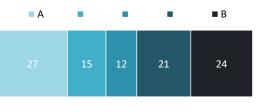
2.4.2. Before being prescribed POM-Vs, each animal should be seen within a prescribed period of time vs Vets should make a professional judgement

This pair of statements was shown to surgeons only. There was an even split for this pair of statements, with a mean score of 3.01.

There should be a clear requirement that all vets should have seen each animal within a prescribed period of time before prescribing POM-Vs



expertise and knowledge of the animal) about how recently they need to have seen an animal before prescribing POM-Vs

Vets should make a

professional judgement

(based on their clinical

Don't know: 1% Mean: 3.01

Small practices were significantly¹⁹ more likely than medium-sized practices to agree with the second statement. Also, participants aged 46 and older were significantly more likely than participants aged 18-35 to agree with the second statement. Possibly, this reflects the greater confidence in one's professional judgement that comes with experience. It also appears from the previous theme that younger vets would prefer more tailored regulations and a greater level of prescription regarding time lapses between seeing an animal and prescribing POM-Vs. There were no statistically significant differences by rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

The open-text responses suggest that, for some (as in the previous set of responses), there is a concern that complexity would create a lack of clarity, which would lead to inconsistent practices and complaints from animal owners. There is also a concern that those with power over those below them in the professional hierarchy (e.g. senior vets) might use a lack of clarity to bring undue pressure on more junior professionals. But there is also a concern that animals would suffer if they lacked regular physical examinations between prescriptions of POM-Vs. On the other side of this argument, it was suggested that the well-being of animals depends crucially on the freedom to exercise independent professional judgement. For example, fewer visits to the vet might reduce the stress experienced by some animals. Between these two positions is an emphasis on having different levels of regulation for different drug categories and using guidance plus flexibility rather than regulation. The range of responses can be seen in Figure 12 below.

¹⁹ At the 95% confidence level.

Figure 12: Open-text responses to the question on 'Before being prescribed POM-Vs, each animal should be seen within a prescribed period of time vs Vets should make a professional judgement' (quotes provided are an example selection from the responses)

There should be a clear requirement that all vets should have seen each animal within a prescribed period of time before prescribing POM-Vs

Clear guidelines required – not open to interpretation

- It is easier to have a clear recommendation so that the public can be given consistent advice.
- This is easier if there is a simple rule, otherwise it's open to misinterpretation and is going to lead to inconsistencies between different vets within a practice and between different practices. If it's complex it will inevitably lead to complaints.

Physical examination required for diagnosis/prescription of POM-Vs

- We've all known instances where 'the boss' has pandered to their favourite/most important client and prescribed POMs without examining the animal. The animal must come first.
- There is a huge amount of pressure already on vets by owners to prescribe without examination. Having explained to clients for years why we won't do this, with very good reason for their animals welfare, the RCVS would be handing owners the right to demand this way of treating animals even though it is not in the animal's best interest.
- Through lockdown I saw several patients that deteriorated due to the remote prescribing of POM-Vs without a physical exam.



Depends on drug category

- POM-Vs are not all the same. Some, like many internal and external parasiticides, do not need such close supervision as, for instance, cardiac medicines. The only way of working a prescribed period would be to specify such a period for each class of drug, possibly further broken down into its specific use.
- Impossible to be prescriptive on this. For good antimicrobial use an animal should always be examined before antimicrobials are prescribed.

Flexibility required

- I believe that more guidance needs to be given as regards prescribing periods but the flexibility should be there to allow vets to be able to step outside of these periods where they can show evidence of the need as regards animal welfare.
- I think it would be helpful to have guidance rather than regulation on this topic as it can be quite variable but should not allow prolonged prescribing without appropriate assessment.

Vets should make a professional judgement (based on their clinical expertise and knowledge of the animal) about how recently they need to have seen an animal before prescribing POM-Vs

Should allow for professional judgement

- Everything depends on the problem and the medication and the animal. Central regulations cannot reliably make those distinctions, the vet who knows the animal can.
- Individual professional judgement can be the only factor vet takes responsibility for.

Physical examination not always possible/necessary/advantageous – use of remote diagnosis

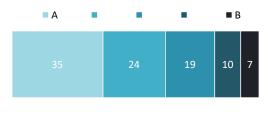
- Antibiotics (topicals included) should not be used remotely. Data sheets should contain the recommendation and risks. Risks should be discussed openly for remote prescribing. It is not for us to choose, but for the keeper of the animal.
- For animal welfare a remote examination and recent clinical notes (from a registered practice) allow a patientclient relationship to be formed. This can allow for remote prescribing to ensure the highest level of animal welfare in our profession rather than clients resorting to buying inadequate products from pet shops or Amazon with no professional advice.
- Stress of visit to vet can conflict with welfare needs.

2.4.3. Protecting professional judgement about what is best in each case vs Predictability and clarity for clients about what they can expect

This is a question of the balance between having a formal and clear structure for engaging with clients vs the need for a vet to be able to act in the best interests of the animal rather than be constrained by a prior formal agreement with the client.

Overall, there was a very strong preference for regulations protecting professional judgement about what is best for the animal in each case, as opposed to regulations providing predictability and clarity for clients about what they can expect, with a mean score of 2.28.

What matters most in regulations is protecting professional judgement about what is best for the animal in each case



What is needed from
regulations is
predictability and clarity
for clients about what they
can expect (even if this
means reducing the role
for professional
judgement)

Don't know: 5% Mean: 2.28

Surgeons were significantly²⁰ more likely than nurses to agree with the first statement. Also, respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the first statement. These two differences may reflect variation in levels of professional responsibility, with surgeons running smaller practices potentially having more responsibility for the reputation and financial performance of the practice than those working in larger practices. There were no statistically significant differences by age, rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

The issue of achieving clarity for both vets and owners was touched on in the responses to the previous questions, and it was reinforced in the open-text responses that clarity and predictability are 'vital' for the well-being of vets and owners alike. Respondents also stated that clear and predictable regulations help vets manage clients' expectations. On the other hand, knowledge of the animal was said to be key to its welfare, and there was anxiety that regulations might be overly prescriptive and miss the nuances of good care. Respondents also questioned whether clients would ever be influenced by regulations. In an important comment, a respondent questioned why predictability and clarity should necessarily reduce the role for professional judgement. Examples of the range of open-text responses to this question can be seen in Figure 13.

²⁰ At the 95% confidence level.

Figure 13: Open-text responses to 'Protecting professional judgement about what is best in each case vs Predictability and clarity for clients about what they can expect' (quotes provided are an example selection from the responses)

What matters most in regulations is protecting professional judgement about what is best for the animal in each case

Professional judgement is essential/the practitioner's responsibility

- Almost no clients will ever read the regulations, the RCVS certainly won't meaningfully advertise or distribute them. But that said there has to be some room for professional judgement in the application of the regulations; but not too much, otherwise there's no point in having them.
- I'm not clear about how these represent opposite ends of a spectrum - professional judgement must play a role in how regulation is interpreted and clients need predictability and clarity. I don't see it that one rules out the other.

Knowledge/welfare of animal is key

- Knowing the particular client + animal does have an impact on your decision.
- The clients should only have the right to expect that the vet is doing his best. The best for an individual animal will vary with the confidence and experience of the vet at the time.
- The RCVS oath taken by veterinary surgeons states that first and foremost their duty is to uphold the welfare of the animal in their care (not first and foremost they will provide predictability for clients).

35 24 19 10 7

A balance is required – both statements are valid

- Regulations should seek to ensure the best balance here. Allowing professional judgement is important as long as there is still accountability.
- I think there needs to be a balance for this. Some things should be explicitly regulated for client clarity (e.g. 6 months between repeat exams for medications). But some areas should be left open for professional judgement. I think this should be made clear in the regulations.
- Both important but I don't see why predictability and clarity for clients should reduce the role for professional judgement.
- What's best for animals is a client-vet partnership. I think I agree with both statements and don't find them mutually exclusive.

What is needed from regulations is predictability and clarity for clients about what they can expect (even if this means reducing the role for professional judgement)

Regulations should provide clarity/predictability – for clients/vets

- Because vague guidelines (as seen with COVID flow chart) are easily abused to make profits.
- Predictability and clarity is vital for clients and for the mental health of vets. Professional judgement is extremely important but young vets often face pressure and intimidation to retract their judgement - regulations backing them up are much better.
- The wider the interpretation of regulation is, the less supportive it is for vets and will allow clients to complain which has a huge effect on mental health. Schedule 3, under our care, 24/7 have always been unclear and lead to stress. If protecting the public is the aim, the RCVS should give clear regulation that can be used to explain decisions.

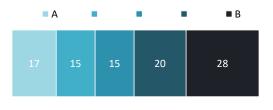
Need to manage client expectations – communication/provision of information

 Increasingly clients challenge the profession as to why they 'have to have an appointment'. Grey and loose legislation tends to make it more difficult to discuss as another practice may behave differently. If there was some clear underlying red lines then clients would be able to see and understand these.

