

RCVS Fellowship Day 2017

Fellows in Focus: General practice is the most important veterinary specialism

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Beginning his presentation by asking his audience for a show of hands to indicate whether they believed veterinary surgeons could be specialists in primary care, Bradley Viner, a former RCVS President, said he was encouraged by the fact that a majority of those present supported this proposition. He aimed to convince his audience that general practice was the most important veterinary specialty.

He explained that, in the year 2000, he had become involved in an initiative to gain recognition for the competencies needed to be an advanced general practitioner. At that time, he had encountered two main barriers: first, the belief that, to become more advanced in the profession, veterinary surgeons had to become more specialised; and, second, the belief that, although there were specific skills needed to be effective in general practice, these could not be learned. Instead, vets were expected to absorb them 'by osmosis' and were either good at them or not.

So, Dr Viner had become involved in a group of practising vets who wanted to set up a postgraduate qualification in veterinary general practice or primary care. One of the key challenges that had to be overcome was the question of who would be fit to judge whether someone was an advanced general practitioner.

To address this, the group had contacted the Professional Development Foundation, which worked with Middlesex University, and had developed an academic framework to support the competencies required to become an advanced general practitioner. Each member of the group had examined different competencies, with Dr Viner choosing to research attitudes to clinical audit within the veterinary profession as the basis of his thesis for a Masters degree. He had found that the profession was very open to the concept of clinical audit.

The group had eventually presented the RCVS with a proposed framework of competencies that would be required by an advanced general practitioner.

Dr Viner had subsequently undertaken a professional doctorate examining some of the wider issues surrounding the introduction of clinical audit within the veterinary profession. He had been elected to RCVS Council and chaired a working party involved in developing the Certificate in Advanced Veterinary Practice (CertAVP).

The skills required by an advanced general practitioner included communication, team-working, coaching, mentoring, emotional intelligence and dealing with uncertainty. These tended to be thought of as 'soft' skills, he said, which made them seem unimportant. However, a lack of them, or not performing optimally in these areas, was the most common reason for not achieving optimal clinical outcomes. The barrier between the optimal clinical outcome and what actually happened was often not a lack of clinical knowledge, but a lack of the ancillary skills that would allow a concordance to be reached between what was agreed with an owner and what actually happened to an animal.

In the end, it boiled down to reflective practice. The profession recoiled from this concept, he said, but the principle was very simple – plan, act, review, in a continuous circle of improvement. It was challenging to develop a culture in which people could accept that they were not performing optimally all of the time and that, in order to work better, they had to function as a team. It hinged around an understanding of the difference between competence and performance – that it was possible to be competent to do a job but not to perform optimally.

There was now a structure in place to help vets develop the competencies needed for advanced general practice. The Professional Development Phase was encouraging reflection in recent graduates and the CertAVP included a compulsory Professional Key Skills module. It was possible to achieve a CertAVP in veterinary primary care and to be an Advanced Practitioner in veterinary primary care. Vets could do a workplace-based professional doctorate. Dr Viner also hoped that more primary care practitioners would aspire to become RCVS Fellows.

Developing these competencies to a high level was a gateway to all the other veterinary specialities, he said. However, he withdrew his original proposition that general practice was the most important veterinary speciality. Primary care and specialist practice were equally important, but they were different and it was vital to recognise this. In specialty practice, the aim was to make the perfect diagnosis and give the optimum treatment in every case. In primary care, the aim was to have healthy animals and happy owners; this may involve making a specific diagnosis, or it may not. Both paradigms were equally valid.

General practice should be valued and the complexity of the tasks undertaken within it should be appreciated, he said. The RCVS Fellowship should encourage primary care practitioners to aspire to join it, and should look at how the process of applying for Fellowship could be made more accessible to them.

To evolve into a truly learned society that reflected the breadth of what the veterinary profession could offer to society, the Fellowship had to attract and embrace all vets. This, he concluded, would be good for the Fellowship, for primary care vets, for the profession and, ultimately, for animal welfare.