BVA RESPONSE TO RCVS REVIEW OF THE ROLE OF VETERINARY NURSES IN ANAESTHESIA

1) The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom and has over 15,000 members. Our primary aim is to represent, support and champion the interests of the veterinary profession in this country, and we therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.

2) We were pleased to have been given the opportunity to respond to the RCVS review of the role of registered veterinary nurses (RVNs) in anaesthesia. In developing this response we have consulted our members and liaised with our affiliate organisation the British Veterinary Nursing Association (BVNA) and with the British Equine Veterinary Association (BEVA).

3) Experienced and well-trained RVNs are a valuable asset to the veterinary practice team and contribute to successful surgical outcomes as well as providing all important patient care pre and post operatively. We welcome this opportunity to explore the role of RVNs in the anaesthesia process with a view to formally recognising their invaluable contribution. This RCVS review also provides a perfect opportunity to demonstrate to the public the value and importance of the role of RVNs within the team and the pressing need to formally protect the title of “Veterinary Nurse”.

Summary

4) In practice most experienced RVNs are more than capable of making routine adjustments to uncomplicated anaesthetics whilst keeping the vet well informed. This can be preferable to providing a running commentary of vital signs and waiting for instruction as it allows the vet to focus on the task in hand and helps ensure the highest level of care and attention is given to the animal in question. To require total anaesthetic control by a vet is impractical in the normal practice environment and it makes sense for the task to be delegated to appropriately trained staff where possible. However, the VN qualification does not automatically qualify a RVN to take sole responsibility for undertaking the entire anaesthesia process. Therefore the vet must retain overall responsibility for the entire process from initial assessment to return to complete consciousness, and ensure adequate oversight of the surgical team at all times.

5) We have structured our comments in line with the specific areas for consideration identified by the RCVS working group at the meeting on 23 June 2015.

Pressure from employers

6) A RVN must not feel pressured to complete a procedure simply because it is legally and professionally acceptable for them to do so. Vets and RVNs should ensure that RVNs operate “within their own area of competence” as per the Code of Professional Conduct for Veterinary Nurses [1.2].

7) In all cases the vet should retain oversight and ultimate responsibility, making
decisions on involvement based on his/her knowledge of the skills and experience of the individual RVN. It is important that there is absolute clarity with regard to the definition of “supervision” and if the role of RVNs in anaesthesia is to be extended it should be stipulated explicitly that a vet should remain on the premises within audible, contactable distance throughout the process in order to provide support if required.

Public Perception

Although individual practices take measures to inform their clients, in general we believe that clients are not fully aware of the different roles and responsibilities for each member of the veterinary team. The RCVS/BVA Vet Futures project found in a May 2015 survey that 94% of the general public trusts the veterinary profession. The professional judgement of veterinary surgeons is valued and the public trusts that the care of their animals is adequate throughout, with the vet retaining oversight and responsibility. It is not unreasonable to assume that most clients would expect a vet to be physically on the premises and available during all stages of anaesthesia, including the recovery phase, in order to be able to intervene immediately should complications arise. This principle should not be diluted and it serves to emphasise the importance of a well-trained and competent team working together effectively.

CPD and Further Training

If RVNs are legally permitted to become more involved in the process, then there will be a market open for the development of further training and extra qualifications. The availability of further formal training and CPD for RVNs would be extremely useful in conjunction with practical experience but the vet should make decisions on the level of involvement in the anaesthesia process by RVNs on a case-by-case basis. The career progression of nurses should be encouraged and, although veterinary surgeons should not make generalised assumptions about the competency and skill of a RVN based purely on paper qualifications, further training and diplomas in anaesthesia would serve to instil confidence and increase the practical knowledge of a RVN.

BEVA suggest extra training be developed for RVNs regarding equine anaesthesia due to the lack of training in this area available to equine nurses during their qualification and post qualification. BEVA believes that it is an area that many nurses are not confident in but that good knowledgeable nursing care can make an enormous difference in the correct treatment and recovery of equine anaesthesia cases.

Conclusion

In conclusion, BVA supports an expanded role for RVNs in the anaesthesia process but the veterinary surgeon must maintain overall responsibility and “supervision” must be clearly defined to state that the vet must remain on the premises within audible, contactable distance throughout the process. Additional training and qualifications in anaesthesia for RVNs are welcome but the veterinary surgeon must make decisions on a case-by-case basis and only if he/she is confident in the skills and abilities of the RVN.