2.4.4. A formal agreement with each client should be required vs Vets should advise and inform clients about agreement

The previous question explored the balance between the role of professional judgement and the role of more formal agreements with the client. This question explores the balance between vets being responsible for ensuring that clients enter into a formal agreement regarding mutual responsibilities vs vets providing advice and information to clients as and when this is deemed necessary. A larger proportion thought that vets should advise and inform clients rather than be required to establish a formal agreement with each client, with a mean score of 3.28.

Vets should be required to establish a formal agreement with each client regarding their mutual responsibilities



Vets should advise and inform clients but not be required to enter into a formal agreement with them

Don't know: 5% Mean: 3.28

Surgeons were significantly²¹ more likely than nurses to agree with the second statement. It is possible that surgeons might feel disempowered by a formal agreement, whereas nurses might feel empowered. Respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the second statement. Also, participants aged 46 and older were significantly more likely than participants aged under 45 to agree with the second statement. There were no statistically significant differences by rurality or country. It is possible that vets in rural practices and younger vets both showed a leaning towards more formal arrangements but for different reasons. The graph summarising subgroup analysis for this question is in Annex C.

There was a clear preference against formal agreements, but it is worth noting that for some in the free-text responses, formal agreements were regarded as a 'nice' idea but very difficult to achieve in practice. This might explain the preference against formal agreements, but others added that clients do not like formal agreements and it is not a vet's job to produce these. Others worried about the bureaucracy and threat of litigation involved. Very few objected in principle to such agreements. Those in favour suggested it would ease relationships with clients and strengthen professional accountability. These views from the free-text responses are summarised in Figure 14.

²¹ At the 95% confidence level.

Figure 14: Open-text responses to the 'A formal agreement with each client should be required vs Vets should advise and inform clients about agreement' (quotes provided are an example selection from the responses)

Vets should be required to establish a formal agreement with each client regarding their mutual responsibilities

In favour of formal agreement – beneficial etc

- I think it would make clear the responsibilities of both the client and vet if a formal agreement was established which could be referred to if there was a dispute later on.
- I believe formal agreement, in form of traditional paper consent form, short text message with Y/N reply, electronic survey or electronic document gives veterinary practice protection from client saying 'Nobody told me that' even if did or told it to his wife who is named owner of their pet in the system.
- · We need accountability.

Client should take/share responsibility

- Vets and owners should recognise their equal responsibility for an animal's welfare.
- Then clients can have an expectation of what we look for and what we expect of them and at the same time we have a responsibility to them that they can see as well what they can expect from us.



Formal agreement is good, but not easy to get right / enforce

- I'm struggling to see the benefit of ensuring a formal agreement is in place but I suspect it is to mitigate some accountability in the event of a poor outcome to treatment or such.
- It's a nice idea, but would be an absolute minefield to define everything that owner or vet is responsible for.
- A formal agreement might be a good idea; however I am worried it would put many clients off from seeking treatment for their pet.
- · It would be very difficult to enforce with all owners.
- Whilst I would actually like a formal agreement with clients I am uncertain how this would be practically put into place.

Vets should advise and inform clients but not be required to enter into a formal agreement with them

Against formal agreement

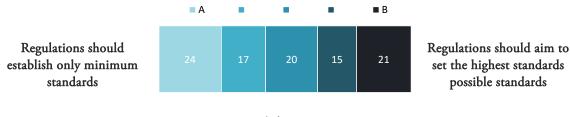
- Clients don't like formal agreements. They enjoy the privilege of moving between practices' and between individual preferred veterinary surgeons for the care of different animals in their household. Exotics to one practice, dogs & cats to a cheaper general practice, horses to an equine practice.
- It's not a vets job to have a formal agreement each party has their responsibilities already in law.
- · Formal agreement can lead to litigation.
- I don't see how it could be formalised in a sensible wayclients will always want to have a certain amount of freedom/choice.

Too onerous – too much bureaucracy/admin/time-consuming

- More paperwork is not the answer, it rarely is. An explicit agreement per client will present yet another barrier to care and another drain on practices time. Each new regulation or paperwork exercise adds cost to care provision. We should focus on making care maximally available, rather than maximally regulated.
- Enough paperwork. Inform, write in clinical notes (can be done by reception), sorted.
- · Who has time for that? Seriously.

2.4.5. Regulations should establish only minimum standards vs Regulations should aim to set the highest standards possible standards

Regulations may seek to establish minimum requirements (a floor) or to move the profession towards highest standards of practice (a ceiling). There was a slight preference, on balance, for minimum standards being set by regulations rather than the highest possible standards, with a mean score of 2.90.



Don't know: 3% Mean: 2.90

Nurses were significantly²² much more likely than surgeons to agree with the second statement. Also, respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the first statement. There were no statistically significant differences by age, rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

Open-text responses suggest at least two reasons for supporting minimum standards: reducing the room for interpretation and leaving room for other approaches to quality improvement (for example accreditation schemes). Reasons given for wanting the highest standards possible have less to do with regulation and more to do with the professional obligation to meet the highest standards possible. Meanwhile others stressed the importance of flexibility and a recognition that specialists and generalists might be held to different standards. The results from the analysis of open-text responses to this question are in Figure 15.

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²² At the 95% confidence level.

Figure 15: Open-text responses to 'Regulations should establish only minimum standards vs Regulations should aim to set the highest standards possible standards' (quotes provided are an example selection from the responses)



Regulations should establish only minimum standards

In favour of minimum standards

- Mandatory regulations should set the minimum standards, accreditation schemes are a more suitable vehicle for encouraging and certifying the very highest standards.
- Highest standard regulations may be punitive in certain circumstances, whereas minimum standard ensures that there is a base level of welfare provision that should never be compromised. This can be more easily presented to a client and gives practices scope to go above and beyond the requirements.

Standards should be reasonable/attainable/workable

- A middle ground needs to be found where we make sure our standards of care are high, but without reaching gold standard levels of care that are unattainable for most practices.
- Regulations should allow the freedom to make judgement based on professional opinion.
- Whilst I agree that regulations should aim to have the highest standard, it then leaves things open for interpretation and things can be argued/debated. Therefore I believe regulations should have defined minimum standards, but then state what should be realistically aimed for.

approach

Flexibility required - should allow for tailored

Difficult one – I'm sure we all try to provide the highest possible standard of care to our own ability but that must surely vary. For example I have worked in first opinion practice for nearly 40 years...but inevitably, for certain cases, my care will not be as high as a specialist to whom I might refer a case.

- Regulation is important, but must never take the place of individual professional judgement and flexibility of approach. Set the bar too high and good service to both client and animals will suffer.
- Balance is needed to protect the well-being of the professional whilst striving to optimise welfare of the animal.

Regulations should aim to set the highest standards possible standards

Best possible standards required

- · Always try reach as highest standard as is feasible.
- We must ALWAYs work to the highest standard; We MUST never compromise.
- Regulations should set the highest standards, any decision that led to a situation below this would have to be well reasoned and supported.

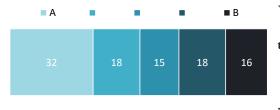
Should aim to improve/raise standards

- If you set minimum standards then many lazy vets will only adhere to that. You should be trying to get all the profession to be as good as possible.
- I appreciate that it is not possible in all circumstances to provide the highest possible care, due to finances, remoteness, compliance, client and patient behaviour. However, this should always be our goal.

2.4.6. Physical examination should precede any treatment with POM-Vs vs Recency, reliability and completeness of the information available

This pair of statements was shown to surgeons only. The balance of opinion was that the physical examination of the patient should precede any treatment with POM-Vs, rather than assessing the recency, reliability and completeness of the information available, with a mean score of 2.66.

The physical examination of the patient should recently precede any treatment with POM-Vs



Don't know: 1%

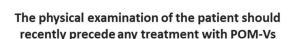
Mean: 2.66

What matters most before treating with POM-Vs is the recency, reliability and completeness of the information available to the vet. Where this information comes from is of secondary importance

There were no statistically significant differences by role, age, rurality, country or practice size. This sense of consensus is reinforced by the very low 'don't know' return (1%) and the open-text responses. The graph summarising sub-group analysis for this question is in Annex C.

Even those supporting the need for a recent physical examination before treating with POM-Vs do not appear to reject alternative sources of information in principle. Rather, their concerns reflect the view that alternative sources of information provide less complete information and could result in harm to the animal. Even those suggesting that physical examination is not always necessary recognise the value of physical examination. They suggest that it may not always be practical and that, indeed, a well-managed remote consultation could even be more reliable in some circumstances. There was a strongly held view that flexibility and response to circumstances are the most important.

Figure 16: Open-text responses to 'Physical examination should precede any treatment with POM-Vs vs Recency, reliability and completeness of the information available' (quotes provided are an example selection from the responses)





What matters most before treating with POM-Vs is the recency, reliability and completeness of the information available to the vet. Where this information comes from is of secondary importance

Recent physical examination required for prescription of POM-Vs

- Physical examination gives the best chance of an accurate diagnosis and allows supplementary tests to be carried out and that is necessary to target treatment.
- There can only be a few exceptions to physical examination - the reliability of any information other than this has to be questioned.
- A physical exam is required to confirm the suspicions gained by other methods.

