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## 'Vet-led team': a harmful label choice

**STEPHEN BLAKEWAY** MA, VetMB, MSc, PGCE, MRCVS, discusses how this term could assert a rigid claim to leadership, any claim to exclusive leadership by vets risks alienating groups of allied professionals, and how "veterinary team" will better safeguard an inclusive "veterinary brand".

**THE RCVS review of veterinary regulation and the Veterinary Surgeons Act 1966 proposes the label "vet-led team" as the umbrella term for vets and allied professionals. The BVA elaborates by reference to a "hub-and-spoke model"; veterinary surgeons equipped with defining competencies at the centre.**

The current legislative framework has lasted nearly 60 years, so the next might take us to 2080. By then, the world needs to have gone beyond carbon neutral, global biodiversity loss needs to have been reversed and the United Nations' sustainable development goals need to have been met. Much good work has gone into the review. Allied professionals working together in joint self-regulation in the fields of animal technology, health and welfare is important. However, I believe the "vet-led team" label is unrealistic and harmful.

### Veterinary leadership

Veterinary leadership needs to follow best human resource practice and embrace dynamic leadership models.

Vet Futures references "distributed leadership", a model of modern leadership widely adopted in human health care, in which "leadership is recognised as a dynamic situational behaviour that anybody can exhibit independent of job title, rank, prior experience or qualifications. In a given situation any individual can act as a leader, and there is no one individual who is suited to assuming the role in all situations" (Vet Futures,

2016a). This flexible model of leadership is both what we need and what we currently have.

The "vet-led team" label is taken, apparently, from human dentistry and is defended with reference to clinical settings. Veterinary and human dentistry are different. Human dentistry deals with one part of one species and is set mostly within clinics. Veterinary deals with all aspects of all non-human animals and takes place in a multitude of settings.

### No unified model

Reading through the RCVS' 2019 surveys of the veterinary and veterinary nurse professions (RCVS, 2019a; 2019b) alongside data on animal numbers in the UK, no unified model of veterinary practice exists. We do different things with different animals in different situations.

Increasingly, vets focus on particular species areas and/or become topic specialists, and withdraw to higher-income activities - leaving welfare gaps. An individual broiler chicken or farmed fish has almost no value compared to a pet. Even in our top 10 global economy, we still have underprivileged pets relying on charities like the RSPCA, PDSA, Blue Cross, and Battersea Dogs and Cats Home.

Vets work in many teams that we do not lead (for example, in industries, universities, research, business, government, charities, corporate practices, nurse-owned practices and wildlife conservation).

Vets need to be mindful of our history. We have led on

many, but not all, aspects of animal health, medicine and surgery, and very little on animal welfare. Animal welfare in all its broad meanings has been pushed primarily by charities (Gardiner, 2014). PDSA, serving poor communities, introduced wider-ranging mixed practice, treating any vertebrate presented to its non-vet ambulatory teams. The vets looked and learned, and small animal medicine took off. We must be careful not to take credit for the work of others.

### Network

We have further confused the picture by relinquishing to others work we did, but mostly no longer do ourselves. It is hard to delineate defining veterinary competencies when we are now so technology-led, when allied professionals are often adept at recognising early diagnostic patterns and can specialise in the use of our increasingly sophisticated diagnostic tools, do the lab tests and identify infective agents.

In traditional areas of practice, leadership passes between different members of an extended team. For example, a dog groomer or behaviourist may see an obese dog and refer the owner to a vet clinic where a vet nurse leading on nutritional advice triages the case. If the nurse suspects an underlying medical condition, he or she will pass the case to a veterinarian before the case is passed back to the groomer or behaviourist.

Farriers, harness makers, saddlers and equine vets (and increasingly equine dentists) work together in teams, each contributing specific expertise, the lead passing between them depending on the case.

These examples describe a network, not a hub-and-spoke model. They also highlight how allied professionals often work at the forefront of preventive medicine.

Veterinary nurses already complain of a harmful lack of professional recognition by the public (RCVS, 2019b; Vet Futures, 2016b), and farriers, harness makers and saddlers evolved alongside the emerging horse-focused veterinary profession, and have remained proudly independent. It is hard to see how these, our closest professional allies, will benefit by the "vet-led" label.

Any new legislation must strengthen existing associations, enable a high-welfare veterinary ecosystem with consensual regulation of all allied professionals and look to the future. Fossilising leadership by claiming top spot for vets risks alienating groups we need to join us, and will diminish us when we, or any of "our" allied professionals, seek to be part of wider alliances.

### 'Veterinary team'

We need to curate the "veterinary brand" as a mark of quality and distinction - a respectful collaboration of allied professionals doing direct "veterinary" work in pursuance of the best possible balance of welfare for animals, people and the environment in this imperfect world.

"Veterinary team", already used in the Vet Futures Action Plan 2016-20, is the best label to achieve this for us.

