

1 **Owner and veterinary surgeon perspectives on the roles of** 2 **veterinary nurses and receptionists in relation to small animal** 3 **preventative healthcare consultations in the United Kingdom.**

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8 **Abstract**

9 Veterinary receptionists and veterinary nurses rarely feature in published practice-based research,
10 yet are integral to small animal veterinary practice in the United Kingdom (UK). The aim of this study
11 was to investigate the perspectives of UK-based owners and veterinary surgeons about veterinary
12 nurses and receptionists in relation to their role in preventative healthcare. Semi-structured
13 telephone interviews were conducted with 15 dog and cat owners and 14 veterinary surgeons.
14 Interview transcripts were thematically analysed. Reception staff were identified as having a range
15 of important roles, from rapport building to providing healthcare information and advice. The
16 perceived importance of those roles appeared to differ between owners and veterinary surgeons.
17 Veterinary nurses were described as performing a diversity of roles in relation to preventative
18 healthcare, both in the reception area and in the consulting room. Many owners, and some
19 veterinary surgeons, expressed uncertainty about the remit and status of veterinary nurses in
20 relation to providing veterinary advice. This study identifies for the first time the degree of
21 responsibility for preventative healthcare given to veterinary receptionists and veterinary nurses in
22 UK small animal practices. Further work is needed involving reception and nursing staff to fully
23 appreciate and define their roles in small animal practice.

24 **Keywords:** preventative healthcare; dog; cat; veterinary receptionist; veterinary nurse.

25 **Introduction**

26 Veterinary nurses and receptionists working in small animal practice are seldom the primary subject
27 of peer-reviewed research. Historically, they were termed “support staff”.¹ However, Kinnison and
28 others² advocate the use of the term “inter-professional practice” when describing their role within
29 a veterinary team, reflecting their importance as true partners in delivering care. The largest body of
30 published research to include veterinary nurses and receptionists has focused on the importance of,
31 and tensions related to, integrating them into a veterinary team.²⁻⁵

32 Alongside traditional roles in health, wellbeing and as guardians of animal welfare⁶, veterinary
33 nurses now have a range of responsibilities. These include performing consultations⁷ and minor
34 surgeries², running educational interventions⁸ and providing complex inpatient care.⁹ Other less
35 commonly documented roles include building rapport, facilitating good communication and
36 providing empathy in a client-facing setting.^{10,11} In many small animal practices, veterinary nurses
37 may also perform the duties of receptionist, practice manager and cleaner.¹²

38 The veterinary nursing profession in the United Kingdom (UK) has moved towards increasing status
39 and regulation in recent years.² Veterinary nurses registered with the Royal College of Veterinary
40 Surgeons are now accountable for their own conduct¹³ and are subject to standards set by the

41 Veterinary Nursing Council.¹⁴ However, despite a vigorous campaign, the title of “veterinary nurse” is
42 still not protected. ¹⁵ Some veterinary practices may therefore employ other staff under a range of
43 titles who share some of the client-facing nursing responsibilities described above without the same
44 training or regulatory accountability.

45 If little has been written about the role of the veterinary nurse, even less is written about veterinary
46 receptionists. Veterinary receptionists are not required to have any formal training and are not
47 regulated. Despite this, they have an incredibly important and responsible role as gatekeepers of the
48 veterinary practice and as the hub of practice communication. ³ They are also central to the
49 customer experience, providing information and steering the client through their interactions with
50 the practice. ¹⁶ Increasingly, their roles and responsibilities are becoming broader, an example being
51 provision of advice on preventative medicine protocols. ¹⁷ For these reasons, the role of a veterinary
52 receptionist appears challenging, and there is a risk that they could become scapegoats for mistakes
53 in communication if expectations about their knowledge do not reflect their training or experience. ³

54 Soliciting the views of the people who interact with these staff may help to identify previously
55 unrecognised roles and responsibilities and may highlight unreported challenges to their work.
56 Qualitative research techniques such as interviews and focus groups are particularly useful for this
57 type of exploratory research. The aim was to explore the perspectives of owners and veterinary
58 surgeons regarding veterinary nurses and receptionists, by eliciting accounts of their interactions
59 with these staff members in relation to small animal (dog and cat) preventive medicine
60 consultations.

