



Research article

Appointment scheduling and cost in first opinion small animal practice

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ABSTRACT

Approximately half of first opinion, small animal consultations exceed their allocated time and there's a growing call in the UK for longer consults. The aim of this study was to investigate and describe allocated appointment length in first opinion, small animal practice in the UK. Almost half (49.8%) of consults were scheduled for 15 min, with a further 39.4% scheduled for 10 min. Nearly all participants (97.1%) reported flexibility when booking appointments, scheduling longer appointments for conditions predicted to require more time. However, the majority (68.1%) reported no additional cost charged to the client for a longer consult. Furthermore, 54.7% of the survey respondents offered nurse appointments free of charge. A restructured approach to consult scheduling for both Veterinary Surgeon and Registered Veterinary Nurse (RVN) consultations could help to improve workforce wellbeing, utilise the vast knowledge and skill sets of RVNs and improve financial metrics.

1. Introduction

The average scheduled veterinary consultation in the UK in 2005 was 10 min (Gray and Cripps, 2005) and it has been reported that approximately half of veterinary consultations in the UK exceed their allocated time (Everitt et al., 2013; Robinson et al., 2014). With cost discussions (Coe et al., 2009), multiple presenting problems (Robinson et al., 2014), and co-morbidities (Belshaw et al., 2018) all contributing to time pressure within a consultation, there is now a growing call from veterinary surgeons in the UK for longer veterinary consultations (Belshaw et al., 2018; Everitt et al., 2013; Robinson et al., 2014). However, there are currently no up-to-date published data regarding the average allocated appointment length in the UK. The aim of this cross-sectional study was to describe allocated appointment length, booking flexibility and cost of small animal consultations in first opinion practice in the UK.

2. Methods

A paper-based questionnaire was designed to gather information on the length and cost of consultations with veterinary surgeons and registered veterinary nurses (RVNs). The survey comprised 10 questions with multiple choice answers (supplementary material) and, using a convenience sampling strategy, was distributed to delegates visiting a commercial stand at a veterinary nursing conference in October 2018. Data

were collected with the written consent of the participants.

Data were entered into Microsoft Excel (v.16.18) for cleaning and coding, then filtered to identify all respondents who identified themselves as working in first opinion small animal practice. Subsequently a descriptive analysis was performed to describe the allocated appointment length, booking flexibility and cost of small animal consultations for both veterinary surgeons and veterinary nurses.

Ethical approval for the research was granted by the ethics committee at the School of Veterinary Medicine and Science, University of Nottingham. Reporting follows STROBE guidelines (von Elm et al., 2007).

3. Results

There were a total of 500 respondents to the survey, 307 (64.1%) of which were working in first opinion small animal practice. The remaining 193 respondents reported working across a variety of fields, including small animal referral, equine first opinion, equine referral, large animal, mixed animal, education, management, customer service and industry roles. The results reported focus solely on those respondents working in small animal first opinion practice.

Many of the respondents were RVNs and student VNs ($n = 252$ and $n = 38$ respectively). However, additional roles reported by the remaining respondents included animal care assistants, practice managers and members of the customer care team.

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The allocated length of a scheduled vet consult ranged from 7 to 60 minutes. Most commonly, vet consults were scheduled for 15 minutes (153/307, 49.8%) with the second most commonly scheduled allocation being 10 minutes (121/307, 39.4%). The allocated length of a scheduled RVN consult ranged from 5 to 60 minutes. Again, nurse consults were most commonly scheduled for 15 minutes (141/307, 45.9%) with the second most commonly scheduled allocation being 10 minutes (121/307, 39.4%). Fig. 1 illustrates the consult lengths most commonly allocated to a standard consultation with vets and with veterinary nurses.

Almost all participants (97.1%, n = 298) reported flexibility in their appointment booking, with the ability to book longer appointments for consults which were predicted to require more time than the standard allocation. Numerous consultation types were allocated longer scheduled appointment times (Table 1) with 95.8% of respondents reporting they would book an extended consultation for euthanasia, 73.9% for ‘complex’ medical cases and 64.8% for second opinions. Other reasons given for booking longer consultations included client factors, such as new clients or to allow improved communication with ‘complex’ clients, and for in-consult diagnostics such as blood sampling or blood pressure measurement.

There was a wide range of “first consult” cost reported, with both vet and nurse consultations ranging from free of charge to in excess of £50. However, approximately one third of practices charged between £31 and

Table 1

The percentage of respondents who would book longer appointments for each consult type.

