1 The History of Veterinary Nursing in the UK

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Introduction

A historical timeline can be found in Chapter 3. This chapter provides an account of the development of veterinary nursing from its early days and will reflect upon the grass roots experience of veterinary nurses as well as the evolution of the infrastructure that helped structure this development.

Before beginning on a narrative of the history of veterinary nursing in the UK, it is worth placing it in context by examining the foundations of veterinary science and human-centred nursing.

Veterinary Science

Documentation of the husbandry and medical treatment of domesticated animals dates back to the time of Aristotle and Xenophon; and before that to Hammurabi, one of the Babylonian kings.

In the UK, the forerunner of an organised veterinary profession began with the formation and recognition of the Master Marshalls, a trade guild, in 1356. In spite of this formal recognition, the practice of veterinary science fell into disrepute and did not recover its reputation until the eighteenth century when a veterinary college was set up in London under the auspices of a French veterinary surgeon, Charles Vial de St. Bel. This was followed around 40 years later by a college in Edinburgh. By the middle of the nineteenth century, there were approximately 1000 qualified veterinary surgeons in practice.

In 1844 a Royal Charter was granted (BSAVA 1964) which facilitated the formation of the Royal College of Veterinary Surgeons. In the last century, the introduction into law of the 1948 Veterinary Surgeons Act (VSA) further organised the profession, and subsequent amendments have facilitated professional changes that have enabled the profession to maintain currency within the context of the changes in society and advancements in patient care. The most important of these for veterinary nurses was the VSA amendment of 1966, which considered the prohibitions

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relating to the practice of veterinary medicine and surgery by anyone other than members of the Royal College. This included qualified veterinary nurses, then called Registered Animal Nursing Auxiliaries, as they were perceived to be 'lay staff' (Turner 1986), in other words their main function was to follow direction given by the veterinary surgeon rather than act as semi-autonomous professionals in their own right.

Human-Focused Nursing

The nurse carer role has existed for hundreds of years but has only been formalised as a recognised profession within the last two centuries. Since medieval times, nursing has formed one aspect of the care of others delivered by religious communities, in particular by the various orders of nuns. It is perhaps unsurprising that war has acted as a catalyst for significant development in nursing care, just as it has for medical specialisms such as the treatment and management of burns, spinal injury, orthopaedics and mental health care, and their associated specialised nursing care.

In the general community, basic care was the province of women from a lower stratum of society, although men have undertaken what have been viewed as caring roles from the beginning of the development of the nursing profession. Before the building of regional hospitals, patients were usually nursed at home by their female relatives under the direction of the doctor, and if additional care was required, it generally took place in a nursing home. It was not until the middle of the nineteenth century that any real thought was given to the need to formally educate and train nurses. The major catalyst for this was Florence Nightingale, who was asked to visit the injured soldiers fighting in the Crimea, and as a result of what she saw, took steps to initiate a formal approach to nursing care. Before she started her work, more soldiers died in the British hospitals than were killed on the battlefield. She reversed this trend by virtue of the institution of a regime of cleanliness, both of the patient and the environment, as well as good nutrition and attention to the individual patient's needs. Principles that we all embrace for our veterinary patients today! Her elevated social status and the work of other notable figures of the time such as Mary Seacole, opened the gates of opportunity to women across the social spectrum who decided that nursing was a desirable vocation to embrace. Florence Nightingale's seminal book, *Notes on Nursing*, was first published in 1860 and is still in print. It makes for interesting reading as, although the writing style is of its time, the general principles of nursing care that are recognised today were documented, albeit over 150 years ago. Chapter 3 of the book is titled 'Petty Management', a title that is unfamiliar to the modern veterinary and human-centred nurse. However, the content is recognisable in that it deals with the need for good communication and continuity of care. The sea change she brought about is viewed as important but ancient history with the passage of time, but it was a seismic event and one of its consequences was the development of the Florence

Nightingale School of Nursing, which opened at Thomas' Hospital in London to teach nursing and midwifery skills. The hospital still contains a nursing museum, which is well worth a visit.

