

# The Value of An

# RVTT

In 2018, ACER Consulting conducted a survey as a part of a larger study to explore the function, level of utilization, impact, and ultimately the value that Registered Veterinary Technicians (RVTs) bring to Ontario veterinary practices.

The survey was filled out once per veterinary clinic by someone who had knowledge of the clinic's services, revenue, and roles and functions of veterinary staff, such as the clinic manager/owner. In the end, 163 submissions were used for **analysis**.

The results lend further support to other work<sup>1</sup> which supports the assertion that employing a higher number of credentialed RVTs per veterinarian is associated with **higher clinic revenues**.

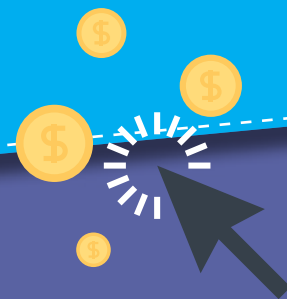


To view the study results in its entirety, please visit [www.oavt.org/study](http://www.oavt.org/study)



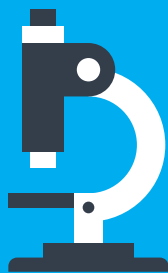
There was a **STRONG** positive association between annual gross revenue per vet and the number of RVTs per vet - **each extra RVT per vet increased gross revenues per vet by over \$78,000.**

(Economic effects were only seen for RVTs, and NOT their non-credentialed counterparts.)



The more RVTs are paid per hour, the higher the clinic gross annual revenue per vet.

- Practices that paid their RVTs **\$21 or more** per hour generated more annual gross revenues per veterinarian relative to practices that paid RVTs \$15 or less. (This is after controlling for the effect that geographic location has on practice revenue - e.g. cost of living in larger urban centers have higher salary and operational costs than those practices in rural areas.)



## Who is doing what?

- ▶ Almost 25% of clinics said that their vets often or always perform RVT duties
- ▶ Clinics where vets often or always perform RVT duties make less money per vet, and this is especially true in one- or two-vet practices
- ▶ Clinics that frequently used RVTs to perform tasks within their core competencies had higher annual revenues per veterinarian (Conversely, clinics that frequently used non-RVTs to perform tasks within the RVT core competencies had lower annual revenues)



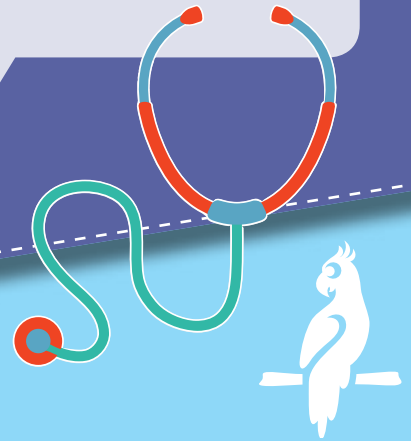
## What about non-credentialed technicians?

Although there were positive associations between RVTs per veterinarian, no such relationship was found when analyzing non-RVTs. Annual gross revenue per veterinarian actually decreased when:

- non-RVTs perform tasks within RVT core competencies,
- there were higher numbers of non-RVTs per veterinarian.

Key takeaway = having more hands to assist in procedures does not necessarily translate into higher practice efficiency. Economic efficiency comes when those extra set of hands have undergone the substantial training and certification of an RVT professional.

87% of respondents prefer to hire RVTs over on-the-job trained technicians



## How well are RVTs being used?

The study found that most respondents were using RVTs for functions within their core-competencies; however, there is room for improvement in certain areas, namely:

- ✓ Nutrition consulting
- ✓ Client relations
- ✓ Practice administration and hospital management
- ✓ Behaviour counselling
- ✓ Wellness plans
- ✓ Rehabilitation services



## What should you take away from this study?

Simply put, clinics that are resistant to assigning RVTs more responsibilities and paying them at higher rates should be made aware of the economic benefits for their practices should they choose to more fully utilize RVTs.

Helping us see more patients by allowing DVM team to focus on their roles as DVMs. We follow a high-density scheduling where 2 RVTs are paired with each DVM so we can still schedule 30-minute routine appointments with clients, but the RVT spends a good deal of time with client during that appointment which, in essence, allows DVM to essentially see 2 patients in the amount of time it might take another DVM at another facility to see 1. They simply help us cycle through patients more efficiently without compromising care.

"Our RVTs have the greatest impact on revenue in the area of surgical procedures. They are involved in the admitting, the actual procedure (prep/induction/monitoring), the discharge and the follow-up. They are the ones that bond with the clients and ensure their return. Our techs have their own appointments for vaccine boosters and blood draws so can see clients outside of DVM appointments and sell product."