Need complete picture – awareness of all symptoms/pre-existing conditions

- Can get a lot of information from photos, tele cons etc, often this is enough to decide if a physical consult is needed. A physical cons[ult] will always be the gold standard, and allow addition problems to be identified that the client may be unaware of such as dental disease, heart murmur, BCS [body condition score]. Remote consults are useful but clients need to understand their limitations.
- The patient needs to have been seen fairly recently the client may send us a photo of its bad skin, but be completely unaware of serious dental disease, heart disease etc (that a clinical examination would pick up on) and leave the patient suffering unnecessarily.

Flexibility required – should allow for tailored approach

- Recent reliable and completeness are not attainable.
 Physical exam is not usually useful.
- There are many conditions that are readily diagnosed from images, spoken information etc, or that have a certain diagnostic approach. Any vet is quite capable of deciding whether a physical examination is required and prescribing appropriately.
- Depends on whether it's a patient with stable chronic disease, or something new/ changing. What does 'recent' mean?
- It's neither nor. Ideally there should be a physical exam, but there should be scope for individual circumstances.
- It is a balance, this depends on so many factors and specific situations may require different approaches. I think it should be based on the veterinary surgeon's professional judgement in the specific situation.

Physical examination not always necessary/possible

- Physical examination is a tool, just one part of the completeness of information. However if the attending has not examined the animal themselves, or has good and recent knowledge of it, it must be seen and examined.
- Again it its not possible to physically examine all animals prior to treatment especially in large farmed populations where they cannot be treated as individuals.

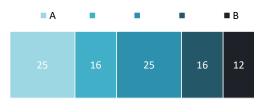
Information available and/or provided by client should be sufficient/reliable

- Sometimes good remote consult is more reliable than clinical exam and history from the client.
- There are absolutely times when a physical exam is necessary, but many times, it is not and we should be allowed to use whatever information we feel comfortable with in order to make treatment decisions.

2.4.7. Personal professional accountability is at the core of good care and regulations vs Regulations should focus on regulating teams

The balance of opinion was in favour of personal professional accountability in regulations being more important than regulation of teams, with a mean score of 2.74.

Personal professional accountability is at the core of good care and good regulations



Regulations should focus on regulating teams since it is through teamworking that most veterinary care is provided

Don't know: 6% Mean: 2.74

Surgeons were significantly²³ more likely than nurses to agree with the first statement. Participants aged 46 and older were significantly more likely than participants aged under 45 to agree with the first statement. This may reflect nurses' and younger people's approach to team working in veterinary medicine. Also, medium-sized practices were significantly less likely than small practices to agree with the first statement. There were no statistically significant differences by rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

It is interesting to note how infrequently team working was raised spontaneously in relation to regulation. Here, however, respondents were explicitly invited to comment on this. Those noting the importance of focusing on teams argued that the practice is the organisation responsible for the care of the animal and that, indeed, too much emphasis on individualism can make veterinary practices dysfunctional. It was suggested that regulations should cover the entire veterinary team, and that very few animals are only seen by a single vet. The counter-argument was very much about the accountability of the individual professional and about a team not being able to have ultimate responsibility. Others argued for a balanced approach and that good care reflects both team working and individual responsibility.

²³ At the 95% confidence level.

Figure 17: Open-text responses to 'Personal professional accountability is at the core of good care and regulations vs Regulations should focus on regulating teams' (quotes provided are an example selection from the responses)



Personal professional accountability is at the core of good care and good regulations

25 16 25 16 12

Regulations should focus on regulating teams since it is through teamworking that most veterinary care is provided

Professionalism requires accountability

- I feel every situation is individual and part of being a professional is taking responsibility for making a professional judgment according to individual circumstances.
- We benefit from professional status so must be accountable.
- If I am allowed to maintain my personal professional judgement, I am happy to take responsibility for my own actions.

Responsibility lies with the vet in charge of team

- Although teamwork is very important, there are still sole practitioners in our profession, and ultimately it is an individual responsibility to maintain standards, and education to be competent and accountable.
- Teams fail.
- A team cannot have ultimate responsibility.

Both statements are true

- Both teams and the individual are accountable.
- These are not mutually exclusive to me but equally important.
- Both important. Veterinary teams are composed of professional persons, so regulation applies to all through both. Unqualified people (including student nurses, vet students and reception/support staff) should only be acting under direction of qualified persons anyway.

There should be a balance

- Vets don't work in a vacuum, but equally should be personally responsible for the work they do.
- We do work in teams but not every team is equally accountable as each member.
- Good care is a combination of team work and individual responsibility.

The veterinary practice is a team

- A practice is responsible for the care of an animal not an individual.
- A crucial change over the past 40 years. Delivery of service is a team effort no matter how big the team.
 Contemporary regulation must regulate the service delivery not just the individual.
- Teams in veterinary practice are dysfunctional as a result of too much focus on the individual.

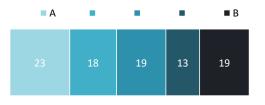
All aspects of practice need to be regulated

- There is a conflict between 'under our care' leading to prosecution of one vet only and the way practices operate. Animals are seen by several surgeon and POM-V prescribed by the team.
- I think there should be regulations that govern the entire veterinary team, after all we have a relationship of trust and mutual respect so why shouldn't we all be held to the same standard of care for a patient.
- Very few cases are dealt with by a single vet usually there are several people involved and these should all be accountable.

2.4.8. Provision of 24/7 emergency cover should be proportional to the service being provided vs Clients should take responsibility for securing 24/7 emergency cover where needed

There was a slight balance in favour of regulations ensuring that the provision of 24/7 emergency cover is proportional to the service being provided, as opposed to clients taking responsibility for securing 24/7 emergency cover where needed. The mean score is 2.86.

Regulations should ensure that the provision of 24/7 emergency cover is proportional to the service being provided



Clients should take responsibility for securing 24/7 emergency cover where needed

Don't know: 8% Mean: 2.86

Nurses were significantly²⁴ more likely than surgeons to agree with the first statement. Respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the second statement. Urban vets were significantly more likely than remote rural to agree with the second statement. There were no statistically significant differences by age or country. The graph summarising sub-group analysis for this question is in Annex C.

The open-text responses belie any sense that the profession is agreed on this, however. For some, the vet should be responsible and any vet taking an animal under their care has a 24/7 responsibility to provide care. For others, clients should be responsible, owners need to be prepared to take responsibility, and clients should be provided with clear and accessible information to this effect. Still, others insisted that both statements were true and compatible.

²⁴ At the 95% confidence level.

Figure 18: Open-text responses to 'Provision of 24/7 emergency cover should be proportional to the service being provided vs Clients should take responsibility for securing 24/7 emergency cover where needed' (quotes provided are an example selection from the responses)



Regulations should ensure that the provision of 24/7 emergency cover is proportional to the service being provided

If a vet provides treatment that the vet should be responsible for providing 24-hour care

- It shouldn't be up to the client to organise emergency provision. If a vet takes an animal under their care -(even for just a vaccine/home visit clinic) - they should provide an option for OOH care.
- The vet should be responsible not the client.
- Vets should provide 24/7 care, it is not the clients job.

24-hour care should be a requirement of all practices

- Regulations should ensure that 24/7 cover is always in place - either provided by the vet/practice themselves or outsourced to a provider who commits to a minimum standard of provision.
- It is the responsibility of the practice to provide suitable 24/7 care.
- Vital we continue to provide emergency care.



This is a two-way street

- OOH care provision is the joint responsibility of both parties.
- Practice should provide client with info where to seek OOH care. It is then up to the client's own responsibility to act on this.
- Once again it is a shared responsibility. Clients need to understand vets cannot work days and nights.

Both statements are true

- These statements are not in opposition.
- The 2 statements hold no relation to each other.
- I agree fully with both of these statements and do not see them as being mutually exclusive.

Clients should take responsibility for securing 24/7 emergency cover where needed

Clients have ultimate responsibility for their pet's welfare, vets only advise

- Clients should be responsible for ensuring that they are prepared in the event of an emergency to source veterinary care.
- Animal owners should accept responsibility for the provision of adequate care and protection of their animals, large or small.
- Yes they need to take responsibility for this. Too many wait until they have an 'emergency' to form any relationship with a vet and consequently are unaware of costs, procedures and practicalities.

Clients need information to understand this

- Provided all information is available to them so that an informed decision can be made.
- Vets should make this readily accessible, but it is the client's responsibility. Clients should however be fully informed of the out of hours care for their primary practice.
- As long as appropriate information on where one might access OOH care locally is available then that should be the end of the practice's responsibility.

