

# Veterinary Nurse Prescribers

## Executive summary

Registered Veterinary Nurses (RVNs) are an essential part of the veterinary team and deserve full recognition for their roles. Under the Veterinary Medicines Regulations (VMR), only vets, pharmacists and SQPs can prescribe or supply certain categories of authorised veterinary medicines<sup>1</sup>, but there have been calls to change legislation in order to introduce a 'nurse prescriber' role within the small animal practice team. The stated aims of introducing such a role are to address workforce shortages by improving retention and increasing opportunities for veterinary surgeons to delegate tasks.

BVA and BVNA support the principle of expansion of the RVN role, however, we believe that any changes to legislation should be approached in a measured way, in line with the wants and needs of the professions and clients, and with animal health and welfare at its heart.

BVA and BVNA believe that:

- Further work clarifying the duties that can be delegated under Schedule 3 should be undertaken and communicated through an ongoing and concerted awareness campaign and provision of joint CPD with vets and RVNs.
- The Suitably Qualified Person (SQP) role should be incorporated into 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.
- Any regulatory or legal change should only occur where a change would fulfil the following criteria:
  - Improved level of care to animals and 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.
- Prescribing vaccinations should remain under the remit of the veterinary surgeon.
- 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.
- 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.
- 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.

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<sup>1</sup> Retail of veterinary medicines <https://www.gov.uk/guidance/retail-of-veterinary-medicines>

# BVA and BVNA policy position on Veterinary Nurse Prescriber Roles

## Introduction

Registered Veterinary Nurses (RVNs) are an essential part of the veterinary team and deserve full recognition for their roles. Under the Veterinary Medicines Regulations (VMR), only vets, pharmacists and SQPs can prescribe or supply certain categories of authorised veterinary medicines<sup>2</sup>. The role of the VN is proscribed within primary and secondary legislation<sup>3</sup>.

There have been calls to change legislation to allow RVNs to prescribe certain medications such as vaccines, and flea and worming treatments, with the stated aims of improving retention through the development of a structured career path for veterinary nurses and increasing opportunities for veterinary surgeons to delegate appropriate tasks.

We strongly support the principle of improving job satisfaction within the veterinary professions and in doing so contributing to potential solutions for the workforce crisis. With appropriate training and practical experience there is no reason why the RVN role should not be expanded, however, any changes to legislation should be approached in a measured way, in line with the wants and needs of the professions and clients, and with animal health and welfare at its heart.

## Workforce issues

In order to improve job satisfaction for both RVNs and veterinary surgeons, any expansion of the RVN role would need to offer genuine career progression opportunities for RVNs and real opportunities for veterinary surgeons to delegate to appropriately trained RVNs working within the veterinary team. We are yet to be convinced that allowing RVNs to prescribe certain medications, in particular vaccines, would achieve this aim.

Opportunities for more effective use of RVNs within the current Schedule 3 with no need for regulatory or legal changes should be explored and encouraged. Although the RCVS consultation on Schedule 3 in 2017 found a very high proportion of veterinary nurses (92%) and a clear majority of veterinary surgeons (71%) agreed that veterinary nurses should be able to undertake additional areas of work, it also found that the professions' understanding of Schedule 3 and how it applies in practice 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.

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. Improved quality of CPD provision for RVNs is also needed in order to encourage career progression and support any expansion of the role.

Of potential benefit would be 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. It will be important to ensure that this does not disrupt the apprenticeship funding that Level 3 Diploma students can currently gain or significantly increase the course content of the existing pre-registration qualification. 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 and become an AMTRA SQP. This should be expanded to be available to RVNs working in all sectors, and not restricted to those working with small animals.

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<sup>2</sup> Retail of veterinary medicines <https://www.gov.uk/guidance/retail-of-veterinary-medicines>

<sup>3</sup> RCVS Code of Professional Conduct for Veterinary Nurses <https://www.rcvs.org.uk/document-library/code-of-professional-conduct-for-veterinary-nurses/code-vn-final.pdf>

It has been suggested that the introduction of an RVN prescriber role could potentially be used to reduce the cost of treatment, thus increasing access to preventive healthcare, which would be beneficial for animal welfare. Although the presence of more trained professionals would be good for animal welfare, there is potential for the mismanagement of tasks as long as the VN title is not protected. Animal welfare is paramount and must be the first consideration. The main financial benefits to the practice, vet and client of utilising RVNs to a greater capacity lie in freeing up vet time to do other fee earning work and improving the local competitiveness of a practice compared with those who retain vets to do the same work. However, as stated above, opportunities to expand the role of RVNs already exist within the scope of current legislation, and we are yet to be convinced that allowing RVNs to prescribe certain medications would result in a significant positive impact on the division of workload within the veterinary team.