### Personal interest

I admit to a personal interest in this debate. Empowered allied professionals and distributed leadership have been central to my own professional life.

As a newly qualified vet, in later locums, and in PDSA, I worked with and learned constantly from VNs and ancillary staff, and will remain eternally grateful to all who helped

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me. Nurses and ancillary staff, each with their own areas of responsibility and competence, are as essential to the success and atmosphere of a practice as the vets. Instead of focusing on "vet-led", we should be ensuring they are properly recognised and rewarded.

In Papua New Guinea in the late 1980s, as a government area veterinary officer covering the north coast and islands, I was one of seven government, private and laboratory vets in the country. My eyes opened by volunteers and development workers, I realised I needed to start empowering; training; encouraging others.

My ex-boss recently told me that, after the first two local vets for understandable reasons chose not to take up veterinary roles in the country, introducing a new cadre of local, locally trained stock inspectors (an Australian term) was what he was most proud of during his time as CVO (services). One stock inspector working in the remote south-west soon discovered a new crocodile parasite of potential zoonotic importance.

My work in Kenya with Intermediate Technology explored the role of community-based animal health workers in remote pastoral areas alongside government veterinary structures. There, I first worked alongside social scientists and learned how they could enrich a veterinary team.

In Sudan, rinderpest was eradicated through community-based approaches coordinated across both sides of a civil war. Elderly veterinary assistants working independently since the 1950s miraculously reappeared amid the social chaos. Their local standing, commitment and example inspired new veterinary workers, including pastoralist vaccinators. Rinderpest would not have been eradicated without these groups.

In Afghanistan, semi-privatised paravets with six months of practical, problem-based training form the backbone of an effective rural veterinary service that has spread across almost the entire country since the early 1990s.

My work from 2006-8, supporting an excellent local counterpart, was to help the post-2001 central and provincial government veterinary services integrate with, rather than displace, the NGO-led paravet system. I am happy to have introduced Brooke to Dutch Committee for Afghanistan, which

has championed the paravet network, and delighted that equine competence is now part of the paravet skill set.

Working internationally with The Donkey Sanctuary from 2008-16, our international teams of vets and animal health assistants were gradually enriched as budgets allowed with a scattering of social scientists and teachers. With a little training and a lot of encouragement, they blossomed into effective community mobilisers, harness makers and school donkey club facilitators.

Assessing welfare; improving donkey handler relationships; and measurably reducing wounds, lameness and epizootic lymphangitis were collective cross-disciplinary achievements. In some communities, community development workers showed that by changing relationships between working donkeys and their users, wounds reduced and welfare improved without veterinary involvement.

More recently, evaluating a Food and Agriculture Organization of the United Nations/government of Ethiopia peste des petits ruminants project funded through an EU resilience budget allowed me to revisit and reassess the effectiveness of mixed veterinary teams working to eradicate a goat morbillivirus in a world of sustainable development goals, global biodiversity loss and climate change.

### Ecosystem welfare

Global biodiversity loss and climate change push us to focus more on ecosystem welfare. The UK farmland bird index for all farmland species in 2018 was less than half of 1970 levels. The recent *Vet Times* (2021) article, "Vets offered help as wildlife orphan season approaches", quoted a 2016 study by the University of Portsmouth that found 160,000 wild animals are taken to commercial vets each year and more than half of vets surveyed admitted they did not have enough knowledge about how to treat them.

Also in 2016, the Kenya Veterinary Association hosted a conference to celebrate 50 years of the profession in Kenya. A young female vet presented on its Vision 2030, starting her presentation with "by 2030 we see the vet profession working increasingly as part of multidisciplinary teams".

The World Organisation for Animal Health (OIE) mandates a flow of disease information from the ground to the national

"competent authority" and then to the OIE. This necessitates that all who work in animal health and welfare are linked through information sharing regarding any possibility of infectious disease, but does not dictate other hierarchies.

### Thinking beyond

Our current review is relevant to veterinary and allied professionals across the world. Whatever the outcome, it will be of interest. We need to ensure it is a good outcome.

Let us think beyond "vet-led team", replacing the term with "veterinary team". We can be confident in our role without forcing ourselves. Vets already work in global teams with other professionals. We need to expand and normalise these broad alliances, and focus upwards and outwards, not just down.

If anyone else feels strongly about this point, please write "please change vet-led team to veterinary team" in the first of the 24 RCVS consultation feedback boxes. Either that or write directly to the RCVS. Numbers of respondents are important.

In my next article, I discuss why I think we have not been bold enough in reimagining the profession for the next 60 years.

### References

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**STEPHEN BLAKEWAY** has worked in large, mixed, companion and charity practice, but the focus of his career has been animal welfare (in a "one welfare" context), education, community empowerment and the delivery of veterinary services to remote or otherwise marginalised communities.



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Donkeys like these in Takhar, Afghanistan, should now have access to health care through the Dutch Committee for Afghanistan/Brooke paravet network.