Consult type	Percentage of respondents booking longer appointments (%)
Euthanasia	95.8
Complex medical cases	73.9
Second opinion	64.8
Referrals	52.4
Skin	48.5
1 st vaccination	47.9
New graduate vets	43.6
Other	7.2

£35 for a consult with a veterinary surgeon (33.9%, n = 104). In contrast, more than half of practices (54.7%, n = 168) offered nurse appointments free of charge. Interestingly, the majority of respondents (68.1%, n = 209) reported that there was no additional cost charged to clients when allocating a longer consult, with a further 21.5% (n = 66) reporting that additional cost was only charged “sometimes”. Finally, the majority of respondents reported that their practice would “squeeze in” extra appointments or double book either every day (41.0%, n = 126), or at least occasionally (50.5%, n = 155). Only 3.3% of respondents reported that

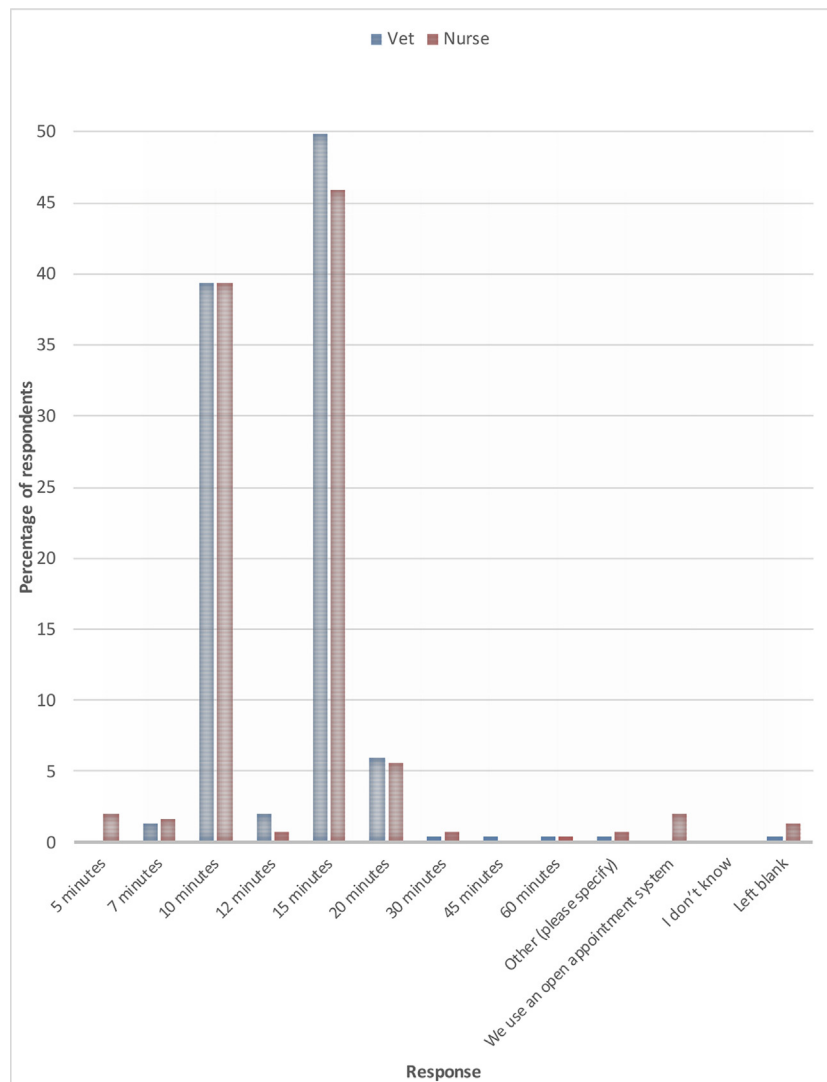


Fig. 1. Column chart illustrating the most common consult length for vets and veterinary nurses in small animal practice.

their practice never “squeezed in” extra appointments or double booked.

4. Discussion

The results of this study add another component to the literature available on small animal consultations and provide a baseline on the current ‘norms’ in veterinary practice in the United Kingdom. A restructured approach to appointment booking, including appropriate charging and scheduling for both vet and RVN consults could help to create a truly inter-professional practice, improve workforce wellbeing, utilise the vast knowledge and skill sets of RVNs and improve financial metrics. However, what is unclear, is whether the increase in consultation length from an average of 10 min in 2004 (Gray and Cripps, 2005) to 15-minute consultations has resulted in improved patient outcomes or stakeholder satisfaction.

While a certain length of consult is required to enable appropriate levels of care, it may be that a client's perception of the time allocated is of greater significance. Indeed, Grave and Tanem (1999) found medication adherence correlated with a client perceiving that the vet had spent sufficient time with them during the consultation, and Ogden et al. (2004), describing medical consults with a general practitioner, reported a correlation between patient satisfaction and the patient perceiving that they had sufficient time in the consult.

Furthermore, the finding that consultations are being “squeezed in” or double-booked is concerning as not only will this reduce the time available for each consultation, it also places additional pressure on veterinary staff which may negatively affect wellbeing. It is currently unclear is what can be done to address this due to the unpredictable nature of veterinary practice. However, the provision of ‘on the day’ or emergency appointment slots should be considered to minimise the impact of double-booking.

Whilst this small study is not without its limitations, including respondent self-selection and the possibility that more than one participant per practice responded, it still provides information which could assist veterinary practices in improving their consultation scheduling. Further research is warranted to investigate the impact of increased consult length on measures of consultation success, including but not limited to patient outcomes, adherence, client and vet satisfaction and financial metrics. A broader study by the research team is currently in progress.

Declarations

Author contribution statement

Louise Corah: Conceived and designed the experiments; Analyzed and

interpreted the data; Wrote the paper.

Alison Lambert: Contributed reagents, materials, analysis tools or data.

Kate Cobb, Liz Mossop: Conceived and designed the experiments.

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Competing interest statement

The authors declare no conflict of interest.

Additional information

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