist (RAMP Registered Chartered Physiotherapist Sue Palmer)
- Coach
- Farrier
- Saddler
- Equine Dental Technician

- Nutritionist
- Massage Therapist

Initially the musculoskeletal therapy (physio) involvement was in maintaining and improving Janie's performance. Although already competing nationally at that point:

- Janie was overweight, lacking core strength, and lacking fitness.
- She was restricted in her spinal range of movement, in particular finding it difficult to bend to the left, which her rider and coach had noticed.
- On passive limb range of movement, she was stiff bringing her hindlimbs into flexion, and she showed some discomfort through her shoulders on forelimb protraction.
- There was significant muscle spasm through her back and her neck on both sides
- On gait analysis she was a little stiff and short striding all round.

Physio treatment to address these issues included:

- Manual therapy
- Electrotherapy
- Exercise advice
- Education

Sue worked with Janie's team, discussing treatment options with the relevant professionals:

- As a para-dressage horse, Janie had been working in walk and trot only, but Sue advised including canter work to improve core strength and fitness, discussing exercise options with rider and coach
- A weight loss program was discussed with the vet and the nutritionist alongside the exercise program
- Manual therapy and mobilisation techniques helped to improve spinal and limb range of movement and reduce muscle spasm
- Saddle fit was adjusted
- Remedial shoeing improved her movement both in front and behind

Janie's scores improved, and her competition career progressed. However, when she developed a mild lameness in front, the team approach was more important than ever before.

Veterinary investigation led to an MRI scan, and a mild tear of the deep digital flexor tendon was diagnosed in her left fore. Box rest and remedial farriery were recommended, alongside physio to maintain muscle tone and range of movement. She is currently coming back into work slowly, under the supervision of vet, physio and coach, and will be monitored closely. Janie's owner is grateful for the support around her and recognises that the collaborative approach of the team members enables them to provide Janie with the best care possible."

Sonya Nightingale, President of the Register of Animal Musculoskeletal Practitioners (RAMP)

Case study 9: Integrating qualified trainers and behaviourists into the vet-led team

The 1990s saw the start of what was to become an exponential rise in interest in animal behaviour, in particular the behaviour of the nation's pets. With it came the rise in people claiming to apply psychological principles to train animals and stop unwanted behaviours, this was quickly followed by a growing number of societies and associations representing this new, unregulated 'profession'.

The level of knowledge and skills held by trainers and behaviourists spanned the complete spectrum of quality and a new form of animal mistreatment emerged where the poorly educated and trained individuals were inflicting stress and creating wider and often potentially dangerous behaviour problems in the animals they were engaged to help. The only way that pet owners and even vets could decide who was suitably qualified was by their own declaration of expertise.

In 2009, the organisations that represented the highest standards of education and training for their practitioners collectively formed the Animal Behaviour and Training Council (ABTC) as a regulator for the profession and this move immediately attracted the support of the major animal welfare charities. Over the following years ABTC was established as a charity in England, Wales and Scotland and although the membership continues to grow, it can only do so on a voluntary basis.

The organisations representing individuals that are unlikely to meet ABTC requirements reject the need to improve their standards and choose not to be subjected to strict rules and checks on how they operate. There have even been several attempts made to compete with ABTC through various registers and other organisations in an effort to try and add legitimacy to those who do not meet ABTC's professional obligations. All such ventures have failed to gain independent support from anyone other than those they represent but what they have succeeded in achieving is confusion. Anybody approaching the animal behaviour and training sector for the first time could be excused for being overwhelmed by the bewildering array of logos, meaningless post nominal letters and claims of professionalism, the majority of which are of little substance at all.

For several years ABTC has sought formal independent validation of its functioning in order to firmly establish its position even more clearly on the animal welfare landscape representing the forefront of training and behaviour professionals. RCVS accreditation will provide the perfect opportunity to remove any difficulty for vets, animal keepers and even insurance companies in identifying suitably qualified trainers and behaviourists. It will also demonstrate to all concerned that ABTC has become a byword for quality and its practitioners are truly a part of the vet-led team.

David Montgomery, President of the Animal Behaviour and Training Council.

Technology and innovation

In the Vet Futures report the veterinary profession recognised there is value attached to technology and innovation. There have been significant developments in recent years in the areas of: genomic sequencing, big data, pen-side testing and other diagnostic tools, drones, genetically modified organisms, and social media. Vets are already embracing opportunities to create new services, improve the efficiency of, and access to, existing services, deliver quality information to clients and the broader public, and to share learning. There is a risk that technology and other innovations may disrupt veterinary care by offering new options to clients, which presents benefits and risks to animal health, animal welfare and public health.