61 **Materials and methods**

62 This study forms part of a larger body of work exploring canine and feline preventative medicine
63 consultations in the UK. During July and August 2016, data were gathered through telephone
64 interviews with dog and/or cat owners and small animal veterinary surgeons based in the UK. Ethical
65 approval for this study was granted by the ethics committee at the School of Veterinary Medicine
66 and Science, University of Nottingham. Reporting follows the COREQ checklist. ¹⁸

67 **Owner and veterinary surgeon recruitment**

68 Owner and veterinary surgeon recruitment for interview was based on separate purposive sampling
69 frames designed by the authors (see Tables 1 and 2 in supplementary materials). These sampling
70 frames were used as described by Bryman ¹⁹ to try to include a wide variety of interviewees in the
71 study. The owner sampling frame included pet, owner and practice variables; the veterinary surgeon
72 version included practice and veterinary surgeon variables.

73 Inclusion criteria for owner interviewees were: a) ownership of at least one dog or cat that had
74 received a preventative healthcare consultation at a UK veterinary practice during the preceding 3
75 months; AND b) willingness to be interviewed by telephone about that consultation during the study
76 period. Eligible consultations were: routine vaccination; titre testing; parasite prevention; routine
77 health check; or prevention of season. These consultation types were chosen based on previous
78 data²⁰ reporting the characteristics of consultations where preventative medicine was most likely to
79 be discussed, and where a complete clinical examination was likely to be performed. Inclusion
80 criteria for veterinary surgeons were: a) individuals currently working in a UK small animal practice;
81 AND b) who currently performed preventative healthcare consultations; AND c) were available for
82 telephone interview during the study period.

83 Owners were recruited using: direct contact of eligible participants from the authors' networks;
84 social media posts in owner forums; recruitment of eligible clients by veterinary surgeons in a multi-
85 branch veterinary practice in Scotland; and snowball sampling whereby recruited interviewees
86 assisted with recruitment.¹⁹ Veterinary surgeon recruitment was conducted using: social media;
87 contacting veterinary practices who had expressed an interest in research collaboration with the
88 Centre for Evidence-based Veterinary Medicine; emails to the Royal College of Veterinary Surgeons'
89 list of practices; and snowball sampling.

90 **Interview procedure**

91 Interested owners and veterinary surgeons were emailed information about the study and a copy of
92 the consent form. Those willing to proceed were asked to supply information to confirm their
93 eligibility before a date was arranged for an interview. Incentives to participate were not offered. All
94 telephone interviews were conducted by NR, a veterinary surgeon with qualitative research training.
95 Before each interview, the consent form was read in full and verbal consent to proceed was granted.
96 Separate semi-structured interview guides pilot-tested before use (available on request), were used
97 for owner and veterinary surgeon interviews. Experiences with all preventative healthcare
98 consultations during the preceding 3 months were discussed with the owners, and attitudes to
99 preventative healthcare consultations in general were discussed with veterinary surgeons. Pertinent
100 to this study, participants were asked about the roles of veterinary nurses and receptionists in
101 preventative healthcare.

102 **Data analysis**

103 Interviews were recorded with a Dictaphone using a telephone adapter before being professionally
104 transcribed verbatim. Transcripts were checked for accuracy against audio recordings and any
105 discrepancies amended. Thematic analysis was performed following the six-step plan described by
106 Braun and Clarke²¹ with the organisational support of nVivo (nVivo v11, QSR), described in greater
107 detail elsewhere.²² Statistical analysis was not performed as is standard for qualitative studies.^{23,24}
108 Themes were identified inductively and deductively. Data analysis was performed primarily by ZB,
109 assisted through regular discussion with MB. Both are veterinary surgeons with qualitative research
110 experience. Data saturation was deemed to be achieved when no additional themes were identified
111 as a result of analysing further transcripts.

