

There is considerable confusion about the difference between a “referral” and a “second opinion”. In fact there is no hard and fast definition of either term and just to add to the confusion, there is considerable overlap between the two. Either way, we are talking about an additional vet being brought into the management of a clinical case.

Typically, “Referral” is used when the decision to bring in the second vet was instigated by the first vet. A “second opinion” on the other hand implies that the decision was instigated by the client – the pet owner – and the term often implies a degree of dissatisfaction with the way the first vet has been handling the case. Good vets will make frequent use of referral to ensure that their patients have access to the very best treatment, facilities and expertise. However, some vets are more reluctant to refer and this can be for a number of reasons including over-estimating their own ability, reluctance to send work/business out of their practice and sometimes simply not appreciating the range of expertise and facilities that is available “out there”.

When a client is concerned that their pet might benefit from referral but their own vet is not making the suggestion, the very best option is to raise the question with the primary care vet. A good vet will never take any kind of offence (like owners, vets have the best interest of the patient at heart) and they will work with the pet owner to advise and facilitate the referral process. Only very occasionally this will not happen and in those circumstances, the pet owner should take it upon themselves to seek a “second opinion” from another vet.

When advising or arranging a referral, the vets’ Guide to Professional Conduct lays out the responsibilities incumbent on your vet to make sure that the referral vet is suitably experienced and/or qualified. Regrettably, some vets are not good at this part of their job preferring instead to refer patients only to nearby referral centres or to friends in other practices. From the pet owners’ point of view, matters are made more difficult by the fact that referral practice is effectively unregulated to the extent that any vet, no matter how thin their experience or qualifications might be, can set themselves up to do referral work. As is typical of any “free market” there is a tendency for the less well qualified to “over-sell” themselves so it is advisable that pet owners and other clients have some idea of exactly what the various veterinary qualifications actually signify and how they can make an informed choice about who they want to treat their pet.

Explanation of different levels of Veterinary qualifications

When you listen to people talking about their own experiences with illness and operations, they will almost always tell you that they were treated by the “top man” who has done the operation “hundreds of times”. Obviously, this can’t always be true. Not all diagnostic, therapeutic and surgical treatment is the sole preserve of the top flight of specialists and most work is successfully performed by clinicians with lesser qualifications or with more limited experience and that is as it should be. However, problems arise when a clinician gets “out of their depth” and undertakes a procedure which would be better done by another. As previously indicated, there is nothing (other than conscience) to prevent the most minimally qualified/experienced vet undertaking the most complex procedure. Before undertaking any diagnostic, therapeutic or surgical procedure, a vet must first obtain “informed consent” and an integral part of that is a discussion with the client of not only that individual vet’s ability, qualifications, experience and suitability to perform a procedure but also the availability of other alternatives. If the pet owning public is to give properly informed consent they must have some understanding of what the qualifications – the letters after the vet’s name – actually mean.

MRCVS – this is the basic veterinary qualification without which you can’t work as a vet in the UK. This is awarded after 5 years of study at an approved, veterinary school and it entitles vets to practice as vets and it affords them certain privileges such as the ability to prescribe and dispense prescription only drugs. Typically, the letters MRCVS will be preceded by some others, for example BVetMed or BVMS, signifying the degree qualification from the university – the degree and MRCVS are awarded at the same time on the back of the same examination and do not signify two separate achievements. The majority of vets in UK (at least 80%) have this qualification and no others.

MSc – a master’s degree awarded after one year of research based study. Sometimes done alongside another qualification but standing alone, this is rarely relevant to a vet’s clinical practice.

PhD – doctorate awarded after 3 years of research – typically research with an extremely narrow focus and consequently of little relevance to clinical practice. However, some vets will use their research backgrounds to good effect in clinical practice.

Certificate – for example Cert SAM, Cert SAS, Cert VD etc. The Certificate qualification is awarded by the Royal College of Veterinary Surgeons to vets who pass an examination following a period of self directed study of two years or more. The examination involves submission of case logs, case reports, written papers and an oral/practical component. It is the single most common UK post graduate veterinary qualification and being completely clinically focussed, it is of particular interest to pet owners. For vets, the certificate is the first step in further clinical qualification and though it is a worthy qualification, most vets go no further. The Royal College of Veterinary Surgeons states that a certificate level qualification indicates “a competent practitioner” and specifically a certificate is NOT indication of specialist expertise. However, many vets, quite appropriately offer referral services with a Certificate as their “highest” qualification, pet owners should take care to make sure they fully understand and appreciate the level of expertise and experience on offer. For example, at Croft, our ophthalmology referrals are handled by John Errington. John passed his certificate exams more than 25 years ago and has spent most of that time working in ophthalmology referral practice. In addition, John spent several

years acquiring and developing skills in intra-ocular surgery to the extent that he is now one of the most experienced veterinary phaco-lendectomy surgeons working in the UK. Phaco-lendectomy is the ultrasonic removal of a lens cataract – a procedure that restores vision to blind dogs. Judith Joyce, our referral dermatologist is another with “just” a certificate. However, a hard working referral dermatologist, Judith’s particular expertise has been independently recognised by numerous invitations to lecture to vets both in UK and abroad. As well as publishing vet dermatology clinical research papers Judith was commissioned to write a veterinary dermatology textbook as well as acting as senior examiner for the RCVS in their Dermatology certificate examinations indicating that RCVS itself recognises her particular dermatological expertise. Pet owners considering seeking referral to a certificate holder will be well advised to find out whether the vet in question is “just” a certificate holder or if the clinician in question is someone like John or Judith who have used their certificate as a starting point, a foundation upon which is built a wealth of additional experience and expertise.

Diploma – for example, Dip ECVS, DSAO, DSAS, DSAM. Diplomas are awarded after a three year one-on-one training period supervised by an established diplomat. Bear in mind that the time commitment required for a diploma (three years, full time work) is roughly equivalent to that required for a veterinary degree (five years, university terms) then you can see that this is a serious qualification – a huge step up from a certificate. In the better referral practices, this is the qualification to which most clinicians aspire and for specialisms like surgery where there is a considerable amount of technical expertise, the advantage of treatment by a diplomat surgeon is the fact that they have been trained and supervised through a vast number of cases in contrast to others who are often merely self-taught. In addition to technical training requirements, a diplomat in training (usually called a resident) is expected to fulfil a number of other requirements including publishing of clinical research, giving lectures and seminars and undertaking in-depth study of related subjects. The qualifying diploma examination includes multi-choice, written, practical and oral components: it is conducted over several days and is probably the most searching examination that anyone will sit.

Specialist – believe it or not, absolutely any vet can call themselves a specialist! While some use the term to mislead clients and pet owners into thinking they have a higher level of expertise these charlatans are, thankfully, relatively uncommon. A register of Specialists is held by both the European Colleges and the Royal College of Veterinary Surgeons. To be recognised as a specialist by RCVS, a vet must have held a diploma for at least 2 years must work full time in their specialism, be able to provide evidence of activity in the specialism at a high level. For example, teaching, lecturing, research work etc. In addition, two references from other specialists must be produced confirming that the individual is indeed worthy of specialist status.