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# The role of the SQP and their use in practice

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**ABSTRACT:** A suitably qualified person (SQP) is someone who has undergone training to advise and prescribe on certain types of veterinary medicines under the Veterinary Medicine Regulations 2013. This has many uses in businesses such as pet shops and veterinary practices to allow non veterinary surgeons to prescribe selected products. In veterinary practice it is often the case that nurses become SQP's to allow them to prescribe in clinics, which takes pressure off the veterinary surgeons. This has many benefits, but also limitations. This article discusses how to become an SQP and whether or not the qualification is worthwhile to veterinary nurses in practice.

**Keywords:** SQP; RVN; prescribing; RAMA

## Introduction

A suitably qualified person (SQP) is a legal term for a type of registered person (RQP) that can prescribe certain types of medicine under the Veterinary Medicines Regulations 2013. Other categories of RQPs include veterinary surgeons and pharmacists. In veterinary practice the number of veterinary nurse SQPs is becoming more prevalent as it allows them to prescribe selected products in nursing clinics without the need for a veterinary surgeon (Mosedale, 2016). But what does it take to become an SQP, to maintain it, and is it worthwhile and useful in practice?

### What is an SQP?

An SQP or RAMA (Registered Animal Medicine Advisor, as the name is now moving to) is someone who has undergone additional training to allow them to prescribe certain medicines to specific species through the Animal Medicines Training and Regulatory Authority (AMTRA). What species they are able to dispense for depends on the type of qualification taken (VMD, 2009). See [Figure 1](#).

To be able to dispense medicines for all species a person has to undertake separate modules for all species as well as a base exam. Or they can choose to just do specific modules depending on the type of SQP they want to be (Mosedale, 2016). For example, someone working in a large animal practice may wish to become a G-SQP and so would need to take the farm module and the equine module.

[Figure 1](#) refers to veterinary drug categories of which there are four:

1. POM-V – stands for prescription only medicine, which can only be dispensed by a veterinary surgeon.
2. POM-VPS – also a prescription only medicine, but this is able to be dispensed by a veterinary surgeon, a pharmacist or an SQP.
3. NFA-VPS – a medicine for non-food animals that can be dispensed by a veterinary surgeon, a pharmacist or an SQP without prescription.
4. AVM-GSL – this category means the product is still an authorised veterinary medicine but can be sold on the general sales list, meaning it can be dispensed by anyone with no advice needed.

An SQP can dispense for all categories of medications apart from POM-V medications as these can only be prescribed by a veterinary surgeon (VMD, 2009).

### CPD requirement

As with the veterinary nursing qualification, being an SQP requires an individual to complete a certain amount of continual personal development (CPD) to be able to continue to prescribe medications. This is to ensure they are up to date on any medicines that may have license changes, updates to warnings/contraindications or dose alterations for example, and to allow personal development (AMTRA, date unknown). Depending on the type of SQP someone is, depends on the amount of CPD needed. See [Figure 2](#).

SQP type	Medicines allowed to be prescribed
R-SQP	All VPS medicines
G-SQP	VPS – farm animals & equine only
K-SQP	VPS – farm & companion animals only
E-SQP	VPS – equine & companion animals only
L-SQP	VPS – farm animals only
J-SQP	VPS – equine only
C-SQP	VPS – companion animals only
A-SQP	VPS - Avian only
CA-SQP	VPS - Companion and avian only
JA-SQP	VPS - Equine and avian only
EA-SQP	VPS - Equine, companion and avian only

Figure 1. Types of SQP, authors own, 2020.

SQP type	CPD points
R-SQP	80
G-SQP	60
K-SQP	60
E-SQP	50
L-SQP	50
J-SQP	30
C-SQP	30
A-SQP	30
CA-SQP	40
JA-SQP	40
EA-SQP	60

Figure 2. CPD Requirements, authors own, 2020.

As Figure 2 shows, the amount of CPD needed is measured in points rather than hours. This is because a lecture may be two hours long but not all of it is relevant to the SQP qualification so it may only be 5 points for example. Whereas another lecture may be only 45 minutes long, but is all specifically tailored for SQPs, so is worth 8 points. Generally the more species an SQP can prescribe for, the more CPD points are required to be completed.

AMTRA provides official SQP CPD but veterinary nurses can claim up to 50% of their allowance from unofficial courses should they feel it is relevant by filling out a form online (AMTRA, date unknown). AMTRA then decide whether this is acceptable or not and if so, how many points it is worth.

This is because quite often CPD that veterinary nurses attend for their RCVS CPD requirement may also meet what is needed for SQP CPD too.

The requirement runs in two year cycles, if an SQP fails to meet the requirement for CPD they will not be able to continue to call themselves an SQP and will be taken off the register (RCVS, 2008). They would then have to retrain if they wanted to prescribe and dispense medications again.

As well as the CPD requirement, SQPs must pay an annual fee to be able to continue to remain on the register and permitted to dispense medications (AMTRA, date unknown). Once the fee is paid, the individual is sent a new ID card for the year.

This can be worn around the neck on a lanyard to prove someone is an SQP, or just kept safe as a record with their personal ID number.

