Innovation is key to the future success and sustainability of the veterinary profession

LAST week the RCVS acknowledged that it needs to do its bit to encourage innovation and ensure it doesn’t stifle progress.

As we report this week, the College is examining how it can ensure that vets are at the centre of innovation in the animal health sector and that the profession and sector are seen as open to innovation and innovators.

It is also looking at how a regulatory framework dictated by 20th century legislation can be adaptable and changeable in a 21st century market.

Key among developing technologies is ‘telehealth’ or ‘telemedicine’.

The principle of telemedicine is well established in the veterinary sector but has traditionally been used by general practitioners to access advice from distant specialists.

More recently though, companies have begun to offer first-opinion telemedicine services to clients, through video links and apps on their smartphones.

Recent research by the firm IHS Technology suggests that the number of patients using veterinary telemedicine services globally will grow from 350,000 in 2013 to 7 million in 2018.

There are potential benefits to such services – people who are reluctant to take their pet to a vet, or who might find it hard to do so, could be persuaded to seek veterinary advice if they feel able to do so from the convenience of their own homes.

Being able to see an animal in real-time on a screen could provide additional information for a vet trying to triage a case, rather than having to make an assessment using information given by an owner over the phone. As one vet put it – “There’s bleeding... and there’s bleeding!”

But there are potential downsides, too; remote consultations cannot (yet) replace the ‘gold standard’ physical examination, the opportunity to palpate and manipulate, or to take samples to help in making a diagnosis.

Telemedicine services could undermine the business models of traditional veterinary practices, by offering veterinary care without nearly as many overheads or the need for physical consulting rooms.

Questions also arise about the regulation of vets offering these services – if advice is given by a vet based abroad who is not on the RCVS Register, then the College has no authority over them should anything go wrong. Where does the responsibility lie in such cases?

Of course these challenges are not unique to the veterinary profession – the General Medical Council (GMC) already provides guidance to doctors on issues such as remote prescribing, whether by telephone, video link or online.

The GMC also has position statements on where responsibility lies in relation to patient safety in the provision of cross-border healthcare, encouraging those who commission telemedicine services from outside the UK to ensure doctors providing them are appropriately qualified and regulated.

Nor are the challenges unique to the UK, with veterinary regulators worldwide currently grappling with them. Recommendations and guidance on veterinary telemedicine in the USA were presented in January this year by an American Veterinary Medical Association practice advisory panel.

Key among the recommendations was that telemedicine should only be conducted within an existing ‘veterinarian-client-patient relationship’, except for when advice is given in emergency situations (such as poisoning cases) before a patient can be seen by a vet.

It is on issues such as these that the RCVS will attempt to provide guidance for UK vets.

Having launched a consultation with veterinary professionals and the public last month the RCVS received more than 1000 responses within the first two weeks. This suggests telemedicine is very much a ‘live’ issue for both the profession and the public.

Telemedicine is a fast-developing technology that has already secured a firm foothold in the veterinary sector. The RCVS’s developing guidance must help vets understand how to engage safely and effectively with it, while ensuring that animal health and welfare are protected.

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