2.4.9. Availability of 24/7 emergency cover lies with clients vs 24/7 emergency cover lies with vets

There was a strong preference for regulations ensuring that vets are responsible for ensuring that animals under their care receive 24/7 emergency cover, rather than asking clients to ensure that cover, with a mean score of 3.43.

Regulations should require that responsibility for ensuring the availability of 24/7 emergency cover lies with clients



Regulations should ensure that vets are responsible for ensuring that animals under their care receive 24/7 emergency cover

Don't know: 2% Mean: 3.43

Nurses were significantly²⁵ more likely than surgeons to agree with the second statement. Respondents from large practices were significantly more likely than those from medium-sized and small practices to agree with the second statement. Remote rural and mixed rural and urban vets were significantly more likely than urban vets to agree with the second statement. Participants aged 46 and older were significantly more likely than participants aged under 45 to agree with the second statement. There were no statistically significant differences by country. The graph summarising sub-group analysis for this question is in Annex C.

As with the previous set of responses, the open-text responses to this question reveal a trenchant and fundamental disagreement among respondents. Essentially, one view proposes that clients have obligations as animal owners to take responsibility and cannot and should not pass this on to professionals. An opposite view was also expressed: for vets to take responsibility 24/7 is 'fundamental to the job'. Once again there was a voice in the middle stressing mutual responsibility and the need for balance.

²⁵ At the 95% confidence level.

Figure 19: Open-text responses to 'Availability of 24/7 emergency cover lies with clients vs 24/7 emergency cover lies with vets' (quotes provided are an example selection from the responses)

Regulations should require that responsibility for ensuring the availability of 24/7 emergency cover

lies with clients

17 10 19 19 33

Not the vet's responsibility

- Clients do not have a right to a pet: it is a privilege, and with that comes responsibility.
- Not our responsibility to babysit clients' pets 24/7.
- As discussed earlier, obliging small practices or teams of staff (sometimes people who work alone) to work 24/7 365 days a year is too burdensome on the veterinary staff.

Clients should always be responsible of their animals

- Clients do need to be proactive in anticipating emergency care cover and in obtaining it at the appropriate times.
- The onus is on the client. Veterinary services are a tool in the provision of care for their pet.
- Clients are responsible for their pet if they choose to have one.

Mutual responsibility

- Both parties have responsibility to provide the best care for the pet: one as owner and the other as medic.
- Both clients and vets carry a responsibility for this as this is a decision of society.
- · Joint enterprise.

There should be a balance

- I do think there should be a balance, to protect the safety of veterinary staff.
- It depends it is on the client to ensure they have access to 24/7 care, but the vet to provide 24/7 care for animals on their premises.
- It should really be a collaboration between vets and clients. The client must agree if the vet wishes to send the patient to a 24/7 care facility if they don't have it inhouse.

Regulations should ensure that vets are responsible for ensuring that animals under their care receive 24/7 emergency cover

It is a vet's responsibility to ensure that the animals under their care receive 24/7 care

- Fundamental to the job.
- Personally it is very important that vets should ensure their patients have access to 24 hr care.
- It is absolutely the vets responsibility to give clients full disclosure on what they offer.

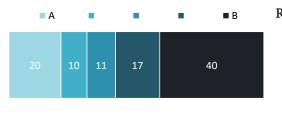
Imposing this on clients is not realistic

- How are clients expected to do this in areas where it's not economic to provide local 24/7 cover for veterinary practices.
- The buck has to stop somewhere. Clients cannot be expected to have the same level of expertise and judgment as their vet.
- Clients are often not in a position to determine the care their animals need.

2.4.10. Information regarding 24/7 emergency cover should be made available to clients vs Information regarding 24/7 emergency cover should be complete, visible and accessed by clients

There was a strong preference for regulations requiring vets to be responsible for ensuring that information regarding 24/7 emergency cover services is complete, visible and accessed by clients, rather than just making that information available to clients, with a mean score of 3.50.

Regulations should only require that vets make information regarding 24/7 emergency cover available to clients



Regulations should require that vets are responsible for ensuring that information regarding 24/7 emergency cover services is complete, visible and accessed by clients

Don't know: 3%

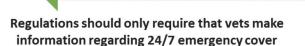
Mean: 3.50

Nurses were significantly²⁶ more likely than surgeons to agree with the second statement. Respondents from large practices were significantly more likely than those from medium-sized and small practices to agree with the second statement. Remote rural and mixed rural and urban vets were significantly more likely than urban vets to agree with the second statement. Participants aged 46 and older were significantly more likely than participants aged 36-45 to agree with the second statement. There were no statistically significant differences by country. The graph summarising sub-group analysis for this question is in Annex C.

Although there was a clear leaning towards the second statement, it is noteworthy that those that held the alternative view were strongly of the opinion that it is not the vet's responsibility to ensure that clients accessed information and that they would not be able to ensure that this was the case. In the free-text responses, those in favour of the second statement stated that they believed that it would be practical (for example with newly registering clients) to make this information clear. It was suggested that complete transparency in advance of any emergency was more likely to produce a better outcome for the animal.

²⁶ At the 95% confidence level.

Figure 20: Open-text responses to 'Information regarding 24/7 emergency cover should be made available to clients vs Information regarding 24/7 emergency cover should be complete, visible and accessed by clients' (quotes provided are an example selection from the responses)





Owners should take responsibility for finding information themselves

available to clients

- Clients need to take some responsibility and consider what sort of OOH service they require when registering with a practice.
- Not our responsibility. Any responsible pet owner should sort this out for themselves.
- We can't nor should we be responsible for how well a client pays attention or accesses information. This is on the client!!!

Vets can only make information accessible to clients, you cannot make them actually access it and be liable for it

- Vets cannot be responsible for making sure clients access the information.
- How do you ensure the clients choose to access the information? - this is perhaps going too far.
- How are vets to monitor if clients access the information?

This is a shared responsibility

 Practices should ensure that clients know how their services work, but ultimate responsibility for a pet being registered and able to receive care should be with clients.

The two statements are not clear

- These essentially say the same thing The regulations don't need to get involved in ensuring clients who don't need the information getting it - They simply need to ensure that the services are available and accessible when the client needs them.
- I do not quite understand the difference but I believe that all available information should be easily accessed.
- These two statements are too similar to be able to answer. Poor question writing.

Regulations should require that vets are responsible for ensuring that information regarding 24/7 emergency cover services is complete, visible and accessed by clients

This information should be made clear / or better / in the vet's interest

- I believe vets can and should be required to make this knowledge clear to all newly registering clients.
- If we expect clients to choose their vet on the level of service it needs to be clearly stated.
- It is in the vet's interest to be able to confirm that clients fully understand the situation.

Vet owners are often in distress so info must be easily accessible / they need this important information to be better prepared for an emergency

- There should be complete transparency in how an owner gets medical help in the event of an emergency. In these situations, they are likely to be panicked and in a hurry and unnecessary delays may be fatal.
- The information should be easily available before an emergency to reduce stress for clients.
- Clients need to understand the limitations of what the Primary Practice offers with regard to OOH cover and as importantly, what the OOH service offers including sample price list.

3. Conclusions and recommended considerations for RCVS' regulations

This chapter will bring together the results from the survey to highlight the key conclusions and aspects that RCVS could consider when designing the consultation on updating the regulations, which is planned to take place later in 2022.

3.1. We are confident in the results of this survey

The responses to this survey are robust and reliable, as we completed ten focus groups across sectors and geographies; a survey and interviews with key stakeholder organisations; and various interactions with RCVS, which gave us guidance as to the key issues to include in the survey and the language to use. The results of the survey enrich and extend our initial understanding but reinforce the key messages from the focus groups and stakeholder interviews. Where we note that responses differed by age, practice size and so on, these differences were plausible. The scale of the response – and the demographic spread of respondents further improves our confidence. In addition, out of a concern to ensure that we had not missed important issues, the survey included multiple open-text opportunities for respondents to add further contextual information to their responses. Reviewing these open-text responses, we noted that only a small number of issues were identified that had not already been covered in the survey questions themselves. These included the benefits of collaboration among practices, colleagues and organisations (n=3); the role of vet nurses, technicians and paraprofessionals (n=2); and staffing issues (n=1). Only a very small number of open-text responses expressed concern about the questions asked.

Although there was a good 'fit' with previous research activities, the survey allowed us to measure much more precisely than previously where the areas of agreement and difference lay; identify themes and how segments responded differently to these themes and; see how vets respond to tensions and trade-offs.

However, as outlined in Chapter 1, there are a small number of limitations of the survey to highlight. The survey required participants to self-select, which may mean that the views obtained are from those more interested in the topic or who have stronger opinions. The participants were weighted more heavily towards small-animal professionals compared with equine, farm and other. While this is a general reflection of the demographics of the veterinary profession, it may mean that the results are skewed more towards the views of those dealing with small animals.

