



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.

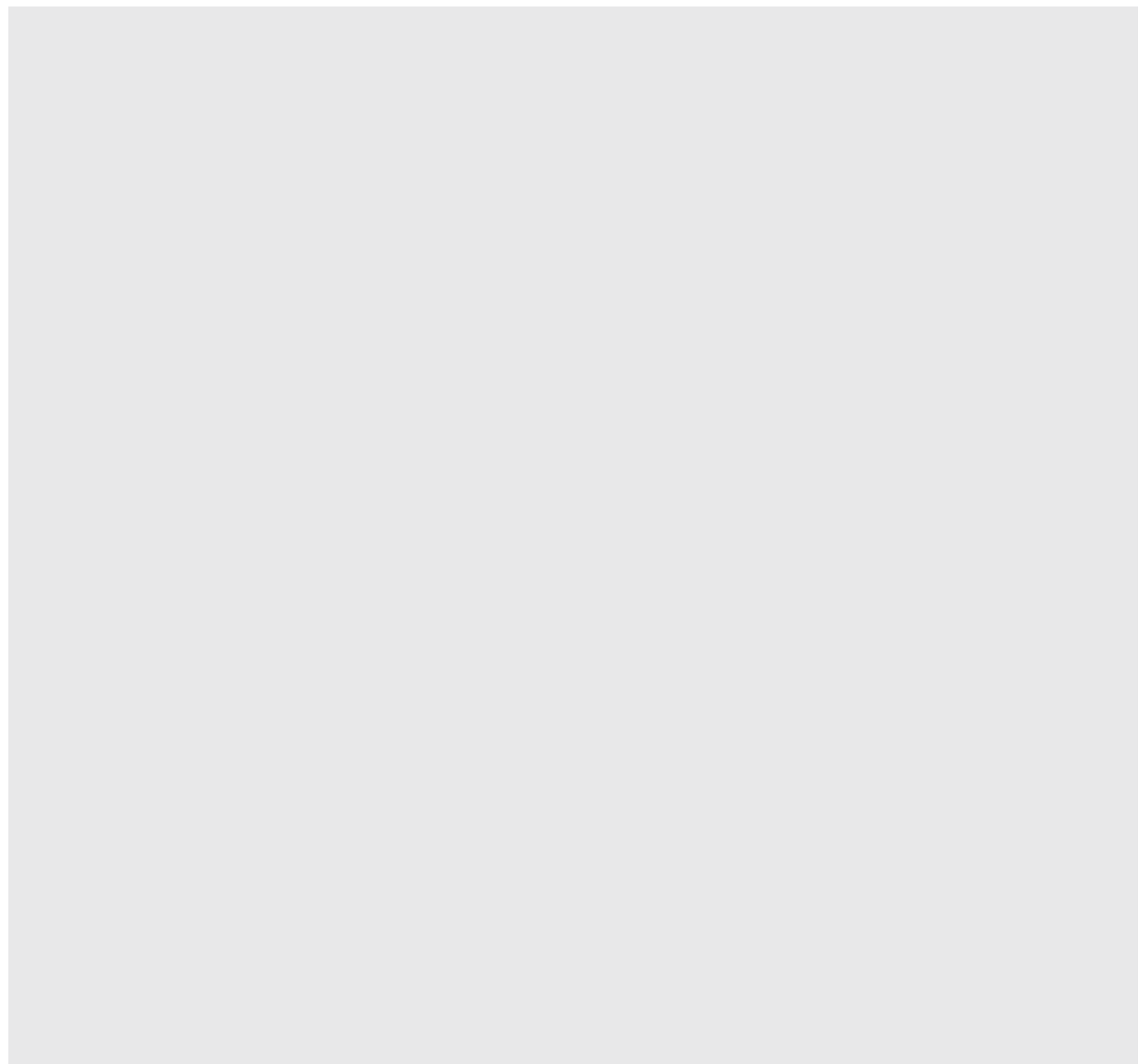
There is evidence that the activities carried out by the group are beneficial to animal health, animal welfare or public health;

Association with the group will not damage the reputation of the veterinary profession;

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procedures and medical treatments must not be undermined. undertake surgical

The integrity and authority of the veterinary signature must be protected.



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 t

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:

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

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

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

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.

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

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.

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

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

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

Nutritionist

Massage Therapist

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 respect the roles played by others in the team and be prepared to provide effective leadership when

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