**Recommendation 1: Further work clarifying the duties that can be delegated to RVNs 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 2: The Suitably Qualified Person (SQP) role should be incorporated into 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.**

**Recommendation 3: Any regulatory or legal change should only occur where a change would fulfil the following criteria:**

- **Improved level of care to animals and 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.**

## Vaccinations

The first vaccination consultation usually provides an opportunity for a thorough examination of the animal and early identification of any underlying conditions (e.g. heart murmur). There are also a number of other considerations discussed with the owner at the first vaccination appointment such as booster vaccination frequency<sup>4</sup>, the risks of allergic reaction or injection site sarcoma (in cats)<sup>5</sup>, and any likely contact with immunocompromised humans (in the case of live kennel cough vaccine), which should remain the responsibility of the veterinary surgeon.

For these reasons, we do not support RVNs being permitted to prescribe first vaccinations, even with increased training.

We have similar concerns as already outlined regarding booster vaccinations for older animals, with the annual health check carried out at the time of the booster providing a valuable opportunity to identify emerging conditions and discuss health planning with the client<sup>6</sup>. There is a potential risk to animal health and welfare if

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<sup>4</sup> WSAVA vaccination guidelines <http://www.wsava.org/guidelines/vaccination-guidelines>

<sup>5</sup> European Advisory Board on Cat Diseases <http://www.abcdcatsvets.org/>

<sup>6</sup> Shaw J. R., Adams C. L., Bonnett B. N., Larson S., Roter D. L. (2008) Veterinarian-client-patient communication during wellness appointments versus appointments related to a health problem in companion animal practice. *Javma-Journal of the American Veterinary Medical Association* 233, 1576–1586 [PubMed]

Everitt S., Pilnick A., Waring J., Cobb M. (2013) The structure of the small animal consultation. *Journal of Small Animal Practice* 54, 453–458 [PubMed]

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“I Always Feel Like I Have to Rush...” Pet Owner and Small Animal Veterinary Surgeons' Reflections on Time during Preventative Healthcare Consultations in the U... Z Belshaw, NJ Robinson, RS Dean, ML Brennan

[https://www.researchgate.net/publication/323070655\\_I\\_Always\\_Feel\\_Like\\_I\\_Have\\_to\\_Rush\\_Pet\\_Owner\\_and\\_Small\\_Animal\\_Veterinary\\_Surgeons'\\_Reflections\\_on\\_Time\\_during\\_Preventative\\_Healthcare\\_Consultations\\_in\\_the\\_United\\_Kingdom](https://www.researchgate.net/publication/323070655_I_Always_Feel_Like_I_Have_to_Rush_Pet_Owner_and_Small_Animal_Veterinary_Surgeons'_Reflections_on_Time_during_Preventative_Healthcare_Consultations_in_the_United_Kingdom)

Owners and Veterinary Surgeons in the United Kingdom Disagree about What Should Happen during a Small Animal

the animal does not receive regular health assessments, which may be an unintended consequence of booster vaccinations being prescribed by RVNs.

It has been suggested that there could be a role for RVNs in prescribing second vaccinations. However, in practice the second vaccination is usually prescribed at the same time as the first, so we are not convinced that such an approach would be practical for many veterinary businesses and would be unlikely to free up a significant amount of veterinary surgeon time. There could be a role for RVNs in administering second vaccinations which have already been prescribed by a veterinary surgeon at the first vaccination consultation, and we understand this already happens in some practices. Where the first vaccination has been prescribed and administered by a different veterinary practice, we would have similar concerns as already outlined, thus the second vaccination would need to be prescribed by the new veterinary surgeon after a clinical examination.

**Recommendation 4: Prescribing vaccinations should remain under the control of the veterinary surgeon.**

## Other treatments

The development of the RVN role could potentially include management of ongoing health problems and preventative health care.

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, and any re-categorisation of POM-Vs would need to be considered very carefully.

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 and specific 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 an 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 5: 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 6: 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 carefully worded and specific standard operating procedure (SOP) and directed CPD, and routine veterinary surgeon checks.**

**Recommendation 7: 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.**

## More information

- [BVA response to RCVS review of the role of VNs in anaesthesia](#)
- [BVA response to RCVS call for evidence on the risk and impact of introducing a 'nurse prescriber' role](#)
- BVA position on the Vet-led team

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Vaccination Consultation Belshaw, Zoe ; Robinson, Natalie J.; Dean, Rachel S.; Brennan, Marnie L. et al., Vet Sci <http://www.mdpi.com/2306-7381/5/1/7>

**BVA BVNA policy position on VN Prescribers March 2019**

(Page 4 of 4)