112 **Results**

113 Thirty-one interviews were arranged, but two owners were unavailable due to unforeseen
114 circumstances on the day of the interview. Twenty nine telephone interviews were conducted, 15
115 owners and 14 with veterinary surgeons. At this point, data saturation had been reached, so
116 additional interviewees were not recruited. Full demographic details of owners, their pets,
117 veterinary surgeons and their practices have previously been described.²⁵ Interview duration ranged
118 from 15 to 59 minutes. The nine female and five male veterinary surgeons were from 12 practices.
119 All had graduated in the preceding 20 years and ranged in seniority from assistant to clinical
120 director. Practice types included corporate and independent, small animal and mixed, single and
121 multi-branch. Thirteen dog owners, one cat owner, and an owner of both a dog and a cat were
122 interviewed. Between them, they owned 19 dogs and 3 cats which ranged in age from 6 months to
123 11 years. Dogs included pets, agility dogs and working gun dogs; cats lived both indoors and
124 outdoors.

125 Thematic analysis deductively identified four key themes, each of which has been reported
126 separately. These described: expectations of owners and veterinary surgeons about what would

127 happen during preventative healthcare consultations ²⁵; the importance of the length of
128 preventative healthcare consultations ²²; motivators and barriers to using preventative medicines ²⁶;
129 and the role of veterinary nurses and receptionists in preventative healthcare. This last key theme is
130 reported here with illustrative quotes. Interviewees were not provided with definitions of the terms
131 “veterinary nurse” or “receptionist” so the use of those terms below reflect the descriptors used by
132 interviewees.

133 **Owners**

134 Owners identified four settings in which they interacted with receptionists and/or veterinary nurses
135 in relation to preventative healthcare: on the telephone; in the waiting room; during veterinary
136 surgeon-led consultations; and during veterinary nurse-led consultations. Rarely, owners reflected
137 that they were not sure of the job role, or level of training, of the person behind the reception desk.

138 *Actually I felt unclear whether she was a nurse or reception staff. So I thought it was one of*
139 *those roles where they probably learnt some things because I think I spoke to somebody*
140 *when I was talking about the car sickness and she mentioned a couple of things ...But I don't*
141 *know whether she was...I don't think she was a veterinary nurse who I initially spoke to.*
142 [Owner 12]

143 Receptionists were recalled to have performed a range of administrative roles including booking
144 appointments over the telephone, checking owners in on arrival, weighing their pet and recording its
145 weight, dispensing treatments, taking payment and arranging future appointments.

146 *There's a customer scale in the waiting room. So I've just been popping him in and putting*
147 *him on the scale and telling the receptionist and she's been updating his records for me so*
148 *that the vet was kept informed... [Owner 11]*

149 Some owners recalled having asked the receptionist healthcare questions that they had intended to
150 ask the veterinary surgeon but had forgotten, or had not felt able to ask. Receptionists were
151 therefore an important, or sole, source of information for some owners on practice policies,
152 insurance, preventative health and topics such as feeding, weight management and behaviour.

153 *And she gave me lots of information about how the [Pet health] scheme worked. So I*
154 *discussed that with the receptionist. The vet didn't mention it. [Owner 10]*

155 Most appeared to trust the information and advice that they had been given by the person on the
156 reception desk. Only rarely were receptionists recalled to have provided owners with incorrect
157 information or to have been unable to answer a question.

158 *I did ask the receptionist for a new prescription of the wormer and the receptionist said it*
159 *should only be given every six months or every three months, and I said 'Oh, that's different;*
160 *I'm using it every month because I want to give him extra protection'. So she had to go and*
161 *check that with the vet. [Owner 1]*

162 The receptionist's personality was often discussed by participants. Reception staff were described as
163 chatty, helpful, reassuring and friendly, and some owners described having long relationships with
164 specific staff members. Receptionists telling personal stories about their own pets or recounting
165 their own experiences of veterinary healthcare appeared to be particularly helpful in reducing
166 anxiety for some owners. Importantly, several identified receptionists as the only practice staff
167 member with whom they could have a conversation that was not time-pressured.

168 *They've got more time and it was sort of more as if you were chatting to friends valuable*
169 *than some of the... you know, it wasn't all the medical aspects of things; just things to do*
170 *with the experience of having a puppy, that side of it. [Owner 4]*

171 Rapport appeared particularly good when the receptionist remembered the owner and their pet,
172 and when the receptionist was felt to understand how important the individual pet was to that
173 owner. A few owners identified the receptionist as key to how they and their pet felt about visiting
174 the practice.