3.2. There is broad agreement on how vets want to be regulated in relation to their core purpose of caring for individual animals

Respondents were clear that they were comfortable taking full personal responsibility for the animal under their care, that they should be accountable for prescribing POM-Vs, and that they should not depend solely on information provided by clients when treating animals under their care. Furthermore, there was agreement on how practices should share clinical notes. Within this consensus, there were some variations, most likely reflecting the experiences of vets in different settings. Rural vets, for example, were less likely to support regulations requiring every animal to have been recently physically examined. Also, nurses appeared to be more likely to anticipate the benefits of more formal regulation and less likely to rely on professional judgement. However, there was less consensus on how far regulations should reach or how complex they should be. Dissensus became more apparent on specific topics when respondents were asked about how to apply regulations in practice.

3.3. Applying regulations in practice

For the 'applying principles' section of the survey, 7 out of 20 questions resulted in more than 70% agreeing or disagreeing with the statement offered. Consensus included such areas as sharing clinical records, having formal agreements between vets and clients, and recognising that specialists have a shared accountability with the generalist for the animal's well-being. There was less consensus on such areas as whether to have different regulations depending upon the practice context (charities or animal shelters, for example) and about the source of information used to inform clinical judgements. In these responses we can also see some areas where nurses differ significantly than surgeons in their responses. However, of the 20 statements, only 5 produced significantly different responses from vets based on their practice size or rurality of setting. The responses to the first two sets of questions identify some areas of agreement that might support and inform any changes to current regulations. However, it was when we went on to explore the factor analysis that important segments of opinion began to emerge.

3.4. The factor analysis reveals more significant differences within the profession

To be clear, the thematic analysis does not show a profession incapable of agreeing on questions of regulation. However, based on the key themes we identified, we can make more visible the differences between key groups.

Our key segment thematic analysis was based on surgeons only (as nurses had not been asked to respond to some statements). The results of this analysis reveal that different segments differ on important issues. Therefore, the **size of a vet's practice** is associated with very different views on:

- The strictness of the regulations
- The need for a written agreement for 'under care'
- Veterinary provision for 24/7 care for pain and suffering

Rurality is associated with different views on:

- The source of examination data agreeing that this source could be virtual
- Tailored 'under care' regulations agreeing that this could be based on the type of animal and rurality of setting
- Veterinary provision agreeing that all types of vet practices should be regulated to provide a high level of care, including providing 24/7 pain and suffering care

Most strikingly of all, **age** is also associated with different responses, and older vet surgeons (aged 55+) are more likely to agree with the following:

- Veterinary provision agreeing that all types of vet practices should be regulated to provide a high level of care, including providing 24/7 pain and suffering care
- Animal responsibility full vet responsibility for the animal in care
- Regulatory standards the standards that underpin the term 'under care' for 24/7 emergency cover should include accountability for all parties involved

By reducing the number of themes to nine, identifying segments and understanding differences among these, it is possible for RCVS to manage a more structured engagement and communications approach when designing the consultation phase of the regulation review.

3.5. Understanding how vets handle tensions revealed some fundamental differences...

Veterinary **nurses** emerge as holding distinct views on certain issues, such as ensuring full and formal information available to clients regarding 24/7 provisions and believing that regulations should set the highest possible standards. **Younger** respondents also lean less firmly towards, for example, not having formal agreements with clients, more strongly supported the regulation of teams, and believe that the responsibility for 24/7 emergency provision lies with the client. **Rurality** was not often associated with differences, except in cases such as whether vets should physically examine all animals prior to treating with POM-Vs.

3.6. But in some respects differences are perhaps less than they appear

The open-text responses are revealing in many respects, but in particular in identifying possible reasons behind different responses. For example, for the 'One size fits all' statement, those in favour of a more tailored approach did not emphasise points of principle but, rather, focused on the nature of medicine as an inexact science, or the practicalities of managing farmed fish. Equally, those wanting 'one size fits' all emphasised that a tailored approach was not so much wrong as impractical. Similarly, the reasons given for wanting mandatory physical examinations of animals prior to prescribing POM-Vs are almost entirely practical: managing client expectations or pushing back against the unreasonable demands of more senior vets. Equally, those in favour of allowing more professional judgement emphasised the variability of animals' needs, while others emphasised the differences among different categories of drugs (antimicrobials were also mentioned in this context). Similarly, the reasons for promoting individual professional responsibility rather

than team accountability were often linked to the impracticality of entrenching team accountability compared with holding individual vets to account.

Where differences are rooted in practicalities rather than principles, it might be easier to present arguments and demonstrations to build common ground. It would appear that non-binding guidelines showing sensitivity to context would gain support. This appears to be the case in many of the open-text responses about the reach and complexity of regulations. It is, however, possible that the practical arguments in open-text responses are post hoc rationalisations of prior and more deeply held beliefs.

3.7. What might we have expected to see more of?

We anticipated seeing more responses on certain topics. These were all touched on but not given great attention. This may have been a consequence of the survey design (which, as explained, built on the findings from the focus groups). However, There were a number of open-text opportunities, and from our wider reading and prior engagement with the profession through the focus groups, we expected more comments regarding:

- **Team working.** More collaborative working has become ubiquitous in many areas of veterinary medicine, where it is rare for an animal to see only one professional. There was a specific question on this issue, but the issue rarely emerged spontaneously.
- The role of veterinary organisations in regulation. For example, in the revalidation of professionals in human health, health organisations have an increasingly prominent role. This may not be an appealing prospect for vets, but strengthening the role of veterinary organisations in reinforcing good regulation is an issue worth considering.
- Innovation in technology. New technologies (including information technology, artificial intelligence, remote monitoring) have the capacity to transform how veterinary care is provided. Specialisation is likely to be an independent but reinforcing driver in this respect. However, responses were largely based on existing models of care. Given the context of Covid-19, resulting in many vets working remotely during lockdowns, we had anticipated that more attention would be given to this.
- Consumerism and client expectations. In the focus groups, the idea that the 'Herriot model' of the professional-client relationship was all but gone and that a new, more consumerist relationship was emerging was often discussed, but this topic came up less frequently in the survey responses.
- **Public health** and animal-borne infections were certainly mentioned, and in particular in relation to prescribing POM-Vs. However, given the context of Covid-19, as with technology innovations, we had anticipated that more attention would be given to this.
- Vets' awareness of other veterinary professionals treating an animal. The issue of an animal
 being cared for by multiple veterinary professionals, potentially without the vets knowing, was
 discussed multiple times in the focus groups. Despite survey questions asking about such aspects as
 sharing clinical records and shared accountability, this issue was not mentioned frequently in the
 free-text responses.

3.8. Implications for the next steps: some reflections on the focus groups and survey results

This final section will bring together the key findings and conclusions of both the focus groups and the survey and identify some recommended areas that the RCVS could focus their consultation on in the coming months. The table below outlines the strongly held core values, complicating factors and areas of divergence and lack of consensus that arose from both the focus groups and the survey.

Table 2: Conclusions and areas for RCVS to consider for the consultation (from the focus groups and survey)

Issue	Implications
Strongly held, core values	 The well-being of the animal 'under care' is considered to be paramount, and ensuring that emergency provision is available for animals 'under care' is a 24/7 professional responsibility (rather than the client's). Good veterinary practice is believed to be underpinned by vets having personal responsibility and accountability for their decisions and the prescription of medication, rather than by the regulation of teams. There must be room for professional judgement in interpreting the regulations, to balance different types of evidence, circumstance of the animal and when it was last examined, and clinical uncertainty. Regulations should be tailored to different situations and circumstances, rather than taking a one-size-fits-all approach. However, respondents highlighted the practical difficulties of extending the reach and complexity of regulations. Vets should be responsible for ensuring that 24/7 emergency cover is in place to deal with pain and suffering (either by providing this service themselves or by ensuring its provision via a third party), not the client. Vets should ensure that information on 24/7 emergency care is complete, visible and accessed by the client. To recommend and prescribe POM-Vs, the vet needs to have had some previous (physical) contact with the client and the animal. Relevant, timely, complete and accurate knowledge and information is at the heart of good veterinary practice (therefore physical examination is often the 'gold standard'), but reliable information can also be obtained from clinical notes and records, digital images, videos and specialist guidance). However, alternative forms of information (non-physical exam) should not be used alone in instances where the vet has not physically seen the animal. In cases of multiple vets providing care to an animal, the practices should share clinical records. There should also be shared accountability for both the primary care vet and the specialist/referral vet. To suppo
Areas of divergence and lack of consensus	 What regulation is for – to minimise harm or to maximise excellence. There was a slight preference in the survey for minimum standards over maximum. The importance of a physical examination. There was agreement that a physical examination is centrally important (particularly for new clients) but disagreement on how far other sources of information should be depended upon. The role of clients' expertise and reliability in shaping vets' treatment decisions. To what extent regulations should take into account specific aspects of the animal, such as age, and be tailored to different practice situations (particularly whether shelters/charities should be treated differently to other practices). Whether the quality (recency and reliability) of the information on the animal is more important than where the information came from.

