

Regulatory reform – enhancing the VN role meeting

Friday 11 December 2020, 10am
Zoom meeting

Attendees

Liz Mullineaux - Chair
Emma Callaghan (part) – Ethics and Welfare Advisory Panel
Deidre Carson – British Equine Veterinary Association
Emily Craven – Policy Committee
Daniella Dos Santos – BVA Senior Vice President
Amelia Findon – BVA Head of Policy & Governance
Vicky Ford-Fennah - Association of Veterinary Anaesthetists (RVN)
Anna Judson – Society of Practising Veterinary Surgeons
Alice Moore – Policy Committee
Jo Oakden – British Veterinary Nursing Association (RVN)
Gudrun Ravetz - BVA representative on RCVS Legislation Working Party
Tom Reilly – RVN
Charlotte Wood – British Veterinary Nursing Association (RVN)

Apologies: Carl Bradbrook – Association of Veterinary Anaesthetists, Dot Creighton – District RVN.

Minutes of the last meeting

1. The minutes of the meeting held 12 November were accepted as an accurate record.

Matters arising

2. BVA Council had received an update on the activity of all five working groups at their meeting on 9 December, and some questions had been raised by Council members for further discussion by the group:
 - There had been some concerns regarding enhancing the role of VNs in anaesthesia, in particular induction of anaesthesia which some Council members had considered should be restricted to vets. However, Council had also recognised that any such enhanced role for VNs would be accompanied by additional training and supported by protocols. Working group members agreed that VN Day One Competences in anaesthesia should include tasks such as maintenance, intubation, and placing an IV line, whereas incremental anaesthesia induction, nerve blocks, and placing more advanced lines should be subject to post-registration training.
 - There had been some concerns that the call for lay persons to no longer be permitted to monitor anaesthesia could lead to animal welfare issues for practices struggling to recruit VNs. However, Council had also recognised that efforts to enhance the role of VNs would be negated if lay persons were also permitted to carry out skilled nursing tasks. Working group members agreed that protecting some tasks for VNs was an important element of enhancing the role and it was not appropriate for lay persons, who were unregulated and therefore had no accountability, to be maintaining anaesthesia. When the anaesthesia qualification for lay persons had been developed the VN recruitment landscape had been very different and there was now a significant additional number of qualified VNs. It was agreed a transition period would be appropriate, including grandfather rights with a clear end point, to allow lay persons to qualify as VNs and practices to recruit as required.
 - Council had supported that working group proposal of a framework for the development of the VN role post-registration, with domestic cat castrations featuring as one example of a range of potential tasks VNs could be permitted to do with additional training.

Working group members agreed that cat castrations was not a VN Day One Competence and would instead be part of a post-registration surgery certificate.

Developing the VN role – additional tasks

3. At the last meeting it had been agreed that a framework for the development of the VN role post-registration could be helpful, with cat castrations featuring as one example of a range of potential tasks VNs could be permitted to do with additional training. There had been further discussion on Glasscubes, largely focussed on surgery, which would be useful to draw together into clear advice for Policy Committee. In discussion the following points were made:

Schedule 3

- Some attempts had been made on Glasscubes to define ‘minor surgery’, but it had proven difficult. It was agreed this would not be progressed any further.
- It was difficult to define ‘body cavity’ and the term was misleading and misunderstood. Although it could be interpreted as meaning the abdominal and thoracic cavity, it was interpreted differently depending on species. It was agreed that attempts to produce a list of tasks should not be progressed, although the response to the College should be clear that the term ‘body cavity’ was problematic.
- The RCVS supporting guidance ‘Delegation to veterinary nurses’ was clear and appropriate, explained the necessary decision-making, and was clear that the nurse could not carry out Schedule 3 tasks independently of vet direction. Any attempts to provide more granular guidance was unnecessary. It was agreed that the addition of similar wording on decision-making from the VN perspective would more clearly capture that it was a joint process.
- VNs were regulated professionals who were required by the Code to only work within their competence, and this requirement empowered VNs to refuse tasks where they did not feel comfortable.
- The current definition of a Schedule 3 task and supporting guidance did not provide adequate protection to VNs who might be pressured into working outside their competence.
- Although there would always be some practices where VNs were pressured by their employer it was not possible to legislate for behaviours. If Schedule 3 was more specific on the types of tasks, then it would not be future proof.
- The current wording of Schedule 3 read with accompanying RCVS guidance and in the context of the Code was adequate providing it was applied in a working environment which supported a culture of compassion and the principles of the BVA good veterinary workplaces position.
- The RCVS Veterinary Graduate Development Programme recognised the need for proper transition and mentorship for vets. A similar approach could be beneficial for VNs, where undergraduate training was good but post-registration support was often overlooked.
- Some of the large employers provided post-registration programmes for VNs (eg Linnaeus), and a minimum basic provision should be compulsory.