The British Nurse's Association was formed in 1887, with its main objective being to promote the formal registration of qualified nurses. This was followed by the formation of the Royal College of Nursing in 1916 with approximately 30 members. It was notable that this was during World War One as, once again, the requirement to employ the skills of trained nursing staff to care for badly injured servicemen was viewed as crucially important. This was demonstrated by the formation of the Queen Alexandra Imperial Medical Nursing Service in 1902; these nurses were generally referred to as QAs. By the end of WW1 there were well over 10,000 QAs, of whom 300 had lost their lives during war service. The nursing corps still exists today although it is now the Queen Alexandra's Royal Army Nursing Corps. Its members have seen active service in all of the major combat zones including Afghanistan most recently.

In 1940, the SRN (State Registered Nurse) qualification was formally recognised and it was this training scheme that was used as the template for the first UK veterinary nursing training scheme two decades later. The SRN qualification was superseded in 1983 by a new professional register with four pathways, based on the RGN (Registered General Nurse) qualification (Gail Thomas 2016). Three years later Project 2000 laid the groundwork for the move from training nurses primarily in hospital-based schools of nursing to academic institutions. This came to fruition in 2009 when all nurse training courses in the UK became degree-level, a move that was met with disquiet by many who felt that the focus on academic ability at the expense of practical experience would pose potential issues for the profession and the care of patients. However, the ability to develop focused nursing research that informs future practice is undoubtedly one of the important cornerstones of true professional status and, as such, this was an inevitable move, just as it has been on a smaller level for veterinary nursing.

Veterinary Nursing

The first RANA (Registered Animal Nursing Auxiliary), Pamela Pitcher, qualified in 1963 and commented in an article written to celebrate the Silver Jubilee of the BVNA that at the inception of the training scheme a significant number of veterinary surgeons viewed the idea of qualified veterinary nurses with great suspicion! Pamela quoted one as saying that the RCVS had 'created a Frankenstein and would rue the day!' Today, however, the RCVS as well as the veterinary associations now work closely with the BVNA as the representative association of the veterinary nursing profession.

A list of early supporters of veterinary nursing and the then British Animal Nursing Auxiliary Association (BANAA) included a number of very enlightened veterinary surgeons and notable individuals such as Trevor Turner, Oliphant Jackson

and John Hodgman as well as Alastair Porter, who as Registrar of the RCVS helped to define a constitution and facilitate the election of the first BANAA Council.

There are clear parallels between the development of veterinary nursing and human nursing, for example, when the one-day meeting to discuss the ANA (Animal Nursing Auxiliary) scheme took place at the RCVS in October 1975, 48 vets and 17 RANAs and students participated. Themes revolved around recruitment, in-practice training and the role of colleges in the teaching of underpinning knowledge. Several training centre principals took part and the consensus was that the theoretical teaching was generally too advanced for the training, as they needed 'girls' who could follow instruction, not 'mini-vets'. Indeed one commented that he supported the training scheme but found no real difference between a RANA and a 'girl' that he had trained himself, indeed overtraining often led to dissatisfaction for many RANAs due to the lack of career progression. The Green Book was applauded as a useful assessment tool but the Preliminary and Final examinations needed an overhaul, as some questions were difficult even for vets to answer! Discussion of the entry requirements led to the subject of perceived overqualification with respect to the number of O Levels that should be required for entry to the training scheme. Some felt that three or four should be sufficient, whilst one RANA commented that in her experience of training, the pass rate of entrants in this category was only about 30% whilst students with seven or eight O Levels performed far better. Salary was a major consideration, with one vet suggesting that the RCVS were wrong in advertising that this would be around £5 a week for first-year trainees, as his experience was that this should be £15/18 for trainees and £33/39 for qualified nurses. However, a member of the BVNA responded that a recent survey conducted by that organisation demonstrated that some trainees did indeed earn as little as £5/week. Wastage was also an issue according to the employers, with one commenting that turnover was always high amongst women as their working life was only about 30% of a man's; presumably due to marriage and raising children. Hard to believe that this comment was made in 1975; however, there is a footnote associated with this entry to the effect that 'this was disputed'.

The Reality of Being a Veterinary Nurse 50 Years Ago – A Short Narrative

Doreen Lawrence, a veterinary nurse who qualified in 1973, described her experience as a veterinary nurse in the 1970s, and the experiences that she described were perhaps not for the faint-hearted (Lawrence 2020). As a student nurse it could be said from today's perspective that she worked in a toxic environment; her training practice consisted of five male vets, female vets were in the minority 50 years ago, and male veterinary nurses were non-existent. One of the vets was very impatient and thought nothing of throwing instruments at the nurses when things were not going right, whilst the senior partner would happily chat to a

colleague whilst the latter performed surgical procedures on patients anaesthetised with ether – an anaesthetic that was still in usage in the 1970s. Unfortunately he was a heavy smoker and thought nothing of indulging in this practice whilst in close proximity to this volatile gas.