Issue	Implications
	 Whether regulations should prescribe a period of time in which a physical exam needs to have been conducted to prescribe POM-Vs. While there was general agreement that professional judgement should be protected – there was disagreement as to whether regulations should prescribe a period of time in which a physical exam needs to have been conducted to prescribe POM-Vs, or whether this can be left to professional judgement. Whether a formal agreement should be put in place between a vet and client to outline the obligations and responsibilities of each party In the survey, two questions were asked on this. The responses to the first question indicate good consensus that a formal agreement should be in place, however the responses to the second question indicate a preference for vets to advise and inform clients rather than be required to establish a formal agreement.
Recommended areas for RCVS to explore in the consultation	 In the survey and in the focus groups, there was a relatively comfortable agreement around the role of regulation in relation to the core, caring functions of the vet. In relation to the wider questions we explored, such as working across organisational boundaries, team responsibilities, and relationships with clients, there was less agreement among the respondents. In their responses (as our thematic analysis suggests), vets drew upon their experiences (varying according to length of service, size of practice, etc.) but not upon a clear sense of what regulations are for in principle. This, in our view, leaves the debate unanchored and therefore difficult to progress. RCVS could be propositional. This might include (among other things) reinforcing the importance of simplifying the regulatory environment, supporting (or at least not inhibiting) innovation, and improving the interface between veterinary medicine and public health. It might also include communicating to the public the benefits of a well-regulated profession, both for their animals and for an effective 'one health' approach. Even with such a propositional approach, significant tensions will remain. RCVS should take a view on which of these tensions are in principle resolvable through discussion and which are more fundamental. We were impressed by the many open-text responses that suggested that some problems were seen to be practical rather than a fundamental point of principle. In such areas of disagreement (formal agreements with clients, 24/7 arrangements, and sources of information used to inform decisions), it may be that guidelines based on clear principles would be acceptable and effective. The focus groups highlighted a tension between a blanket commitment to the responsibility of vets for animals under their care and a recognition that the delivery of care is co-produced with owners, who provide very variable environments for their animals. The preference indicated in the survey is for personal professional respo

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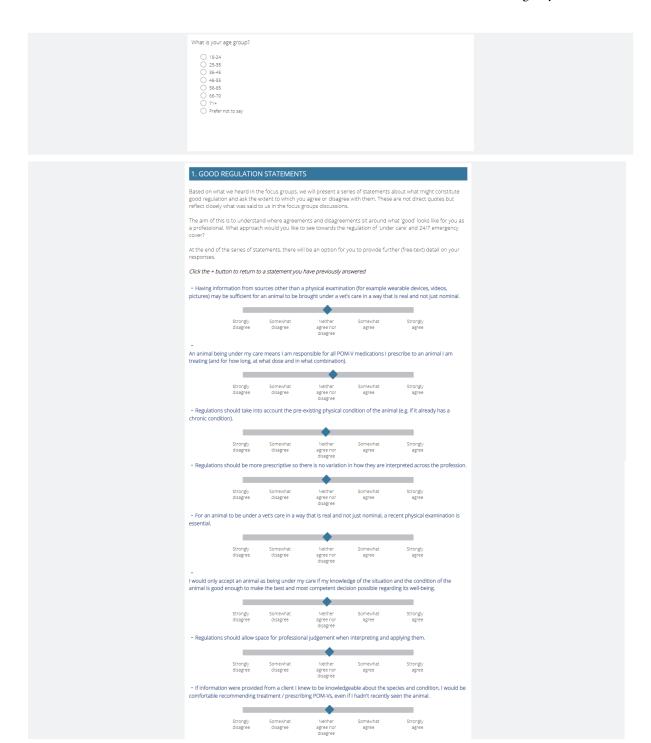
Issue	Implications
	• The survey highlighted key differences across different groups of the veterinary profession in what they thought the regulations should cover and look like. Irrespective of other decisions, RCVS could use the analysis of these differences when designing their engagement and communications strategies for their members. In particular, it should take into the account the particular responses of veterinary nurses and younger professionals.

Annex A. Survey questions

UNDER CARE REVIEW RCVS === PAND EMADRE ACCOUNT	
'Under care' and 24/7 emergency cover in the veterinary profession	
Thank you for participating in this survey. RAND Europe and Accent have been commissioned by the Royal College of Veterinary Surgeons (RCVS) to conduct a study to collect evidence that can support the review of the regulations and guidance RCVS should offer in relation to under care and 24r7 emergency cover. We are gathering information from individuals across the veterinary profession, using focus group discussions, in-depth interviews with stakeholders, and from this survey.	
As background to this survey, we have conducted 10 focus groups with veterinary surgeons and veterinary nurses. During these focus groups we discussed in detail the meaning and practice of an animal being 'under care' and vets providing 24/7 emergency cover. We specifically discussed current RCVS regulations and guidance relating to these and asked focus group participants to discuss how satisfactory they found current regulation and guidance and what, if any, changes might be made. Based on what was learned through these focus groups, we have formulated a set of questions to test how widespread the views and experiences of the participants are across the veterinary profession.	
To this end, we are inviting you to participate in this survey which will be sent to all veterinary surgeons and nurses who are currently practicing (or who have been within the last 10 years). In the questions below we will ask you to reflect on what, for you, should underpin good regulations and guidelines for veterinary practice. We will then ask how these principles should be applied in particular situations relating to 24/7 emergency cover and under care' before inviting your views on how you would like regulations on 'under care' and 24/7 emergency cover to deal with any tensions between different desirable regulatory aims.	
We have structured these questions around what we were told during our 10 focus group discussions. Therefore, the questions asked do not necessarily reflect he wiews of RCVS. We would also welcome your views on these questions, and we invite your comments in our open text boxes. We also invite you to offer your reasons for your choices in some of the questions below. As mentioned in the covering email we are testing this questionnaire and therefore we will ask you a few questions.	
As mentioned in the covering email we are testing this questionnaire and therefore we will ask you a lew questions about the survey itself. We expect the survey to take 15-20 minutes.	
Anonymity, confidentiality and ethics Your answers to the survey will be used and reported anonymously so that you cannot be identified. Full details of the study are also attached in the <u>information sheet</u> sent in our previous email, along with a <u>Privacy Notice</u> , outling how we will use your data. Accent's privacy statement is available at https://www.accent.mr.com/privacy-policy/ .	
If you have any further questions about this survey or how your data will be used, please do not hesitate to contact the study leader from RAND Europe Prof. Tom Ling, <u>tilng@randeurope.org</u> , Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society, if you would like to confirm Accent's credentials type Accent in the search box at: https://www.mrs.org.uk/researchbuyersguide. If you are happy to continue, please click below.	
I agree to participate in this survey	
Demographics We would like to understand a bit more about you and where you work. Please answer the following questions thinking about the premises where you work most of the time. Do you currently work in veterinary clinical practice or, if you are no longer practicing, have you worked in clinical practice within the last 10 years? Yes No	
What is your current job role? If you are not currently practicing, please select the role you were last in when you	
were in veterinary practice. Veterinary surgeon Veterinary nuise Other	
In which year did you register? Passe Seect Passe Seect Passe Seect Passe Seect 1976-1974 1978-1984 1988-1984 1988-1984 1988-1984 1988-1989	

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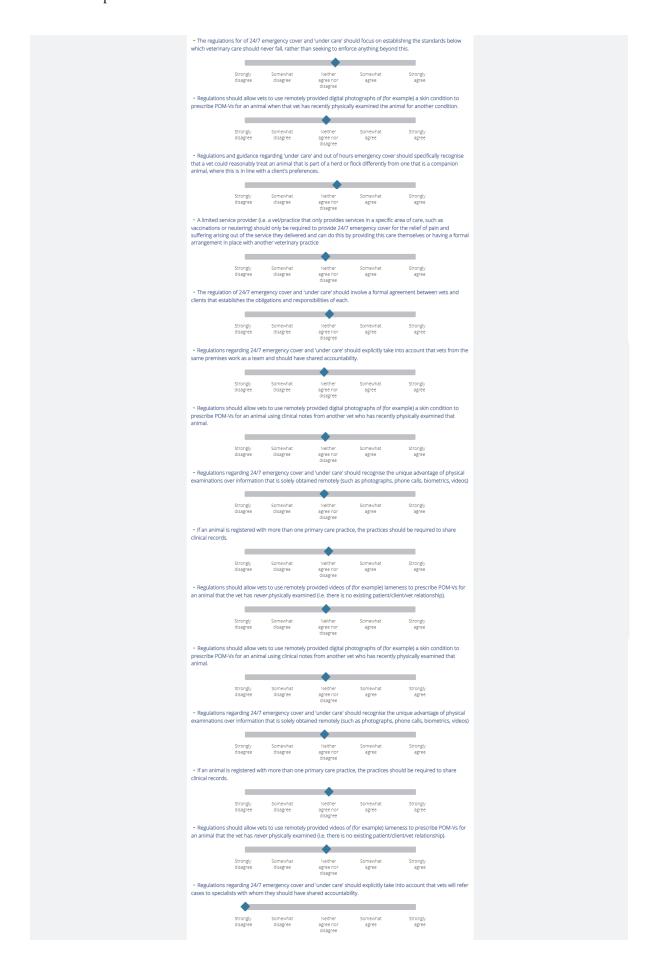
Which is (or was) your main area of work? Please select all those that apply. Small animal practice Exorts practice Unestock/farm animal practice Equipe practice Wildlife Zoo Marine Laboratory animals Missed practice / Consultancy Ut government Meat hygiene / official controls Veterinany school / university Commerce and industry Charities and Trusts Telemeticine provider Other (please specify)	
What business model best describes your clinical practice workplace? Independent, stand-alone practice (e.g. a partnership) Independent practice that is part of a larger group (with some shared centralised function) Part of a comprate group Part of a joint venture with a corporate group Veternary school Charry Out-of-hours-only provider Dent know Other	
Does the practice where your work currently provide its own 24/7 emergency cover service? If you are no longer practicing, please select the response that best fits the time when you were most recently in practice. Yes No A combination of in-house provision and third-party provision	
How many full time equivalent veterinary surgeons are part of the practice where you currently work? If you are no longer practicing, please select the response that best fits the time when you were most recently in practice. 3 or fewer 4.10 11.25 26-50 More than 50 Don't know	
How many full time equivalent veterinary surgeons are part of the practice where you currently work? If you are no longer practicing, please select the response that best fits the time when you were most recently in practice. 3 or fewer 4.10 11:25 26-50 More than 50 Don't know	
Which country are you based in? England Scotland Wales Northern Ireland Other	
Is your work mainly in a remote rural, semi-rural or urban area? — Remote rural — Mixture of rural and urban — Urban	