175 *It's a very friendly practice. You actually feel quite welcomed and put at ease. I think that's*
176 *quite nice. The dogs don't mind going in. That's the really important thing. [Owner 5]*

177

178 As with the receptionists, some owners described having built relationships with veterinary nurses
179 over a period of years. Owners appreciated advice being available from a veterinary nurse in the
180 waiting room without the need to book an appointment; again the sense that the veterinary nurses
181 were not rushing them was important to many.

182 *...because the medications that she's on can make her a bit constipated so if I need any care,*
183 *I can ring them up and nip, you know, to the vet nurse and they'll...they'll give me something*
184 *for it so...erm...I can talk to them about pretty much anything regarding [my dog]. [Owner*
185 *6]*

186 A few owners appeared confident that veterinary nurses could provide them with reliable pet health
187 advice on a wide range of topics. Some had accessed veterinary nurse-led clinics following advice
188 from a veterinary surgeon and were positive about the experience. Others were aware that clinics
189 were available but had not used them, and a few did not think that such clinics were available in
190 their practice.

191 *The practice where we're at now, the vet nurses do an awful lot, and they did the blood tests*
192 *and go through the worming and everything with you, which I think is really good. That frees*
193 *up your time with the vet for other bits and pieces. [Owner 3]*

194 Several owners were not sure what veterinary nurses were qualified to do, or how their role fitted
195 with that of a veterinary surgeon. The risk that the veterinary nurse might not being able to solve a
196 problem, necessitating a subsequent consultation with a veterinary surgeon, was the most common
197 barrier described to attending veterinary nurse-led clinics.

198 *I suppose there's exception that the vets are probably more there to... I don't want to... how*
199 *do you put it? But obviously they're more qualified to do certain procedures so whether you*
200 *would, with that exception, you'd be talking to them say, more about an operation for*
201 *example whereas you might be talking...I don't know, I suppose veterinary nurses know a*
202 *great deal about what they're doing... [Owner 12]*

203 **Veterinary surgeons**

204 Veterinary surgeons described receptionists as having a wide range of roles including: provision of
205 information about products and services; answering the telephone; triage; organising appointments;
206 scanning microchips; weighing pets; dispensing medications; overseeing pet healthcare plans; and
207 taking payments. Several identified their reliance on the practice receptionist to advise owners on
208 ectoparasiticide choices, particularly in relation to pet healthcare plans.

209 *Definitely with puppies and kittens I discuss [parasite prevention]... Obviously if they are on*
210 *the Pet Health Club, it takes care of itself. So I might ask [the owners] if they have picked the*
211 *stuff up, if they are ok.... [Veterinary surgeon 6]*

212 Others described the reception desk to be a place for owners to receive advice on topics such as diet
213 and insurance. None voiced any doubt that their reception staff were providing correct information.
214 Few specifically articulated a role for the receptionist in rapport building, though several activities
215 performed by receptionists were identified as important in bonding clients to the practice.

216 *The receptionist scans every dog that comes in for a microchip, just to make sure. And it's*
217 *also, again interaction or an ice breaker with the client, just even, interact more with that*
218 *client than just saying "Just sit down". And they check their details and stuff. [Veterinary*
219 *surgeon 9]*

220 All veterinary surgeons described a beneficial role for veterinary nurses in providing free reception-
221 based advice about pet health problems. Whilst some described specifically sending owners to talk
222 to veterinary nurses in the waiting room, others expressed frustration that veterinary nurses were
223 not always free. Rarely, veterinary surgeons reported that some of their practice veterinary nurses
224 did not wish to have any form of client-facing role.

225 *It depends very much on their personal interest because some nurses are very in to talking to*
226 *clients and some aren't. [Veterinary surgeon 5]*

227 Veterinary surgeons working in small practices or branch clinics typically felt that they did not have
228 an adequate number of public-facing veterinary nurses to run veterinary nurse-led clinics.
229 Sometimes, veterinary surgeons plugged the gap.