Further training post-registration

- There was already a wide range of additional training available to VNs post-registration. However, much of it was theoretical and there was a need for increased practical application, beyond cadaver work. BSAVA Merit Awards were a good model, as was the VTS model from the US.

- Where post-registration training for VNs was part funded or fully funded by employers, beyond standard CPD funding, this was often under contract so that the practice would directly benefit from the new skills learned. This was appropriate and was also the case for vets.
- Not all employers provided a CPD budget, and with VN salaries significantly lower than vet salaries the cost of CPD could be a barrier for some VNs. However, it was also recognised that all veterinary professionals had a responsibility to themselves not to work for bad practices or accept poor treatment in the workplace. It was also noted that some CPD aimed at VNs was priced proportionately.
- Employers needed to better understand the importance and benefits of creating well considered training and development plans for all team members.

Accountability

- Lines of accountability were sometimes unclear.
- It was important not to confuse accountability and blame.
- In the example of a wound breakdown, a clinical audit including all team members should take place to identify which of the numerous factors at play had led to the outcome.
- VNs were accountable as they were regulated professionals, but there was a need for a better understanding amongst vets of how to delegate responsibly.
- The concern vets sometimes felt about being 'blamed' for the failings of a VN could stem from pre-regulation days. Case studies could help support vets to better understand the accountability of VNs.
- Although the RCVS already provided some Schedule 3 case studies there was a need for a greater range, including more complex examples. VDS scenarios were also helpful.

Communication

- There needed to be better understanding and recognition of what VNs were capable of, as highly trained regulated professionals.
- Informed consent was essential.
- Some owners wouldn't be happy to agree to a student vet or student VN carrying out a procedure if directly asked.
- Practices should be clear in the terms of business that any team member with appropriate training and competence could carry out procedures. The terms of business should also be clear if the practice was a training practice, and the information should be available on the practice website and included in consent forms.

Further areas for development

4. At the last meeting, working group members had supported the prerequisites for regulatory or legal changes to the VN role as outlined in the BVA vet-led team position:
 - 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 VN.
 - Positive impact on the division of workload within the veterinary team
5. Working group members considered whether there were areas of the VN role which could or should be developed and in discussion the following points were made:
 - There was scope for developing specialist status for VNs. For example, it was appropriate that VNs working in oncology referral practices were able to train and be recognised as

specialist oncology nurses. This opportunity had been identified as part of VN Futures and a working group was being convened to take it forward.

- There were opportunities to develop the role for VNs in a range of other disciplines including: ultrasonography, nutrition, and physiotherapy.
- Post-registration pathways for VNs must be open to all, regardless of their route to initial qualification.
- It was important to champion primary care nursing and care should be taken not to suggest, through the creation of specialist qualifications, that VNs in general practice were of a lesser status.

District VNs

6. One of the aims of the VN Futures One Health Working Group had been to research and develop the Community Veterinary Nurse role. Separately RVN Carla Finzel had been championing the District Veterinary Nurse role, promoting the principle that high-quality veterinary nursing support in the home setting was in the best interest of the patient and the family. However, there were some concerns that her approach was encouraging VNs to work entirely independently of vet delegation, running the risk of non-compliance with Schedule 3 which required VNs to work under the direction and employment of a veterinary surgeon.
7. LWP was recommending that the restriction relating to employment should be removed, which would allow VNs could help clients to administer treatment to their pets at home under the direction of a veterinary surgeon who was not their employer. The veterinary nurse would be working 'with but not for' a veterinary practice. LWP had taken the view that decoupling direction from employment would help avoid a potential double-standard relative to other allied professions and help to better use VNs to their full potential in the interests of animal health and welfare.
8. In discussion working group members made the following points:
 - Parity with other allied professions being brought under the Schedule 3 umbrella seemed sensible. There was no rationale for requiring VNs to be employed by the directing vet when other groups were not.
 - Decoupling direction from employment could only be supported providing veterinary nursing remained genuinely vet-led. VNs should only be acting on referral from a vet and should not be working independently.
 - Requiring employment was an anomaly which was no longer needed now that VNs were regulated by the College. Continuing to require VNs to act under direction of a vet was the safeguard.
 - There were concerns that VNs would be approached directly by owners, as was already the case in other allied professions. This could be addressed by the VN requiring the owner to obtain referral from the vet before acting in line with a delegated treatment plan.
 - There were serious concerns that there were moves to trademark the District VN title and create a separate register. It was important not to associate with these developments and it could be better to use the term 'Community nurse'.
 - It could be useful to speak to Helen Ballantyne regarding the difficulties experienced in the human healthcare field in relation to regulating the community nurse role.
 - Veterinary nursing in the community was not a specialism and did not need a separate title. The work already took place in the form of nurse home visits from a large number of practices. The only difference would be that the VN was not directly employed by the practice.
 - It was important to remember that delegation and direction from a vet was only legally required for Schedule 3 tasks. However, the delegation of an appropriate treatment plan

was important from the point of view of continuity of care, regardless of whether it included Schedule 3 tasks.