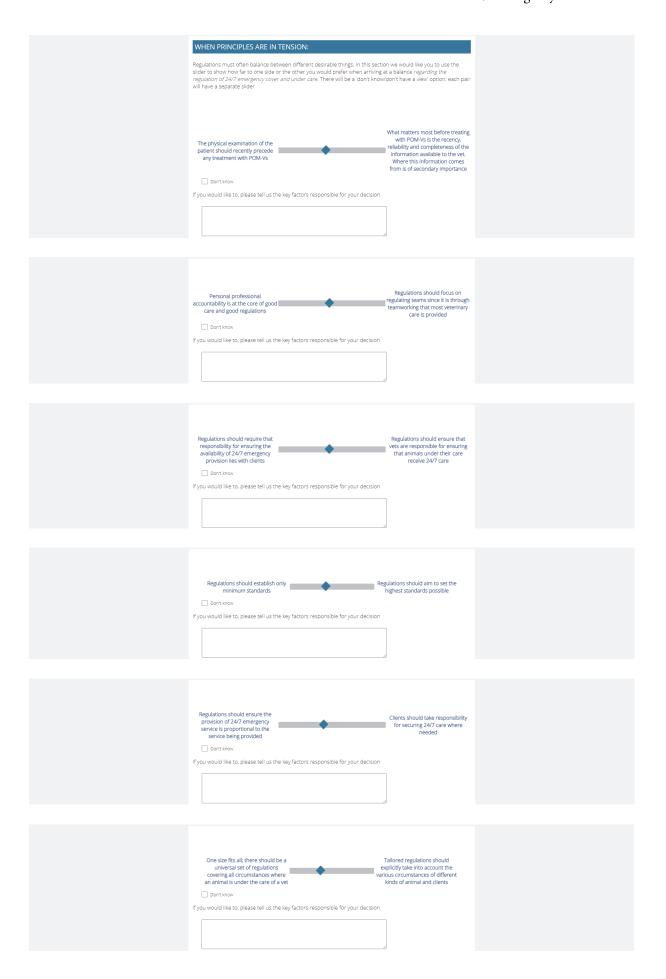




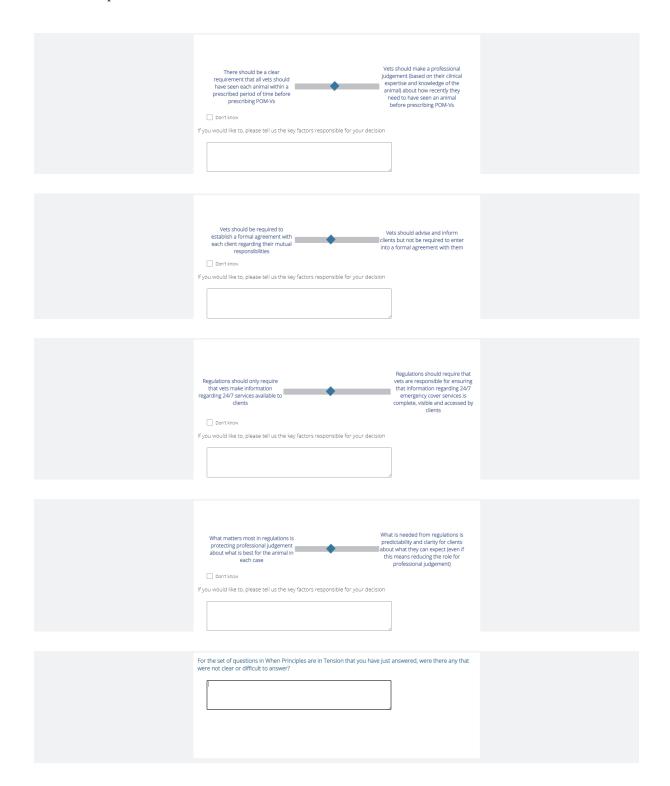
We have tried to include all the features of good regulation discussed in our focus groups but if there are any additional features that you feel are missing FOR UNDER CARP please list them here. Please list any additional features that describes the regulationy approach you table to see. To help with the analysis, please use only positive descriptions of what you would like to see (and avoid stating what you would not want).

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				_		
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	on differing v	iews we heard du			nit in particular contexts. ne extent to which you agree	
Click the + button			have previously ar	nswered		
- Regulations and	d guidance sl	hould explicitly tak	e into account the	different sorts of ri	sk to animals and public healt	n,
and tailor the app	roach to regi	ulating 24/7 emerg	gency cover and 'u	nder care' based or	the risks common to different regulations for vets working	
with domestic cats						
	Channel	Somewhat	Neither	Somewhat	Channelin	
	Strongly disagree	disagree	agree nor disagree	agree	Strongly agree	
					only with the quality (i.e. nents and not its source.	
			•	, 5		
	Strongly disagree	Somewhat disagree	Neither agree nor	Somewhat agree	Strongly agree	
- Regulations sho	ould allow ve	ts to use remotely	disagree provided videos o	f (for example) a ski	in condition to prescribe PON	
				e animal for anothe		
		Somewhat	Newber	Committee	Several:	
	Strongly disagree	disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	
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	or vets work	ing with small anim	nals.		_	
from regulations f				working with farm a Somewhat agree	animals should be different Strongly agree	
from regulations f	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree different sorts of ri	Strongly agree sk to animals and public healt	
- Regulations and and tailor the app to <i>charities/shelte</i>	Strongly disagree di guidance si roach to regi	Somewhat disagree hould explicitly tak lating 24/7 emergiple, regulations for	Neither agree nor disagree e into account the gency cover and 'u	Somewhat agree different sorts of rinder care' based or	Strongly agree	
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RAND Europe



Annex B. Further detail on the sample characteristics

This Annex provides further detail on the survey sample characteristics, including a breakdown of different sub-populations.

B.1. Profession

The respondents were asked that their current job role is. They were informed that if they were not currently practising, they should select the role they were last in when they were in veterinary practice.

Overall, 18% of the sample were veterinary nurses and 82% were veterinary surgeons. The make-up of the sample received from RCVS was 36% nurses and 64% surgeons, so there was a much higher response from surgeons than nurses.

There was little difference in the proportion of nurses and surgeons by practice size. There was a lower proportion of nurses in remote rural settings (9%) and a higher proportion in urban settings (22%).

Analysis by country shows that there was a lower proportion of nurses respondents in Northern Ireland (10%) and a higher proportion in England (19%). See Figure 21.

■ Veterinary Nurses ■ Veterinary Surgeons Urban Urban v rural Mixture of rural and urban Remote rural Northern Ireland Country Wales Scotland England 19 Large (11+ vets) Practice size Medium (4-10 vets) 80 Small (<3 vets) 19 Total 18 0 10 20 30 40 50 60 70 80 90 100 % participants

Figure 21: Whether nurse or surgeon by practice size (surgeons), country and rurality

Base: Practice size: Small (<3 vets) 1,462, Medium-sized (4-10 vets) 2,588, Large (11+ vets) 1,447; Country: England 4,590, Scotland 565, Wales 269, Northern Ireland 120; Urban vs rural: Remote rural 458, Mixture of rural and urban 2,916, Urban 2,170

B.2. Year registered

Participants were asked in which year they registered and shown a drop-down list with five-year age ranges.