230 *We do offer free nurse consults. [...] If we don't have enough nurses at any one time, then*
231 *they will see a vet and we just won't charge them.... [Veterinary surgeon 6]*

232 In contrast, veterinary surgeons working within larger practices described their veterinary nurses to
233 run a wide range of preventative health clinics including 'weigh and worm' appointments for young
234 animals, dental, mobility and weight loss clinics and in some instances conducting first or second
235 vaccination consultations.

236 *I often try to get, you know, if there is an animal I think has a weight issue, I try to get them*
237 *straight in with the nurse immediately. Just so that they might spend half an hour in the*
238 *practice rather than just 10 minutes. Or if it's an old dog, get them in with the nurse. The*
239 *nurses can take bloods and such like, it is no problem for them. [Veterinary surgeon 11]*

240 None of the veterinary surgeons discussed the need for veterinary nurses giving advice in the
241 reception area to have received training. However, some confusion was evident about whether
242 veterinary nurses could lead consultations.

243 *In our practice we don't have as many qualified procedural auxiliaries so until we provide a*
244 *nurse clinic or someone that's undergone training, I don't know how the Royal College would*
245 *stand with advice being given by an auxiliary. I don't think they're really allowed to give*
246 *advice so whoever takes the consultation is giving advice really.... [Veterinary surgeon 3]*

247 Almost all veterinary nurse-led clinics were described to be free of charge. A few veterinary surgeons
248 commented that uptake had been too low when there had been a fee; others said the uptake of free
249 veterinary nurse-led clinics was still poor. Some thought owners increasingly recognised the level of
250 training that qualified veterinary nurses had received, but others were less sure.

251 *I think there'd be the core of people who, probably the same people who always wanted to*
252 *see the vets as well, older school people, but I think the majority of people would be quite*
253 *open to nurses and I think most of them would have a lot of respect for the training they do.*
254 [Veterinary surgeon 13]

255 Attitudes to veterinary nurses leading, or assisting with, consultations varied between veterinary
256 surgeons. Several expressed great confidence in their veterinary nurses' consultation skills,
257 particularly in communicating difficult concepts. Others expressed a desire for veterinary nurses to
258 perform certain consultation types that they didn't enjoy themselves but felt their veterinary nurses
259 did.

260 *I don't want to be doing weight check clinics and working out how much dog should weigh,*
261 *that, you know, I know he needs to lose weight and it's just something that I don't think is a*
262 *good use of my time because that is a bit of maths and then a chat gently with the client to*
263 *persuade them that actually body condition score of 9 out of 9 is dreadful for a dog. It is*
264 *very... it is more... I know the nurses love doing that.* [Veterinary surgeon 14]

265 A few thought that regardless of how well qualified their veterinary nurses were, they would still
266 prefer to perform any history taking aspects of a consultation themselves. A sense of personal
267 responsibility for the outcome of the consultation, the likelihood that they would just repeat the
268 same questions themselves and their personal desire to remain in charge were given as
269 justifications.

270 *I sometimes just rather do it myself because sometimes there's not... everyone says things*
271 *differently and everyone has differing opinions as well and I kind of like my way. But I am a*
272 *control freak.* [Veterinary surgeon 10]

273 Discussion

274 These interviews provide an important contribution to the sparse literature on the roles of
275 receptionists and veterinary nurses in UK small animal practice. Although the importance of
276 reception staff in building rapport with owners has been identified, this study suggests it may not be
277 fully recognised by all veterinary surgeons. The reliance of both owners and veterinary surgeons on
278 the reception area as a source of pet health advice makes evident the urgent need for veterinary
279 receptionists to be offered appropriate training. Neither owners nor veterinary surgeons were
280 universally confident about which services veterinary nurses could, or should, provide, suggesting
281 greater clarity is needed. Further work, involving reception and nursing staff, is needed to fully
282 understand their roles in small animal veterinary practice.

