

VETS MARKET INVESTIGATION

Summary of roundtable discussion held with Registered Veterinary Nurses via MS Teams on 23 September 2024

Introduction

1. The following is a summary of points raised in a discussion with Registered Veterinary Nurses (RVNs). The discussion was held via MS Teams on 23 September 2024.
2. In advance of the roundtable discussion, the Project Director provided an introduction to the Market Investigation and introduced the Group member and case team members present.
3. The roundtable discussion focused on the following issues:
 - Developments in the veterinary nursing profession and responsibilities of nurses
 - Regulation
 - Communication with clients
 - Prices and quality of services

Developments in the veterinary nursing profession and responsibilities of nurses

4. Attendees agreed that the profession had changed considerably over the last ten years, with more opportunities for RVNs to specialise and take positions as leaders, educators, and advocates for animals and clients. Attendees also agreed that RVNs played a big role in communication with clients and in preventative healthcare.
5. Attendees said that the majority of clinical tasks carried out by RVNs were done under delegation from a vet, meaning the role varied considerably

across practice types and dependent upon individual veterinary surgeons' willingness to delegate tasks.

6. Attendees said there was a lack of understanding around the capabilities and training of RVNs, particularly in relation to anaesthesia and minor surgery. One attendee suggested that the term 'vet-led team' was unhelpful and should be replaced by 'a team-based approach'.
7. Attendees generally agreed that the legislation had not kept up with the changes in the profession. They agreed that RVNs should be able to take on more responsibility to make decisions and take ownership of patient care. In addition to improving job satisfaction for RVNs, attendees also suggested this could improve the efficiency of practices. One attendee said that the confines of the Veterinary Surgeons Act 1966 (the VSA) meant that nurses often referred matters to vets which they could likely address themselves, incurring additional costs for clients.
8. Attendees agreed there were challenges within the veterinary nursing profession, particularly due to structural impediments to career progression.
9. One attendee said a barrier to RVNs doing more would be the need for training, that RVNs often funded their own training, and that less money was given by employers for RVNs' training than for that of vets. Another said that large corporate groups might be better at encouraging continuous professional development.
10. One attendee told us that nurses' time was undervalued and that historically practices did not charge for it.

Regulation

11. Attendees were pleased with previous regulatory changes, such as the creation of the RVN register and reforms which resulted in nurses being able to own their own practices. One RVN noted that, although they liked the fact the Code of Conduct for RVNs largely mirrored the one for vets, there arguably needed to be additional points relevant for RVNs.
12. Attendees highlighted concerns with the VSA. One said the legislation allowed farmers and Suitably Qualified Persons (SQPs) to do more than RVNs. One attendee was also an SQP which they said enabled them to do a little more in terms of fulfilling prescriptions.
13. Attendees told us that protection of the veterinary nurses' title was highly important and 'top of their wish list'. Attendees said this was important for animal welfare and for ensuring transparency for pet owners.

14. Attendees generally agreed that the legislation should allow RVNs with advanced specialisms to carry out more advanced work, and to increase their earning potential. Some attendees suggested a nurse practitioner role, citing the example of this position in human nursing.
15. Attendees generally agreed that RVNs should be regulated by nurses rather than the RCVS. They explained this was because they are currently regulated by the same professional body as vets despite being different professions - albeit working in the same sector. One attendee noted that the number of vets and veterinary nurses was quite similar but there was nowhere near parity within the RCVS' governance structure. Another said that the RCVS regulating both veterinary surgeons and RVNs generated a conflict of interest, particularly in relation to disciplinary issues.
16. One attendee said they had tried to make a complaint about a vet but found that only another vet or pet owner could do so. The same attendee also stated that there was lack of transparency around the current complaints procedure. Another said they had tried to raise a concern some time ago but found they were unable to do so anonymously.
17. One attendee said that RVNs referred to the RCVS Code of Conduct and Guidance when training but did not necessarily interact with it post-qualification. Another attendee said that the RCVS' guidance around vaccination was very clear and that there were large sections covering communication with clients. One attendee said that RVNs were not allowed to diagnose, but that more guidance was needed to clarify the distinction between a 'diagnosis' and a 'descriptor'. For example, the attendee said there was disagreement on whether saying an animal was obese was a diagnosis or a descriptor.
18. Attendees generally agreed that the legislation did not clearly reflect the practical realities of anaesthesia, particularly within the context of complex surgeries.
19. One attendee said that where an RVN was unsure whether a task was within the scope of Schedule 3 of the VSA they could call the RCVS, but that the RCVS did not always respond in a timely manner. Another attendee said the BVNA would be publishing a document on maximising the RVN role which would seek to clarify Schedule 3 tasks, noting a general preference for what veterinary nurses can do to be protocol-driven rather than task-orientated.
20. One attendee said the legislation should allow for district veterinary nursing. Two attendees said RVNs should be able to order diagnostics and that they are more than capable of taking a thorough clinical history of an animal. One

said that RVNs should be able to prescribe a certain range of drugs. Another suggested they should be able to specialise then prescribe more within that remit eg a veterinary nurse could be trained in palliative care and then be able to prescribe drugs within that remit only. This is currently an option available to human nurses.

21. One attendee said the RCVS wanted to regulate paraprofessionals and expressed concern that nurses may be grouped with them rather than recognised in their own right.

Communication with clients

22. One attendee said there was little training on non-clinical skills such as communication. Another, however, said their large corporate group was very proactive in supporting training on communication. One said that RVNs focus more on communication in their training than vets.
23. One attendee said there was potential for nurses to lead in this interaction with pet owners, and that nurses were often better at communicating with clients because they were able to sit down with them and take time to explain. Another attendee said it was important to check the understanding of the client and allow them to voice concerns or ask questions.
24. One attendee said it varied by practice how good communication was regarding price. Another said leaders should ensure their team members understood costs so they could be comfortable having such conversations. One attendee said that newly qualified team members in particular, often felt uncomfortable having conversations regarding price.

Prices and quality of services

25. One attendee said clients could be reluctant to ask about price because they felt guilty that they might not be able to afford the level of care or follow-on support their animal needed and that they might feel compelled to agree at the moment treatment options are raised.
26. One attendee said that clients tended to be understanding about prices when they understood the cost of providing the service and the value for money. The attendee said that some clients got upset when they did not see the need to see the vet, for example, where there was a legal requirement to see an animal in order to prescribe certain medicine, and also where they saw cheaper human medicines. One attendee said the dominance of the NHS in the minds of pet owners meant they often did not understand the costs of medicines.

27. One attendee said that transparency around cost could be difficult because of the supply side of medicine and that many practices could not purchase medication as cheaply as online pharmacies sold them. The attendee said that, in their view, this was because some vet practices had to go through wholesalers, which may have inflated prices, whereas other practices can go directly to medicine manufacturers and get rebates. This attendee said that they had found the cost of medicines to a practice can be more than the price found on online pharmacies.
28. One attendee said client expectations around how much could and should be done for their animals had increased, and that there was some fear around offering contextualised care in case the treatment did not work.
29. Attendees said that unhappy clients would complain (for example on social media), withhold pay, and tell RVNs they did not care about their pet. Attendees said this often impacted the mental health of RVNs.

Appendix: List of organisations represented at the discussion

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