

Role of SQPs in vet practice

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As a vet, suitably qualified person (SQP) assessor and organiser of SQP CPD, I am interested in the role of SQPs in veterinary practice.



Some receptionists are qualified as SQPs to supply NFA-VPS products.

I do not think this role is well understood by the vet team and advantages exist to practices having SQPs that are not just confined to the ability to prescribe and supply POM-VPS and NFA-VPS medicines without referring to the vet.

Who are SQPs?

SQP is a legal term for a category of registered qualified person (RQP) allowed to prescribe and supply certain categories of medicines under the veterinary medicines regulations. Other categories of RQPs are vets and pharmacists.

More than 700 SQPs work in UK practice and are regulated by the Animal Medicines Training Regulatory Authority and/or VetSkill.

They can prescribe and/or supply POM-VPS and NFA-VPS medicines for animals in their category and like to be known as animal medicine advisors, as it describes their role more clearly than SQP.

SQPs can qualify to prescribe and supply medicines to companion animals, equines, farm animals, avians or any combination of these.

Their qualification has a letter indicating which animals they can supply medicines for, a full list of which can be found [on AMTRA's website](#).

Most SQPs work in pet shops or farm merchants and must work from an approved registered premises inspected by the VMD inspections and investigations team. If SQPs work in practice, it will be inspected by the VMD or RCVS Practice Standards Scheme assessors if it is a member of that voluntary scheme.

SQP qualification is level four, so candidates have to pass a base module covering legislation and further modules in companion animal, farm animal, equine or avian.

RVNs do not have any legal right to prescribe veterinary medicines, unlike some human nursing practitioners, so many RVNs decide to pursue the SQP qualification.

RVNs wanting to become SQPs receive credit for their RVN training and, to become a companion animal SQP, they only have to pass a VN top-up module. They may also add on other modules, such as farm animal or avian.

SQPs sit an oral exam that assesses their professional competence. They also have to undertake CPD and, if they do not accrue sufficient CPD points over a two-year period, have to retake the exam.

What can SQPs do?

Panel 1. SQPs in vet practice

When acting as an SQP:

- check owners are competent to use the medication
- advise on administration/warnings
- conduct handover personally, or delegate to a competent staff member after you have put the medication on one side
- only break outer packaging and supply product literature
- it is your responsibility

When acting under a vet's direction:

- the vet can prescribe POM-V
- the vet makes assessment/diagnosis
- the vet authorises each transaction
- the vet can use the cascade
- the vet may break packaging
- the vet directs you to put up the medication
- the vet has to be satisfied you are competent to hand over drugs
- you must check the owner is competent to use the medication and advise on administration/warnings
- it is the vet's responsibility

The only thing SQPs working in veterinary practice can do, in addition to what their non-SQP colleagues can do, is prescribe and supply POM-VPS and NFA-VPS products without recourse to the vet.

SQPs can supply NFA-VPS medicines and prescribe and supply POM-VPS medicines to animals in their category. POM-VPS medicines are usually those used to reduce or prevent the effects of endemic disease – for example, horse wormers, cattle ectoparasiticides and some sheep vaccines.

Some risk to the animal, user or environment from these medicines exists, so they are supplied to professional animal keepers by SQPs, who give practical advice on their use.

NFA-VPS medicines can be supplied by vets, pharmacists or SQPs to non-food animals, and are used to prevent or limit the effects of endemic disease. Some risk for the owner, animal or environment from these medicines exists, so owners should be given advice on their use.

SQPs cannot:

- diagnose, but can identify an infestation by a parasite
- prescribe POM-V products
- use the cascade to prescribe unauthorised products
- dispense loose tablets or split a container of liquid, such as sheep wormer. Only vets can authorise splitting of inner packaging. They can, however, split outer packaging, so they can, for instance, split tablets in foil, as long as each tablet is dispensed with a copy of the package insert

SQPs should have a discussion with the owner before any medicines are prescribed or supplied. This should involve finding out about how the animal is kept. They should also take into account age, sex, weight and lifestyle of the animal and what treatments have been used previously.