283 The importance to the client experience of reception staff being friendly, un-hurried and empathic
284 was evident in the owner interviews. Veterinary surgeons appeared less aware of this, instead
285 placing more emphasis on their administrative roles. As a result, reception staff may face challenges
286 in balancing provision of this client-facing role with their administrative workload.²⁷ Parallels can be
287 drawn with receptionists working in human healthcare settings.²⁸⁻³⁰ In these studies, receptionists
288 identified relationships with clients to be one of their greatest sources of job satisfaction³¹, but
289 reported that juggling the range of tasks expected of them with inadequate time or training was an
290 under-valued skill.³⁰

291 These interviews provide further evidence that veterinary reception staff are a key source of owner
292 advice and information about small animal preventative medicines^{17,32} and broader pet health
293 topics.³³ Practices need to ensure that receptionists' training reflects their role, and practice

294 managers should consider whether owners can, and should, understand the qualifications of staff
295 providing advice. This may not be simple, as veterinary nurses and receptionists appear commonly
296 to share reception duties in some practices.³⁴ Furthermore, since the veterinary nursing title in the
297 UK is unprotected¹⁵, it is not possible to determine how many of the staff described as “veterinary
298 nurses” by our interviewees were actually registered veterinary nurses. Our work therefore supports
299 the potential need for the statutory protection of the veterinary nursing title in the UK, and
300 demonstrates the urgent need for further understanding and clarity of the training, roles and
301 responsibilities of all client-facing staff within small animal veterinary practices.

302 Ackerman³⁵ describes many advantages of veterinary nurses-led clinics, including bonding owners to
303 a practice and answering questions that owners may have been too embarrassed to ask a veterinary
304 surgeon. Those benefits were exemplified in the current study. However, challenges were evident
305 too, some of which have been discussed in the veterinary nursing literature.^{7, 36, 37} In particular, the
306 ability of practices to ensure suitable veterinary nurses are available when needed, given that uptake
307 for their services can poor, may represent a considerable logistical problem. In addition, our work
308 also builds on that by Kinnison and others² in identifying veterinary nursing clinics as an exemplar of
309 the difficulties associated with inter-professional working. The lack of protection of the veterinary
310 nursing title could contribute to the lack of clarity amongst some veterinary surgeons and owners
311 around the roles veterinary nurses can perform, and subsequently, the perceived need to give
312 veterinary nurses’ time away for free. These problems must be addressed before the full potential
313 can be realised of veterinary nurses in a consulting role.

314 The wide-reaching and important role of veterinary nurses and receptionists in small animal
315 preventative healthcare in the UK has not previously been documented. As this study did not include
316 veterinary nurses and receptionists, it is unclear how accurately veterinary surgeon and owner
317 perceptions of their roles match their own. Collecting those data will be an important next step and
318 the current research provides clear justification for the inclusion of these staff in future work
319 exploring both preventative healthcare and the client experience during interactions with veterinary
320 practices. As with any qualitative research, extrapolation of these results beyond the study
321 population should be performed with caution. Interviewees may have had specific motivations to be
322 involved, and there remains the possibility that additional participants could have identified further
323 important perspectives.²³ However, we sought to avoid this by using multiple recruitment
324 strategies, a purposive sampling frame and obtaining data saturation. All the researchers involved in
325 this study were veterinary surgeons. Whilst this could have introduced some bias into data collection
326 and interpretation, it was invaluable in designing the interview guides and recruiting participants.

327 The findings of this study should be of direct relevance to any stakeholders in small animal
328 preventative medicine and those interested in inter-professional relationships. The role of veterinary
329 nurses and receptionists has long been overlooked and it is hoped that their inclusion will become
330 integral to conducting future practice-based research. Reception staff have administrative, rapport
331 and educational roles, the complexity and importance of which should be recognised by veterinary
332 surgeons and employers. Given their key role as an information source for owners about a wide
333 range of pet health and preventative medicine topics, adequate training must be available.
334 Furthermore, receptionists provide an excellent, and perhaps under-recognised route to
335 communicate important pet health messages to owners. The lack of protection of the veterinary
336 nursing title is clearly problematic, and both registered veterinary nurses and other staff in client-
337 facing roles urgently need to be included in research to better understand and define their role
338 within veterinary practices.

339 **Conflict of interest**

340 None.

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