- VNs acting outside the vet-led team risked bringing the profession into disrepute.
 - The recent guidance issued by the College relating to musculoskeletal practitioners was clear that they could work on healthy animals without referral. This had the potential to create grey areas as diagnosing healthy or diagnosing the absence of disease, was an act of veterinary surgery.
9. It was agreed that the LWP recommendation should be supported, and the BVA response to the College should be clear on the importance of all VNs continuing to work under the direction of a vet as part of the vet-led team.

VN prescriber role

10. In early 2018, as part of the LWP work, the College had consulted on a potential 'VN prescriber' role. At the time BVA had been clear that although the overarching aim of bolstering the VN role was sound, the evidence was insufficient that allowing RVNs to prescribe certain medications would result in a significant positive impact on the division of workload within the veterinary team. The subsequent BVA position on VN prescribers, called for prescribing of vaccinations to remain under the remit of the veterinary surgeon and the role of RVNs to be enhanced by:
- further work clarifying and communicating the duties that can be delegated to vet nurses under Schedule 3 of the Veterinary Surgeons Act;
 - incorporating the Suitably Qualified Person (SQP) role into RVN training, assessment, and competences;
 - granting RVNs additional rights to dispense POM-V flea and wormer treatments;
 - expanding the role of RVNs in the ongoing management of chronic cases.
11. RCVS had subsequently worked up three models for the way the role could work, of which Model 1 was most closely aligned with the BVA position. Stakeholder surveys on the risks and benefits had produced mixed responses. Qualitative data from a number of sources aimed at identifying the most common conditions recorded in vaccine consultations had also been gathered, but further progress had stalled and LWP had been unable to reach agreement on a way forward. It was expected that the proposal would be revisited.
12. In discussion working group members made the following points:
- To prescribe, a diagnosis was needed, which could include a diagnosis of health. VNs were not permitted to diagnose.
 - In human healthcare, nurse prescribing was attached to nursing specialism and was supported by protocols.
 - The Suitably Qualified Persons (SQPs) role should be incorporated into VN training, assessment, and competences. It was noted that this was already being done by VetSkill.
 - Further exploration of the role of VNs in prescribing flea and wormers was needed. It might be necessary to reclassify such products as POM-Vs, and the impact of parasiticides on the environment needed to be factored into any further discussion. Creating a role for VNs in this area could also provide a route to tightening control around their use.
 - There was also a potential role for VNs in repeat dispensing for chronic cases.
13. It was agreed that the existing BVA and BVNA position on VN prescribers was still appropriate and relevant and should be highlighted in the response to the College.

RCVS Vet Tech role

14. RCVS had recently announced the formation of the Veterinary Technicians' Working Party, which would report to the RCVS Registration Committee. The Working Party included representatives

from BCVA, as well as members of RCVS and VN Councils, and would be considering a number of issues related to veterinary technicians, including: agreeing a definition of the role and its scope; agreeing day one skills and competences; creating a system for assessing current vet tech courses and qualifications and coming up with a set of educational standards; agreeing a Code of Professional Conduct and a concerns investigation and disciplinary system.

15. In discussion working group members made the following points:

- The role had the potential to create a two-tier system based on species, which was not appropriate. The profession would be held to account for treating some species differently in relation to their capacity for pain and their need for good welfare.
- It seemed to be a workforce 'solution' which would produce a new group working to a lower standard than VNs.
- There needed to be equivalence at an educational level (ie minimum diploma level 3) on anatomy, physiology, welfare etc rather than creating a task-based role.
- The creation of the role would disincentivise creating pathways for farm animal VNs. It could be useful to speak to an existing VN in farm work (eg Anna Ashworth)
- The creation of the role and the use of the term 'Vet Tech' would be confusing for animal owners, who were already unclear on the role of VNs and underestimated their worth.

16. It was agreed that BVA should take the matter up with the College.

Action: BVA to liaise with the College on composition of the working group.

Next steps

17. The BVA secretariat would:

- Circulate the minutes of the meeting
- Circulate an emerging themes document summarising the advice to date from the working group, including any areas of difficulty for further consideration
- Share the advice to date with Policy Committee and Ethics and Welfare Advisory Panel for input

18. Working group members were thanked for their participation and considered input. There were currently no plans to hold a further meeting unless Policy Committee or EWAP identified any significant issues with the advice to date.