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TITLE: Whose role is preventive healthcare in the veterinary practice?

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Whose role is preventative healthcare in the veterinary practice?

With the development of veterinary nursing as a profession we should be considering what role they play within the veterinary practice and how the public perceive this role. A study by Belshaw and others,¹ summarised on p296 of this week's Vet Record, is therefore a timely addition to the work being carried out by the Centre for Evidence Based Veterinary Medicine at Nottingham² investigating aspects of the relationships small animal veterinary practices have with their clients.

The study¹ examines the roles of veterinary nurses and receptionists from the perspective of the client, as well as the veterinary surgeon. Perhaps the most alarming aspect uncovered was that most clients and even some veterinary surgeons are unsure about the role of the Registered Veterinary Nurse (RVN), more specifically, their remit in providing advice to clients regarding preventative healthcare. This highlights the importance of identifying roles and responsibilities within the veterinary practice, with particular focus more on preventative veterinary healthcare and the wider remit of interprofessional practice.

Preventative healthcare is a large component of the veterinary caseload in the UK³. Advice about a number of topics including neutering, parasite control or dental care may be sought explicitly by the client or may be encountered during more specific health-related consultations⁴. The annual vaccination consultation provides an ideal opportunity to discuss these topics and perhaps suggest further consultations with other members of the veterinary team.

What you need to know;

Many clients and vets are unsure about what the role of the Registered Veterinary Nurse (RVN) entails.

RVNs can play an important role in preventive veterinary healthcare, by providing nursing clinics that advise owners on improving pet care.

Carry out a 'talking walls' exercise¹⁶ within the practice to identify the different roles of the members of the team.

Ensure everyone in the team is clear on what tasks can be delegated.

Studies reviewing the most common conditions reported in veterinary patient records have identified that many are in fact preventable, with periodontal disease and flea infestation being the most frequently reported in cats and periodontal and ear disease the most frequently reported in dogs^{5,6}. These studies highlight the need for better preventative

healthcare programmes in an attempt to reduce easily avoidable conditions and hopefully increase the success of treatment for diseases that can be identified early. Healthcare plans that incorporate, at the very least, the annual vaccination, antiparasitic medication and a 6-month check-up for a reasonable monthly fee, have become more popular in veterinary practices⁷. Unfortunately, routine treatment is dispensed as part of these plans, meaning the client no longer has to request the medication or initiate discussion about parasite control so that aspect of preventive healthcare is no longer covered in consultations. This may mean that the veterinary team only have to talk about preventative healthcare on the initial signing up phase and never have to sell the idea again⁷.

In a study by Robinson and others³, veterinary surgeons were found to rarely have conversations about parasite control in the preventative medicine consultations. It was suggested that these conversations were held with other members of the team but did not identify whether they were RVNs or receptionists. RVNs are trained in providing advice on a variety of topics as well as in communication skills; the Royal College of Veterinary Surgeons (RCVS) Day one competencies for RVNs states they should be able to *Advise clients on programmes of preventative medicine appropriate to species*⁸. As such, it would make good business sense to employ the expertise of the RVN to provide nursing clinics where clients can discuss ways to improve their pet's life⁹. Unless the practice recognises the attributes of the Registered Veterinary Nurses, it is unlikely that clients will.

The role of RVNs was also discussed in the Belshaw and others¹ study, where many clients mentioned they were not always sure of who did what and what training members of the team had apart from maybe the veterinary surgeon. However, the clients stated they would ask the 'receptionist' if they had forgotten to ask the vet during the consultation. So how do clients know who the best person is that they can turn to in order to answer their queries, particularly when corporate practice uniforms fail to distinguish the different roles of the team?¹⁰ It is true that veterinary nurses and veterinary receptionists have roles that often overlap where veterinary nurses are booking in clients and answering the telephone and receptionists are advising on antiparasitic medication. This element of job sharing is useful in the small veterinary practice and encourages efficiency. Yet, unfortunately, when roles are not clearly defined, errors of omission can easily occur when a task fails to be recognised as part of a specific role resulting in reduced patient care^{11,12}.

Recognising that the client (with their pet) is at the centre of the veterinary practice may involve a change in practice culture in what is traditionally a hierarchical establishment with the veterinary surgeon at the head, directing the required treatment¹³. With RVNs becoming a profession in their own right, being accountable for their actions and subject to a disciplinary system, it is time that roles are re-evaluated within the practice and the workload delegated to team members with relevant skills and expertise. Both professions would be more efficient working alongside each other, with each profession providing complementary care.

Interprofessional practice may be defined as professions working together, understanding each other's roles, ensuring clear communication on patient care and agreeing on objectives to be met by the team¹⁴. It is clear from the Belshaw and others¹ study that veterinary surgeons are unable to define the role of the RVN. Small scale interprofessional education

activities have also shown that veterinary students are not aware what student veterinary nurses are able or allowed to do.¹⁴ This not only prevents appropriate delegation¹⁵ but adds more stress to the workload of the already busy veterinary surgeon. While we are still attempting more interprofessional education interventions at student level, it is essential that the veterinary team work on defining roles within the veterinary practice to ensure at the very least role omission errors are reduced but that the team has a more coherent approach to maintaining the health and welfare of animals committed to our care.

A simple exercise that can be completed in every practice is a technique known as 'talking walls' an interprofessional intervention first described in 1998¹⁶. Each group (veterinary surgeons and veterinary nurses) discuss and record their views on a flipchart of what the other group does in terms of roles and responsibilities. The papers are then returned to the respective group where clarification, addition and occasionally, erasure of these roles and responsibilities is completed in a different colour pen¹⁴. This technique provides interesting insight into what each group thought the other did and could be extended to other team members in the practice.

So, whose role is preventative veterinary healthcare? In addition to establishing the various roles within the practice it is also important to recognise where individual expertise lies and ensure the best fit for the role, whether it is the vet, veterinary nurse, or receptionist. Not only will this increase job satisfaction but will increase client satisfaction and compliance and hopefully business profits.

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