RCVS CALL FOR EVIDENCE ON THE RISK AND IMPACT OF INTRODUCING A ‘NURSE PRESCRIBER’ ROLE

1) BVA is the national representative body for the veterinary profession in the United Kingdom and has over 17,000 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) Our response has been formulated in close liaison with the specialist divisions, in particular the British Small Animal Veterinary Association (BSAVA), the British Equine Veterinary Association (BEVA), the Society of Practising Veterinary Surgeons (SPVS) and the British Veterinary Zoological Association (BVZS). Their individual input is provided as an Annex to this response.

3) We have also liaised with affiliate organisation the British Veterinary Nursing Association (BVNA) with whom we work closely on a range of shared priorities. As part of our strategic alliance with BVNA we work together to represent the views of veterinary surgeons and veterinary nurses to the media, policymakers and general public and to raise the profile of the veterinary professions and the wider veterinary team, whilst still recognising the strong identities of the two distinct Associations and their memberships.

4) We welcome the opportunity to comment on RCVS initial proposals to bolster the role of registered veterinary nurses (RVNs), working as part of the veterinary team. We strongly support the aims underpinning the proposals, in particular the potential to address workforce shortages by improving retention through the development of a structured career path for veterinary nurses, and increasing opportunities for veterinary surgeons to delegate appropriate tasks.

5) RVNs are an essential part of the veterinary team and deserve full recognition for their roles. With appropriate training and practical experience there is no reason why their role should not be expanded. However, we believe this should be approached in a measured way which takes into account the findings of the RCVS consultation on Schedule 3 in 2017. Although the report 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. It may be that further work clarifying the duties which can be delegated under Schedule 3 should be undertaken before, or at least alongside, any activity to develop the RN role, with appropriate training, beyond the existing VSA.

Risks to animal welfare

6) As the first vaccination consultation usually provides an opportunity for a thorough examination of the animal, and therefore an opportunity for early identification of any underlying conditions (e.g. heart murmur), we do not currently support the proposal that RVNs, even with appropriate further training, should be allowed to prescribe such medications. There are also a number of other considerations discussed with the owner at the first vaccination appointment such as booster vaccination frequency\(^1\), the risks of allergic reaction or injection site sarcoma (in cats)\(^2\), and any likely contact with immuno-\(^1\) http://www.wsava.org/guidelines/vaccination-guidelines
\(^2\) http://www.abcdcatsvets.org/
compromised humans (in the case of live kennel cough vaccine), which we believe should remain the responsibility of the veterinary surgeon.

It has been suggested that a separation of the first in-depth clinical examination and first vaccination appointments could provide a solution, ensuring that the veterinary surgeon could assess the animal prior to the RVN prescribing the first vaccination. Although this proposal may merit further consideration, in practice the practicalities, and associated cost to the client, of arranging separate appointments (even if synchronized), may make it unworkable for the majority of veterinary practices. We are also yet to be convinced that such an approach would free up a significant amount of veterinary surgeon time.

The first vaccination appointment is also often the first time a client will have visited the practice, and as such it represents an important opportunity for client/practice bonding, which can set the direction of the relationship for the remainder of the animal’s life. It is important not to underestimate the value of this initial meeting, for the client, and therefore the health and welfare of their animal, as it establishes contact with the vet as routine.

It has been suggested that there could be a role for RVNs in prescribing second vaccinations, although in practice the second vaccination is usually prescribed at the same time as the first. If separated, RVNs prescribing second vaccinations would need to be subject to appropriate training, not only in relation to the specifics of prescribing such medications but also in relation to the identification of possible abnormalities which require further investigation and diagnosis by the veterinary surgeon. Again, we are yet to be convinced that such an approach would free up veterinary surgeon time.

Regarding booster vaccinations for older animals, we have similar concerns as already outlined, 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. There is a potential risk to animal health and welfare if the animal does not receive regular health assessments, which may be an unintended consequence of booster vaccinations being prescribed by RVNs.

7) We believe there is a role for RVNs to play in prescribing routine flea and wormer treatments and would support further development of this proposal, including the referenced protocol-based VN health check. Any issues around professional responsibility and liability, particularly in relation to adverse reactions to treatments will also need careful consideration. Consideration should be given to the recognition of all RVNs as Suitably Qualified Persons (SQPs) with additional rights to prescribe POM-V flea and wormer treatments, working as part of the vet-led team.

Benefits to animal welfare

8) We appreciate the underlying intention that allowing RVNs to prescribe certain medications could lead to a reduced cost for the client, and therefore increased access to preventive

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Investigating preventive-medicine consultations in first-opinion small-animal practices in the United Kingdom using direct observation RS Robinson, N.J., Brennan, M.L., Cobb, M., Dean

“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

Owners and Veterinary Surgeons in the United Kingdom Disagree about What Should Happen during a Small Animal 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
healthcare. However, this first assumes that there would be a reduction in costs, and secondly that any reduction could be passed to the client, without considering that the overall profitability of the practice must be maintained. Any reduction in fees charged for appointments delegated to RVNs would need to be recouped elsewhere, potentially resulting in an increase in the cost of all other appointments, which could impact on animal welfare.

We believe that there is an important role for RVNs to play in the ongoing management of chronic cases, supporting owner compliance and contributing to the maintenance of long term welfare. There may be a role for RVNs in repeat prescribing for certain conditions already diagnosed and subject to routine veterinary surgeon checks.

**Medications**

9) We would not support RVNs prescribing any POM-Vs without clinical assessment/diagnosis, except for routine flea and wormer treatments subject to the considerations at para 7 above. Subject to an initial health assessment by a veterinary surgeon we could potentially support prescribing of routine vaccinations by RVNs, and subject to diagnosis by a veterinary surgeon we could potentially support the prescribing of pain relief, topical treatments for some skin conditions, and repeat prescriptions for a wider range of medications to treat chronic conditions in stable patients. However, there is a risk that this could result in some medications being used preferentially for convenience/cost reasons if made accessible to clients via RVN prescribing.

In a zoo setting, BVZS have identified a potential role for RVNs in repeat prescribing contraceptive medication, after initial veterinary assessment.

**Impact on the veterinary practice workforce**

10) We believe that the proposals, if developed in such a way that they represented genuine career progression opportunities for RVNs, and real opportunities for veterinary surgeons to delegate to appropriately trained RVNs working within the veterinary team, could lead to increased job satisfaction for both RVNs and veterinary surgeons. The practical application of the proposals across different veterinary practice business models and the impact on the number of RVNs and veterinary surgeons required full or part-time within the veterinary team is not something we have the insight or evidence to meaningfully assess.

**Equine and farm animal practice**

11) BEVA have indicated that 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. BEVA would welcome an opportunity to contribute to any discussions.

**Conclusion**

12) Although the objectives underpinning the proposals are sound, 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, for the reasons outlined above. RVNs are valued members of the veterinary team and we fully support the development of career pathways to improve job satisfaction and increase retention. We do not believe that the proposals as they currently stand achieve this and we would instead encourage improved communication in relation to the duties which RVNs can already carry out under Schedule 3, consideration of the role of RVNs as SQPs, and thorough consideration of parallels in human healthcare where specialist nursing roles cover a range of support roles.

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