Doreen attended the only residential veterinary nursing course at the time, namely the two-term course at the then Berkshire College of Agriculture (referred to as BCA) near Maidenhead. Term one covered what was known as the Preliminary ('Prelim') syllabus and term two covered the Final syllabus

When she qualified, Doreen moved to a one-man practice. There were no hospitalisation facilities, cats spent the post-operative period in baskets, and dogs were placed on a blanket on the floor. Needles and syringes were sterilised and reused – the tips of the former were checked and were disposed of once they had developed a barb. Glass syringes were stored in disinfectant. Dogs were fitted with adapted household buckets to prevent wound interference after surgery, the thermo-cautery with cutting head attached was used to remove the handle and the base of the bucket, then the round cautery head was used to burn equally spaced holes around the base through which loops of bandage or similar material were inserted. Smaller dogs and cats were not exempt, as the veterinary nurse would choose a plastic flowerpot of appropriate size and set to with the cautery in the same fashion. My own memories of this process were that it was surprisingly satisfying!

Doreen tells us that she earned six pounds 10 shillings (£6.50) a week when she started as a trainee at 15 and was able to take the grand total of 2 weeks' holiday per annum. When she left practice in 1977 to get married, she was earning £15 a week. Her primary reason for leaving was that she could not afford to buy a property, as her salary was insufficient to qualify for a mortgage.

I qualified as a RANA in 1976 having also attended BCA, and worked in a variety of veterinary practices including mixed, equine and small animal for nearly 20 years before moving to education and training roles. Mixed practice was refreshing to say the least; some of the tasks that James Herriot was acquainted with were still familiar to RANA's in the 70s. Sterilising the instruments in the cow caesarean kit was one of them, along with mixing up various concoctions and decanting these into a variety of different bottles from 50 to 500 ml, clear or brown, plain or fluted. Dispensing medications was far more varied than today and potentially more risky, given some of the ingredients that were used before Health and Safety legislation was fully introduced. Doreen's reference to the use of Immobilon is a reminder that both S/A and L/A Immobilion were used on a regular basis in those days and although the risks were known, they were not paramount in a practitioner's thoughts.

Farm visits were infrequent for nursing staff and consisted mainly of helping with tuberculin testing by means of documenting cattle i/d and readings, colt castrations and cow caesars. Suitable clothing was not an option other than a pair of wellies and a coat if the weather was inclement; I have many memories of farm visits in the cold and wet, or even snow at some remote farm, wearing boots and a coat over my nurse's dress!

The choice of prophylactic and therapeutic treatments was fairly limited in comparison to today, with a much smaller range of antibiotics, many of which were based on penicillin. Small animal anthelmintic treatment was also less sophisticated; for example, the go-to drug for roundworms was piperazine whilst treatment for ectoparasites involved the use of products like Nuvan Top, which contained organophosphate and was delivered via aerosol spray. Its use generally proved to be a testing time for both owner and cat alike when it came to treatment. The cat-friendly principles introduced by International Cat Care were very much a thing of the future and veterinary pain management in general was the province of a few far-sighted vets supported by input from their equally far-sighted nurses.

Small animal practice was far less sophisticated than today, orthopaedic surgery was limited to the use of implants such as intramedullary and Rush pins, a small selection of plates, which included the Sherman and Venable designs, and stainless steel wire.

Anaesthesia was facilitated by means of induction with thiopentone, later replaced with propofol in dogs and Saffan in cats. Maintenance agents were ether, although this was rapidly disappearing from common use, and halothane, which was widely used, albeit with basic scavenging. What is now considered routine monitoring of anaesthesia was not generally undertaken in general practice, and even the need to maintain body temperature in the anaesthetised patient was generally given minimal consideration.

Nursing management of inpatients was far less sophisticated than today, nutritional care was based on the use of foods that tempted the inappetent patient rather than food tailored to its nutritional needs. Cats and dogs were often hospitalised in the same area – if hospitalisation facilities actually existed.

