



Good Intentions, Unintended Consequences

The development of regulation for animal neuromusculoskeletal practitioners.

According to the Veterinary Surgeons Act (VSA) 1966 and the Veterinary Surgeons (Exemptions) Order 2015, Neuromusculoskeletal (NMSK) practitioners must have a veterinary diagnosis and referral to provide care for an animal. However, this is not required for performance and maintenance for the wellbeing of a healthy animal. This creates a legal grey area and puts responsibility onto the owner to determine the health of their animal.

The VSA was created out of the best intentions to protect animal welfare and was put in place prior to NMSK care becoming common place in the animal sector. Experienced veterinary and NMSK practitioners can collaborate to work in daily practice but can rarely work within the letter of the law unless they work in the same location. Following a recent poll of NMSK practitioners (all levels) conducted by RAMP only 1% of respondents stated they always saw an animal following a full veterinary assessment and diagnosis as described in the VSA, with 99.6% responding they kept in communication with the vet. We believe this shows that current legislation is being poorly adopted and not reflective of current practice.

The Review of the Minor Procedures Regime (RMPP) 2014 project identified a chaotic working environment for veterinary and other practitioners working with animals and a confusing marketplace for the public and other stakeholders to adequately understand.

The current legislation is unworkable in practice. It lets everyone down, including the animals it is supposed to protect and support. Contrarily, the lack of regulation and policing has allowed poorly educated practitioners and providers of poor quality of education to thrive.

The professions of Chiropractic, Osteopathy and Physiotherapy are fully statutory regulated in human care, this means anyone who practices as one of these professionals must be a registrant of the General Chiropractic Council (GCC), the General Osteopathic Council (GOsC) or the Health and Care Professions Council (HCPC) and as fully regulated practitioners they must adhere to strict codes of conduct and work within their scope of practice. However, they are permitted to treat people as first opinion healthcare professionals and use autonomous professional judgement in alignment of most professions. An important part of how optimal healthcare is now expected to be provided now.

More about general regulation here:

<https://www.gov.uk/government/publications/professions-regulated-by-law-in-the-uk-and-their-regulators/uk-regulated-professions-and-their-regulators>

This is not the case in animal care and anyone, regardless of inadequate training can prefix the terms Chiropractor, Osteopath and Physiotherapist with an animal related term and practice out with any regulation but within the law if they seek a veterinary referral.

It becomes incumbent on the veterinary surgeon to keep abreast of the plethora of practitioners requesting referrals presenting a range of post nominals, qualifications, and philosophies that they have little knowledge of:

- Many just find it too onerous and do not refer at all.
- Some decide only to refer to trusted long standing multidisciplinary team (MDT) members which excludes many qualified practitioners who are new to the industry.
- Others succumb instead to the will of the client regardless of the practitioner's status.

Some of the confusion is created as the public are familiar with the human model and expect NMSK practitioners to be first opinion professionals. So, when a responsible practitioner say they need to have a veterinary referral, owners see this as an inconvenience and weakness, they then often seek another practitioner who is prepared to work without referral.

Following the RMPR project RAMP sought to provide an industry solution in the form of voluntary regulations for the three professions.

RAMP created a foundation document informed by standards of the GCC, GOsC, the HCPC and the Royal College of Veterinary Surgeons (RCVS) and discussion with DEFRA and The Chartered Society of Physiotherapists.

HCPC: <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

GCC: https://www.gcc-uk.org/assets/publications/COPSOP_2010.pdf

GOsC: <https://standards.osteopathy.org.uk/themes/knowledge-skills-and-performance/>

Regulated practitioners must work within their clearly defined scope of practice and use their skillset for the benefit of their patient. Practitioners who breach the regulatory standards are liable for investigation and disciplinary action by the regulator.

Human practitioners gained autonomous practitioner status in 1978. Many medical practitioners where sceptical of this development and went so far as to write to the British Medical Journal saying serious illness would be missed and as a result patients would die. Happily, none of these predictions have emerged and the professions have thrived to become fully statutory regulated with protection of title, which fully contributes what is now considered to be the gold standard holistic human healthcare system.

The RCVS is current reviewing legislation with DEFRA, and RAMP have contributed to this debate. We do not expect this to be a quick process, and the exact shape of new legislation providing NMSK autonomous practice is yet unclear.

In the event that there is a new statutory regulation model offered following legislative change in the Veterinary Surgeons Act 1966 and leading to review of the Veterinary Surgeons (Exemptions) Order 2015, RAMP would lobby for our gold standard, similar to that in working practice in human care, to be upheld for the animal NMSK industry. Also, for a change to the legislation to replace the current legal requirement to gain a written veterinary referral to be replaced by a professional obligation to be accountable for their practice to an industry regulatory body. As such, the position would be that the NMSK RAMP regulated professional would be held to higher standards of care but would gain additional autonomy of practice working in collaboration with veterinary professionals.

RAMP consider that such change would benefit the public and their animals, Veterinary Surgeons and the NMSK professions by removing the current legal grey area and alleviating practitioner and public confusion around the legalities of treating animals.

To find out why RAMP consider autonomous practitioner status essential and what it might look like, please follow our Facebook page, RAMP-Register of Animal Musculoskeletal Practitioners and website www.rampregister.org for the next blog **Autonomous Practitioner Status of the Neuro-musculoskeletal Professions in Animal Care : Understanding the current debate.**

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