There was a fairly even spread of registrations years, with between 10-20% in each 5 year period between 1995-1999 and 2015-2019. Surgeons tend to have registered earlier, with 38% registering in the last century, compared with half that amount for nurses. See Figure 22.

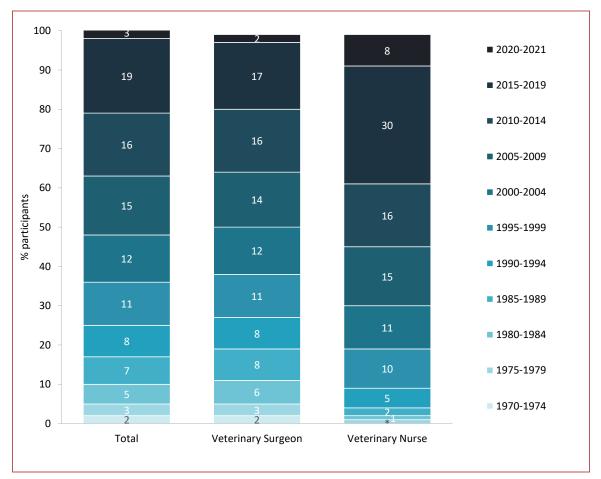


Figure 22: Year registered by whether nurse or surgeon

Base: Total 5,544, Veterinary Surgeon 4,545, Veterinary Nurse 999

B.3. Age group

The participant age group was probed. Nurses tended to be younger than surgeons: 47% were aged under 35 years old, compared with 31% for surgeons. See Figure 23.

100 5 90 **71**+ 80 ■ 66 to 70 70 ■ 56 to 65 60 % participants ■ 46 to 55 50 30 40 ■ 36 to 45 30 ■ 25 to 35 40 20 30 ■ 18 to 24 10 0 Veterinary Surgeon **Veterinary Nurse** Total

Figure 23: Surgeons and nurses by age group

Base: Total 5,544, Veterinary Surgeon 4,545, Veterinary Nurse 999

B.4. Main area of work

For just over four fifths (81%) the main area of work was small-animal practice. No other area represented more than 9% of the respondents. See Figure 24.

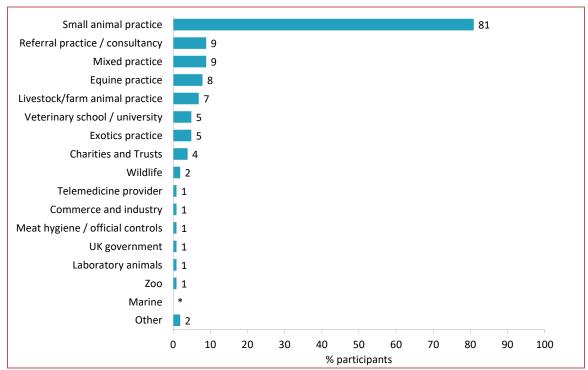


Figure 24: Respondents by main area of work²⁷

Base: Total 5,544

Table 3 shows main areas of work by practice size, rurality of setting and country. Analysis by practice size shows that respondents from smaller practices were significantly more likely to concentrate on small animals (87%) than those from medium-sized (82%) and small practices (72%). Respondents from large practices were significantly more likely to be from referral practices/consultancies (20%), livestock/farm animal practices (10%) and veterinary schools/universities (10%) than respondents from medium-sized and small practices.

Analysis by rurality of setting shows large differences in areas of work. For example:

- Respondents from remote rural practices were significantly²⁸ more likely to be based in livestock/farm animal practices (31%), mixed practice (25%) and equine practice (23%) than those from mixed rural and urban (8%, 13% and 12% respectively) and, particularly, urban practices (1% each).
- Respondents from urban practices were significantly more likely to be based in small-animal practices (95%) than those from mixed rural and urban (77%) and, particularly, rural practices (37%).

Analysis by country shows that:

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²⁷ More than one area could be ticked, so figures sum to more than 100%.

²⁸ At the 95% confidence level.

- Respondents from practices in England were significantly²⁹ more likely to be from small-animal practices than those from the other three nations (83%, compared with 61% in Northern Ireland, 70% in Scotland and 74% in Wales).
- Respondents from practices in England were significantly less likely to be from mixed practices than those from the other nations (7%, compared with 33% in Northern Ireland, 24% in Scotland and 16% in Wales).
- Respondents from practices in England were significantly less likely to be from livestock/farm animal practices than those from the other nations (6%, compared with 27% in Northern Ireland, 13% in Scotland and 10% in Wales).

Table 3: Main area of work by practice size (surgeons), by rurality and country

	Practice size				Rurality	,	Country			
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban	England	Scotland	Wales	Northern Ireland
	%	%	%	%	%	%	%	%	%	%
Small-animal practice	87	82	72	37	77	95	83	70	74	61
Exotics practice	5	5	4	3	5	6	5	4	4	3
Livestock/farm animal practice	5	7	10	31	8	1	6	10	13	27
Equine practice	7	9	10	23	12	1	8	10	7	10
Wildlife	2	2	1	2	1	2	2	3	*	1
Zoo	1	1	1	1	1	1	1	1	1	1
Marine	*	*	*	*	*	*	*	*	0	1
Laboratory animals	1	1	1	1	1	1	1	1	0	4
Mixed practice	5	11	10	25	13	1	7	24	16	33
Referral practice / consultancy	7	4	20	7	10	9	10	10	5	8
UK government	1	1	1	2	1	*	1	1	3	4
Meat hygiene / official controls	1	1	1	1	1	*	1	2	1	3
Veterinary school / university	3	3	10	5	5	4	4	12	2	3
Commerce and industry	2	1	1	3	2	1	2	1	*	1
Charities and trusts	3	5	4	3	2	7	4	4	2	1
Telemedicine provider	2	1	2	*	1	2	1	3	1	3
Other	3	1	1	3	2	1	2	2	3	2
Base	1,462	2,588	1,447	458	2,916	2,170	4,590	565	269	120

^{* =} less than 0.5%

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²⁹ At the 95% confidence level.

B.5. Practice business model

Participants were asked which business model best described their clinical practice workplace from the following list:

- Independent, stand-alone practice (e.g. a partnership)
- Independent practice that is part of a larger group (with some shared centralised function)
- Part of a corporate group
- Part of a joint venture with a corporate group
- Veterinary school
- Charity
- Out-of-hours-only provider

Overall, a large majority of respondents were either part of a corporate group (40%) or an independent, stand-alone practice (37%). See Figure 25.

Part of a corporate group 40 Independent, stand-alone practice (e.g. a partnership) Independent practice that is part of a larger group (with some shared centralised function) Part of a joint venture with a corporate group Charity Veterinary school Out-of-hours-only provider Other 50 0 10 20 30 40 60 70 80 90 100 % participants

Figure 25: Participants by practice business model

Base: Total 5,544

Table 4 shows the practice business model by practice size, rurality of setting and country. Respondents from small practices were significantly³⁰ more likely to be based in independent, stand-alone practices (45%) than those from medium-sized (37%) and large (30%) practices. Respondents from small practices were also significantly more likely to be part of a joint venture with a corporate group (11%) than those from medium-sized (5%) and large (less than 0.5%) practices. Analysis by nation indicates that respondents from

³⁰ At the 95% confidence level.

Scotland were significantly more likely to be from a veterinary school (10%) than those from other nations: England (3%), Northern Ireland (1%) and Wales (less than 0.5%).

Analysis by rurality of setting shows the following significant differences in practice business model:

- Respondents from remote rural practices were significantly³¹ more likely to be from independent, stand-alone practices (53%) than those from mixed rural and urban (43%) and urban (53%) practices.
- Respondents from urban practices were significantly more likely to be part of a corporate group (44%) than those from mixed rural and urban (39%) and rural (30%) practices.
- Respondents from urban practices were significantly more likely to be part of a joint venture with a corporate group (10%) than those from mixed rural and urban (2%) and rural (1%) practices.
- Respondents from urban practices were significantly more likely to be a charity (8%) than those from mixed rural and urban (1%) and rural (3%) practices.

Table 4: Practice business model by practice size (surgeons), rurality and country

	Practice size			Rurality			Country			
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban	England	Scotland	Wales	Northern Ireland
	%	%	%	%	%	%	%	%	%	%
Part of a corporate group	29	42	47	30	39	44	41	36	31	33
Independent, stand-alone practice (e.g. a partnership)	45	37	30	53	43	25	36	39	47	50
Independent practice that is part of a larger group (with some shared centralised function)	5	4	9	7	5	6	6	5	6	5
Part of a joint venture with a corporate group	11	5	*	1	2	10	5	3	5	4
Charity	2	6	2	3	1	8	4	3	3	2
Veterinary school	1	2	9	2	4	3	3	10	*	1
Out-of-hours-only provider	3	2	1	1	2	3	2	3	4	2
Other	4	2	2	3	3	2	3	2	3	3
Base	1,462	2,588	1,447	458	2,916	2,170	4,590	565	269	120

^{* =} less than 0.5%

³¹ At the 95% confidence level.