Clients took their pet to the practice or called the vet to their horse or farm because they were employing the services of a qualified professional first and foremost, as such, they were unlikely to question the advice provide just as they would not have queried their own doctor. Professional status was viewed more highly than today when clients have access to other sources of information, thanks in part to Dr Google! Pet insurance was virtually unknown and veterinary practices were independent businesses, as corporatisation had not reached the veterinary professional at that time.

Veterinary nurses were expected to manage all aspects of the running of the practice from reception work to general cleaning as well as nursing. It's fair to say that the delivery of nursing care was more superficial that it is today, as would be expected as veterinary nursing was still in its infancy. Very little behavioural research had been undertaken and little insight had been gained in the nursing principles that had already been developed and applied in the human nursing field. Patient care was largely based on the medical model and the implementation of an evidence-base was unheard of which led to a largely anecdotal approach to nursing. As RANA training took place largely within the trainee's practice with perhaps 25% of the two-year training period being spent at college, there was little

opportunity to learn from other nurses outside the veterinary practice and as a result, some nursing practices continued, as they were considered the norm and were never challenged.

The lack of a professional register for veterinary nurses in the UK was also a barrier to the development of a more professional approach to practice encompassed by a distinct professional identity. But, for RANAs in the sixties and seventies, this was not even an aspiration.

Introduction and Development of a Representative Organisation

Soon after the introduction of the training scheme, it was felt that a representative organisation was required. Although the BVNA assumed its present title at its inauguration in 1965, it was forced to change this to the British Veterinary Nursing Auxiliaries Association (BANAA) the following year due to the fact that the title 'Nurse' was protected by statute. The qualification that we know today was in fact altered to RANA to take this into account and did not revert back to VN until the statute protecting the title 'Nurse' expired.

The Association disseminated information by means of written communication (this was long before the days of electronic communication and social media) and initially a newsletter was produced in-house and posted to the membership. This developed into a journal that included nursing articles as well as association news. A look back at some of the highlights throws up the following facts.

In December 1972 the editorial board took the opportunity to introduce the move from the existing BANAA Newsletter to an association journal which would be published quarterly, and to move production from the existing in-house setup to a publishing company. There was also notification that the proposed first BANAA congress would be delayed until 1974. There were at that time 16 Further Education Colleges that ran part-time ANA courses up and down the country and these were listed in the issue. The BANAA Council Report stated that the ongoing debate regarding uniform was continuing apace, and a large animal committee was being formed to discuss the potential for training in farm animal nursing. The second edition of *Jones's Animal Nursing* was reviewed and the reviewer suggested that the text would continue to play an important role in the training of veterinary nurses – prophetic words indeed.

The BANAA Journal of January 1974 announced two significant events, the first being the change in title to RANA and the second one being the date of the first veterinary nursing congress to be held at the Russell Hotel. I can remember attending this event and was fascinated to hear Professor L. W. Hall relate the importance of monitoring fluid loss and that his nurses collected and weighed diarrhoea to that end!

Moving on to November 1978 we learn from the pages of the journal that London was experiencing a flea epidemic, presumably cat fleas, and that this had

made the national news as the *Daily Mail* announced that it was the worst for 25 years, with hospital wards and even areas of the House of Commons having to be fumigated! A report was given of the BANAA Refresher Course that had run at the Centre for European Agricultural Studies, Wye College. The two-day course consisted of lectures from a number of speakers, mainly vets, although two RANAs were also speakers, one on Stock Control and Organisation and the other on Safety in the Practice. The final speaker discussed what he needed from his large animal veterinary nurses, this included the ability to drive, understanding of the farm clients' needs and being alert, as well as the ability to handle farm animals within reason. He also liked them to live locally and have their own hobbies so as not to run the risk of becoming institutionalised.

Finally, the February 1979 journal contained the results of the RCVS debate on a Statutory Register for RANAs. The preamble to this debate stated that discussion of the need for a training scheme was first published in 1955 and at this stage a statutory register with the associated power to remove names for disciplinary reasons was considered to be a necessary part of the proposal. This was rejected by the Privy Council on the grounds that the College could not be given power to control individuals who were not its members. Later, in 1966, the Ministry of Agriculture, Fisheries & Food (MAFF – the precursor to Defra) declined to support giving the College these powers under the 1966 VSA on the grounds that the training scheme had not yet proved itself. At the time of the debate there were around 1200 RANAs and 600 trainees in practice and three full-time (two term) courses in existence.

