

# Suitably qualified? Who cares! And who should?

**Jeremy Johnson** discusses some of the changes in the veterinary medicines market and the ways medicines can be dispensed



**THE MAN IN** the hat is my great-grandfather, Charlie Jones. He started his career as a haulier, managing large teams of horses, in the days before juggernauts. According to family lore he ended up as a "horse-doctor". I never met Charlie, of course, but I knew one of his sons, Adam, a farmer. I last saw Adam just before he died, after returning from veterinary practice in New Zealand in 1990.

In New Zealand I found that it was quite normal for farmers to buy many of their own surgical instruments rather than relying on vet practices or vet clubs to provide them.

Adam showed me some of Charlie's surgical instruments and left me some of his things. At the foot of the page is a recent picture of me with a well-used probang owned by Charlie, and with

some of his veterinary textbooks. Charlie's possessions demonstrate to me that he undertook acts of veterinary surgery and was committed to CPD, although he was not a vet. In contrast, the amount of time I was able to spend on CPD as a veterinary assistant was negligible in comparison to the time I spent after joining the pharmaceutical industry in 1991.

I have often thought of Charlie over the years whilst putting together marketing plans, typically for the next one to eight years, as family lore also has it that "Charlie Jones swore that the internal combustion engine would never replace the horse." It is difficult to predict the future, yet there are some things we can change and others that we need to plan for that are outside our direct control.

## Do qualifications matter?

So do qualifications matter, or is it just experience? In reality, both are valuable and we need to recognise and reward both where possible. However, no profession, regulatory or awarding body is divorced from the market place. CPD, equipment, and standards all cost money; money that is less available if you lose market share.

If the market changes and such bodies do not respond, then they may lose share to others who are encumbered by fewer professional

obligations but have relevant experience, perhaps some formal training or commitment to CPD.

What then is on the horizon that might require a response over the next one to eight years? In 2006 Mintel issued a report<sup>1</sup> on the pet accessories and healthcare market which showed that veterinary practice is losing market share in a growing market and concluded: "...market values have continued to rise in the face of a declining UK pet population ... sales in the healthcare category have grown at a faster rate than those of accessories thanks to wider OTC availability of vet strength treatments and a rising awareness of pet healthcare issues".

At first this might not seem very relevant to vet practice. But a review of distribution classification was proposed in 2005<sup>2</sup>, and considered the various channels through which animal medicines might be distributed.

## Who is 'responsible'?

The term Responsible Qualified Persons (RQPs) was used, defining RQPs to include pharmacists, suitably qualified persons, and vets. There was no mention of veterinary nurses, most of whom of course are responsible; but nurses can become SQPs, as this is now allowed for in legislation without the need for a new Veterinary Surgeons Act.

During the original public consultation, 870 products were put forward by a variety of vested interests. These are currently being considered by the Veterinary Medicines Directorate, with advice from a working group of the Veterinary Products Committee.

Once advice has been given and recommendations made, formal consultations are to take place starting in the spring (2007), each for a minimum of

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The author with a well-used probang owned by Charlie Jones.

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# medicines

12 weeks. Whilst some groups will not change category, it seems likely that some groups of former POMs will, and will therefore become available, without a veterinary [surgeon's] prescription, via the SQP channel which is currently regulated by AMTRA (Animal Medicines Training and Regulatory Authority) and the pharmacy channel.

The RCVS proposed some time ago that there will be a non-statutory register of veterinary nurses and this was subject to a consultation during the latter part of 2006 and early 2007. However, it was not explicit in the consultation document that upon registration Registered Veterinary Nurses who had studied the requisite modules would automatically become SQPs, or recognised as Responsible Qualified Persons.

## Who understands?

My father is a pharmacist, so I know that pharmacists are trained to refer. I also know that he is very ethical, and that his knowledge of pharmaceuticals would surpass that of the majority of vets, but that his understanding of veterinary medicine would fall short of a qualified veterinary nurse.

Whilst presenting recently at a meeting of the VPMA, I asked the audience the question, who would be most likely to refer to you?

1. a pharmacist;
2. a suitably qualified person regulated by AMTRA;
3. a veterinary nurse trained by you who has gone on to become a SQP?

All hands went up for the third option. This makes perfect sense: all three are bound by a code of professional ethics, but the third person would also have a good understanding of veterinary medicine and a close relationship with you. Just picture the person you can most imagine saying while being requested by a customer to prescribe, for example a NFA-VPS, "I am sorry, but this one really needs to be seen by a vet." Now consider where your referral business is most likely to come from. Are the "suitably qualified people" who might refer to you where you want them to be? And seeing lots of customers?

But once practices have put all that effort in to training them, should we then oblige VNs who wish to be involved in prescribing medicines to go to AMTRA at all? The recognition of AMTRA by the Secretary of State, and its commitment to raising standards for SQPs, are all positive developments.

There are also positives in the reclassification of medicines as this should facilitate market growth. So, any VN who has already become a SQP is ahead of the game; but sending VNs off and forcing them to pay additional registration fees to AMTRA if they wish to prescribe is not much of an incentive for qualified VNs to remain in the veterinary nursing profession.

## Contribution of nurses

The consultation period has ended, the outcome (at the time of writing) is not yet completely certain, or at least not yet very visible on the RCVS website, although a register is proposed for later this year. In 2005, veterinary nursing accounted for 17% of RCVS revenue and £145,000 of contribution to overhead recovery<sup>3,4</sup>; this is generally taken as revenue remaining after variable costs have been deducted, although here costs deducted already included £373,000 of salary and consultancy costs. The contribution went to overheads and the RCVS contingency reserve.

Over the same period, AMTRA generated<sup>5</sup> only £142,000 in revenue from registrations, in comparison to £134,000 from the same activities in 2004, but an additional £199,000 from issuing "Accreditation of Prior Learning" forms.

AMTRA's assets are extremely modest in comparison to those available to the RCVS but clearly AMTRA has been very focused on medicines, grown very successfully and generated revenue from "Accrediting Prior Learning".

It is obvious then that by one means or another, covering the marginal cost of regulating VNs as SQPs is not beyond the resources of the RCVS. And if AMTRA can be recognised by the Secretary of State as a body responsible for regulating the conduct of SQPs, the RCVS can do the same, without opening the Veterinary Surgeons Act.

What I hope then, is that when the outcome of the consultation is announced, and the register is launched later this year, those VNs who have studied and passed the relevant modules, or had their "Prior Learning Accredited", will be able to prescribe as independently as a comparable AMTRA-registered SQP can today, referring when appropriate.

I also hope that when prescribing as SQPs, their obligations will be no more onerous than those imposed upon a comparable SQP registered with AMTRA, in order that they may be able to continue developing professionally, and to continue to help veterinary practice do the same.

I don't know what career path Charlie would have followed today, a century on from buying his books: the internal combustion engine is getting some bad press, but the horse has not yet taken over again.

Adam once showed me a recipe, a "prescription" in Charlie's hand-writing, for a treatment for a horse with a cough. I do know that Charlie was good at what he did, and I believe he had a good relationship with his clients. Maybe he would have become a Suitably Qualified Person: it's a growing opportunity.

1. Mintel: Pet Accessories and Healthcare UK May 1, 2006: GN 1294033.

2. [www.vmd.gov.uk/consultations/previous/htm](http://www.vmd.gov.uk/consultations/previous/htm) – Review of the Distribution Category (Legal Classification) of Veterinary Medicinal Products, 19/10/2005, Annex D.

3. RCVS annual report 2006.

4. VN annual report 2005.

5. AMTRA accounts year ending December 31, 2005.

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