### How to become an SQP

To become an SQP a person must undertake both oral and written exams (AMTRA, date unknown). For student veterinary nurses and non-qualified staff members such as receptionists they need to take an oral viva and then written exams in their chosen species plus a base module. For registered veterinary nurses they are only required to take one written exam plus a viva. This is because by becoming an RVN the individual has already passed exams covering the requirement for the base exam (AMTRA, date unknown). The VIVA is taken first and the written exam/s must be passed within two years of the oral exam otherwise they will need to re-sit the VIVA.

A student veterinary nurse (SVN) may become an SQP at the same time as undergoing their exams to become an RVN. Or can wait until they qualify as an RVN and take the exams then. The benefit of taking it at the same time as other exams is that the student is already in that mind-set. However, the benefit of taking it after is that they are not required to take the base module.

There is now discussion of the SQP qualification being built into the veterinary nurse course, so that all future RVNs will already be SQPs upon qualifying (AMTRA, date unknown). But is this useful or not? With recent announcements claiming there is talk of transforming the RVN role and mentions of being able to prescribe certain POM-V medicines, it would appear the SQP role will become very useful.

### The use of an SQP in practice

RVNs do not have any legal right to prescribe veterinary medicines (at present) unlike some human nurse practitioners, so many opt to become SQPs. This for instance means they can dispense certain flea and worm treatments in nurse consultations or even over the counter (RCVS, 2008). It also means a veterinary nurse gains a greater understanding of the drugs they are prescribing.

Dispensing medications in veterinary practice presents some problems. In pet shops they only stock NPA-VPS, POM-VPS and AVM-GSL medications, meaning

an SQP can dispense all medications in stock (Mosedale, 2016). In veterinary practice they also stock POM-V medications which only veterinary surgeons can dispense. In these circumstances it is not as straightforward, as veterinary nurses need to be careful as to whether they are acting under their own authority or the direction of a veterinary surgeon. For example, if someone requests a repeat prescription of Advocate, it is a POM-V drug so an SQP cannot dispense it. However if the veterinary surgeon has written in clinical notes that a repeat prescription is allowed the veterinary nurse can act under their instruction, and so it becomes the veterinary surgeon's responsibility (Mosedale, 2016). They are not acting as an SQP in this instance, they are acting as a nurse under veterinary instruction. Whereas, if for example, a new client comes into the practice and is dispensed Advantage a NFA-VPS, the SQP is acting under their own jurisdiction and so it is their responsibility, rather than the veterinary surgeon who has had no involvement in this case.

SQPs have to be clear on their limitations and what they are not allowed to do and what they are, such as:

- They cannot diagnose as this is only allowed to be done by a veterinary surgeon. They can however identify a parasite and so treat accordingly.
- They cannot prescribe POM-V products, but they can dispense them under the direction of a veterinary surgeon.
- They cannot dispense loose tablets or split a container of liquid (again unless under the instruction of a veterinary surgeon). They can dispense part packs though if in blister packs as they are not broaching inner packaging. As long as it

is also dispensed with a leaflet or data sheet.

In order to dispense a medication an SQP must ensure that the person giving the treatment is competent as well as checking age, sex, weight, lifestyle, temperament and history of previous treatments for the patient (Mosedale, 2016). This is because they need to ensure the treatment they are advising is suitable for that individual patient. Owners also need to be told about any contraindications and/or warnings.

An SQP in practice is a useful person to put in charge of dispensary too. This is because they have the knowledge to make detailed standard operating procedures (SOPs) as well as keeping the area tidy and organised. This helps prevent mistakes by having someone in charge and monitoring the area (Mosedale, 2016). It also allows stock to be monitored and date checked. This can help prevent wastage and allows records to be kept to help see what medications sell and what doesn't.

If a practice is training to become accredited by the Royal College of Veterinary Surgeons (RCVS), having an SQP is an incentive as having at least one in a practice gains points towards accreditation (RCVS, 2008).

## Conclusion

Becoming an SQP as a veterinary nurse takes additional training, funding and continual development. With this additional qualification comes limitations; however it does bring many benefits to the practice too. Although they cannot diagnose they can identify parasites and

dispense ecto and endoparasiticides, thus freeing up time for the veterinary surgeon (Mosedale, 2016). Many practices also put an SQP in charge of the dispensary; maintaining stock levels, checking dates and interpreting and dispensing medications. Size of the practice, number of SQPs, practice SOPs and products kept in stock are all factors that affect how useful an SQP is going to be to an individual practice (Mosedale, 2016). In reality, their usefulness is practice dependent. But as the qualification is moving to being built into the veterinary nursing course and with recent announcements on the RVN role changing, it is likely the number of SQPs is going to be more prevalent.

## Disclosure statement

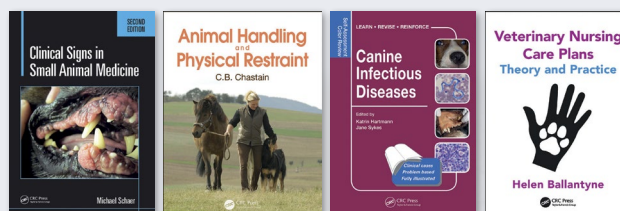
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