The recommendations of the Swann Committee (July 1975) would appear to give the opportunity for statutory regulation to be considered again as these included the need for greater flexibility in the employment of veterinary lay staff as well as regulation by means of a statutory instrument which would enable the Royal College to remove individuals from a register on grounds of misconduct. The issue of allowing RANAs to perform certain procedures was viewed with caution as this would require the Royal College to ensure that such increased responsibility was managed and regulated in such as way as to ensure that animal welfare was paramount. On a lighter note, it was reported that the 3rd edition of *Jones's Animal Nursing* was in the pipeline and that it was anticipated that the number of contributing veterinary nurses would increase from two to four.

Present and Future Development

Veterinary nursing in the twenty-first century is a far cry from the account given in the previous section; modern RVN's have a degree of confidence in their ability and a well-defined nursing role which places them at the core of the practice team. The presence of nearly two decades of graduate nurses in the workplace has also contributed to that sense of identity and confidence. Time has moved on from the early days when not everyone supported the continuation of a training scheme. Some warned that a monster of Frankenstein proportions would be unleashed; but

the passage of time has demonstrated the necessity for a trained veterinary nurse professional just as the recognition of the need for trained nurses to care for human patients was accepted 150 years ago. No longer are RVNs solely considered as human resources that are part of the fabric of veterinary practice, now they may be business partners and professionals who are able to influence the future not just of veterinary nursing but of a wider professional spectrum, and they also have a role to play in educating society in animal welfare and care. They are expected to adhere to professional ideals and demonstrate these in the training of future veterinary professionals in the context of twenty-first century animal welfare standards.

The cry that first echoed back at the start of the training scheme, that recruitment and retention were problematic, is still a major worry today. Indeed, it is more concerning than ever due to the societal and political changes that have influenced modern life as well as the pressures of a global pandemic and the surge in recently acquired pets. This has led to a significant rise in both workload and stress levels amongst many veterinary professionals and in some cases it has resulted in the questioning of their future within veterinary practice. This is a trend that appears to have been going on for several years as the 2016 RCVS survey of the veterinary nursing profession indicated that there was a significant increase in the number of respondents that were contemplating leaving the profession (25%) in the next five years, with the main challenges identified as client expectations and poor financial reward, along with stress.

Conversely, the survey highlighted that there were positive things about being a RVN including, unsurprisingly, working with animals as well as job satisfaction, with nearly 51% of respondents saying that they would choose veterinary nursing as a career again if given the choice.

One positive change is an increased understanding of these pressures and the acceptance by many workplaces that staff should be able to ask for support when they are struggling. The RCVS Mind Matters Initiative (MMI) is an example of a dedicated support service for the veterinary team. It was launched in 2015 as a response to the rise in mental health issues amongst veterinary professionals and provides an accessible forum for discussion and support, as well as training in the management of mental health issues. A far cry from the 'good old days' when such things were often seen as a sign of weakness, and a welcome sign of a more progressive approach.

The future holds further challenges and, potentially greater opportunities for the veterinary nursing profession in the UK. VN Futures is the joint RCVS/BVNA initiative set up in 2016 with the original brief of identifying the challenges that will need to be faced in the next few decades, as well as the opportunities that the profession must be ready to grasp, if and when they present themselves. The VN Futures interim report of 2016 documented that there were 13,678 veterinary nurses on the Register.

The VN Futures Report of 2021 gives this figure as 20,543. The report also includes a short summary of the 2019 RCVS survey of the VN profession. Nearly

29% of the RVN population responded to the survey and the responses demonstrated that there was a slight increase in diversity whilst the age of qualified veterinary nurses had also increased slightly. Seventy percent of the respondents work full time, with an average age of 35 years, and an increase in the number of part-time RVNs also mirrors the trend towards the more flexible approach to working patterns that is becoming established in UK society as a whole. Most RVNs work in small animal first opinion practice, but 14% work in referral practice, whilst 1.2% describe themselves as practice owners/partners. Although very small, this figure serves to demonstrate the change in status of the veterinary nurse from the 'girl' who was expected to follow direction, to a fully-fledged professional with a well-defined role. Doreen would have found this hard to imagine back in the seventies, as would I!

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