SQPs should also ascertain if the owner is competent to use the product. This is sometimes easier said than done, but should involve asking what he or she has used before and explaining how to use the product, with demonstration if necessary.

Ascertaining the animal's temperament – particularly for cats and tablets – can be useful. For farm animals, handling facilities available on farm should be taken into account.

It is vital SQPs know the products they prescribe and supply. They should be familiar with the summary of product characteristics (SPC; www.vmd.defra.gov.uk/productinformationdatabase) and a summarised form of some of these can be found on [the NOAH compendium website](#).

The most important aspect of the SPC or data sheet SQPs should be familiar with is the contraindications and warnings:

- a **contraindication** is a condition or factor that serves as a reason to withhold a certain medical treatment – for instance, “do not give to pregnant bitches”. These must always be taken into account and, if present, a different medicine should be used that is not contraindicated
- a **warning** is something that may happen as a result of using the medicine – for example, “may cause vomiting”. Warnings should always be mentioned to owners.

SQPs have [a code of practice](#) they should adhere to at all times.

Challenges for SQPs in practice



SQPs have to carry out an oral exam to assess their professional competence.

It is reasonably straightforward being an SQP in a pet store or farmers merchants, where the only medicines stocked are POM-VPS or NFA-VPS (or AVM-GSL medicines on general sale) and only relevant SQPs can prescribe and supply them.

It is more complicated in practice, where there is another RQP (the vet) and POM-V medicines.

POM-V medicines must be prescribed by a vet and supplied by a vet or pharmacist. SQPs cannot prescribe POM-V medicines; they are prescribed by a vet following a clinical assessment of animals under their care.

Although only vets can prescribe POM-V medicines and must always authorise any repeat supply, other team members in veterinary practices can dispense these medicines under the vet's direction.

So, it is important to differentiate between when SQPs in veterinary practice are acting on their own authority and when they are acting under the direction of the vet.

Looking at **Panel 1**, if you are an SQP working in a practice and a client requests a repeat prescription of meloxicam, for instance, and, after checking it is authorised on the dog's notes you dispense it, you are acting on the vet's direction and the responsibility, therefore, is the vet's.

However, if a non-client comes to the branch where you work and, after asking about his or her cat, its age, weight, lifestyle and what he or she has used previously for worming before you supply a pyrantel embonate/praziquantel tablet without reference to the vet, then you are acting as an SQP and the responsibility is yours.

The only thing SQPs working in practice can do in addition to what their non-SQP colleagues can do is prescribe and supply POM-VPS and NFA-VPS products without recourse to the vet.

Value of SQPs in practice

Panel 2. Dispensary SOPs

- placing a medicines order
- unpacking the medicines order
- handling veterinary medicines
- stock control and date checking the dispensary
- temperature monitoring
- labelling medicines
- repeat prescribing
- dispensing medicines including double-checking systems
- disposing of out-of-date medicines
- controlled drugs:
 - storage
 - recording
 - disposal
 - auditing
 - what to do in the event of a discrepancy

Some useful examples of SOPs can be found in the [BSAVA Guide to the Use of Veterinary Medicines](#).

The real worth of SQPs in practice is they are professionals who understand the importance of looking after medicines properly and keep up to date with relevant legislation.

In my opinion, they are ideal to be in charge of a practice dispensary.

Having a designated person in charge of the dispensary can improve dispensary tidiness, stock control and implementation of protocols, and so help to reduce errors.

The dispensary guru (or dispensary dragon, as I have heard them referred to) can also be involved along with the vet in drawing up standard operating procedures (SOPs) for the dispensary. SOPs are vital for team training, ensure consistency and to keep efficient systems in place (**Panel 2**).

The benefits of guidelines and protocols are they provide training for new and existing team members, avoid confusion about roles in the practice, are a useful reference for locums, ensure consistency, reduce errors and so protect team members, clients and animals.

The SOPs can be collected together into a dispensary manual, a useful reference that should be available in the dispensary at all times.

When clients telephone for a repeat supply of medicines for their pets, they must be authorised by a vet, but can be dispensed and handed over to owners by other staff.

In these circumstances, vets must be satisfied the person handing over the medicine is competent to do so. This is achieved by having a protocol and team training.