Embracing new technology may require changes to the regulatory framework or updating professional standards to keep pace with public expectation or to anticipate advances. It is essential that the veterinary profession has the opportunity to contribute to any regulatory changes that may arise as a result of technological or other innovation. Ensuring that professionalism keeps pace with the future expectations of the public will also be important, whilst retaining the crucial element of maintaining animal health and welfare and public health.

Veterinary services will need to meet changing needs and wants of existing and potential users of veterinary services. This may necessitate a changing relationship between veterinary professionals and clients, rooted in the "Hub and Spoke" model. Increasingly vets will act as advisers and coordinators of services, helping clients to make the best decisions utilising all the information available in the interests of animal health, animal welfare, disease surveillance, public health and productivity. As such, veterinary surgeons themselves should also be adequately trained in advancing technologies. The concept of the vet-led team needs to be robust and capable of reacting and renewing itself as technology brings both enduring change and sudden disruption.

Technology may act to make clients feel more empowered in the care of their animal. Consequently, animal owners may wish to become increasingly autonomous; choosing to rely on information available on the internet, over and above the expertise of a veterinary surgeon. In many ways, this mirrors human healthcare where patients want and expect to be more responsible for their own healthcare. The veterinary profession needs to be proactive and ensure the "Hub and Spoke" model reacts to the increasing desire for autonomy of animal owners. This could include vets educating animal owners to utilise technology effectively, and properly articulating that technology can supplement veterinary advice but not replace it. Otherwise, there can be negative consequences, such as where a client delays treatment based on erroneous information.

Already, the potential for the growth of telemedicine has raised questions over accountability and responsibility of care. The use of telemedicine as a tool is not new and opportunities have been embraced vet-to-vet for the purposes of seeking and sharing specialist advice when examining or assessing and diagnosing an animal. This use of telemedicine is accommodated within the current regulatory framework, and lines of responsibility are clear.

Vets also use telemedicine to supplement the services provided to existing clients and patients, following an examination or assessment that has taken place in person. How recent that physical examination or assessment will need have been is a matter for the professional judgement of each veterinary surgeon, who will be best placed to consider the individual case, taking into account, the animal's health, age and any other influencing factors. This can be done within the current guidance whilst maintaining the integrity of the concept of 'under care'.

The RCVS Supporting Guidance currently states, "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." The potential for client/patient-to-vet telemedicine, or remote prescribing, where no physical examination or assessment has occurred would be a departure from current accepted practice and the current RCVS Supporting Guidance.

A potential benefit of changing regulation to allow client/patient-to-vet telemedicine or remote prescribing, without prior physical examination or assessment could be a service to clients which would be lower cost or more accessible than the traditional veterinary practice model. This could reduce barriers to veterinary care and expand the population of animals under veterinary care, thereby improving animal health, animal welfare and public health outcomes.

However, as noted by the PDSA PAW Report, the most significant reason given by dog owners for not registering with a vet – I can just turn up at the vets (29%)- indicates the major barrier is a lack of understanding with regards to the importance of preventive healthcare and that vets aren't just there for when a pet becomes ill or injured. Cost is only cited as a barrier by 16% of those dog owners who are not registered with a vet.

A change in regulation is not necessary to embrace the opportunity offered by telemedicine and will not address the primary reason behind owners not registering with a vet. Furthermore, remote prescribing without undertaking a physical examination or assessment could detach the vet from appropriate oversight of medicine use at a time when responsible use of medicines is an increasing concern.

As technology advances, there may be greater reliance on devices to aid in diagnosis. Responsibility for diagnosis should always rest with the veterinary surgeon. But as the veterinary surgeon increasingly relies on diagnostic devices, consideration of the regulatory issues surrounding such devices will need to progress to accommodate this reality.

Recommendation 19: The Royal College of Veterinary Surgeons must consult the veterinary profession on any regulatory changes that may arise as a result of technological or other innovation.

Recommendation 20: The veterinary profession should engage with clients on the most effective use of technology to complement the essential role of the vet.

Recommendation 21: A change in regulation to allow remote prescribing without undertaking a physical examination or assessment is not necessary for vets to embrace the opportunity offered by telemedicine or to address the primary reason behind pet owners not registering with a vet.

Case study 10: New opportunities arising from technology and allied professionals

We have seen a large increase in the utilisation of technology in our private lives but can be slow to embrace this professionally. Through wider availability of mobile data as well as the flexibility and manoeuvrability of tablets and smart phones, vet-led teams can offer a more in-depth service to clients in a cost-effective measure.

One example of how this is used practically is through data assimilation and preparation software and in particular around lameness management. A trained vet technician can visit farms regularly to undertake mobility scores with data recorded directly onto an app on a tablet. These results can then be sent immediately to the farmer, vet and foot trimmer. The farmer then uses the data to allocate lame cows for treatment by the foot trimmer.

The foot trimmer will then use the same app to record the results of their visit, with real-time data available at the time of trimming such as lactation number, days since calving, and lameness history. This will allow treatment to be appropriate – for example trimming in the first 60 days in milk will be conservative as the pedal bone will be less supported within the hoof capsule. The results of the visit will then be sent to the farmer and the vet immediately following the visit.

The farmer will use this report to record and apply any appropriate treatments, as well as ensuring suitable follow up, for example required vet attention or bandage removals. The vet can then use the mobility scores and trimming reports to review the mobility dynamics and ensure correct preventative advice is given to the farmer.

Another example of where technology can be used to integrate a vet-led team into the farmer team is a system where data from environmental sensors, intra-ruminal boluses and a free-standing weigh scale to provide early warning signs for disease. Through embracing this technology and the machine learning behind it, vets can provide advice around predicting and therefore preventing disease for their clients. It will also provide an opportunity to work with nutritionists to optimise growth. By working with these allied fields, vets will provide a more complete service to their clients.

Phil Elkins, British Cattle Veterinary Association representative on Vet-led team working group

Veterinary management and leadership

At the heart of the Vet-led team is veterinary management and leadership. The RCVS Day One Competencies reflect this, in guidance stating: “The veterinary surgeon should be familiar with and respect the roles played by others in the team and be prepared to provide effective leadership when appropriate.”

A range of potential barriers to a successful vet-led team were identified as part of the Spring 2018 BVA Voice Survey. Primarily, there were significant concerns about whether veterinary surgeons had the appropriate team and people management skills to lead a successful vet-led team, with some also suggesting that vets need to develop the skills for the role. For example, the ability to delegate is a skill essential to the delivery of care as part of a vet-led team. However, 60% of veterinary surgeons believe the profession is “not good at delegating”; 54% of RVNs agree.

Veterinary surgeons will require different management and leadership skills depending where they work and the allied professionals they interact with. Veterinary surgeons may require a wide range of skills depending on their role and the sector in which they operate. This can include project management skills, people management skills, and an ability to analyse evidence to provide advice and leadership on national or international situations which may affect animal and human populations and large commercial businesses.

It is essential that veterinary surgeons have the necessary management and leadership skills to reflect the diversity of the role that is changing. The Vet Futures report, notes that it will be essential that undergraduate training reflects the diversity of careers, promotes teamworking, management and leadership skills and is fit for the future.

The need to develop management and leadership skills is a career long pursuit, which begins at University. New graduates should not be expected to hold of the skills necessary to lead or manage all situations on day one; opportunities must be available throughout the veterinary career to develop these general professional skills and attributes through the provision of CPD.

Recommendation 22: Opportunities need to be available throughout the veterinary career to develop management and leadership and team building skills. The development of CPD to instil these skills, including joint training with allied professions, should be prioritised.

Recommendation 23: Undergraduate training has a role to play in management and leadership and facilitating the development of leadership, teamworking and management skills.

Case Study 11: Veterinary leadership and management of notifiable disease

The Animal and Plant Health Agency is responsible for investigating and responding to reports of suspected notifiable disease. Members of the public and private veterinarians ring a public number to report potential incidents. Government veterinarians are available 24/7 to respond to these calls.

Disease control policy is based on veterinary principles while also incorporating other legislative measures. Standardised operating procedures define veterinary and non-veterinary activities to ensure that veterinary professional expertise is used where necessary and is supported by and complementary to the work of non-veterinary colleagues.

Veterinarians lead on disease diagnosis through history taking, clinical and post-mortem examinations and collection of clinical samples. They work with non-veterinary technical field and laboratory staff including expert scientific researchers and provide comprehensive veterinary reports to the Chief Veterinary Officer who has the legal responsibility of confirming a diagnosis of notifiable disease. Vets also conduct epidemiological investigations to determine the source and spread of disease, make veterinary risk assessments to inform the development and implementation of disease control policies and provide veterinary advice to Ministers, other civil service bodies and external stakeholders.

The large scale and national significance of notifiable disease outbreaks requires that vets work with non-veterinary colleagues throughout such incidents. This can involve hundreds of staff across broad geographical regions. Local control involves administrative, laboratory and technical staff, regional staff managers and external contractors. Working closely with vets, the administrative staff in particular provide a hugely important resource, keeping records, responding to queries and ensuring financial rules are adhered to while making sure that disease is controlled. National control includes policy professionals, lawyers, economists, politicians, media teams and many others.

Association of Government Veterinarians

Cross references

- Spring 2018 Voice of the Veterinary Profession (Voice) Survey
- BVA and RCVS, Vet Futures
- BVA and RCVS, Vet Futures Action Plan
- RCVS, Vivet
- BVA Response to the RCVS VN Anaesthesia Consultation 2015
- RCVS Schedule 3 2017 survey Report
- BVA position on veterinary scanning surveillance