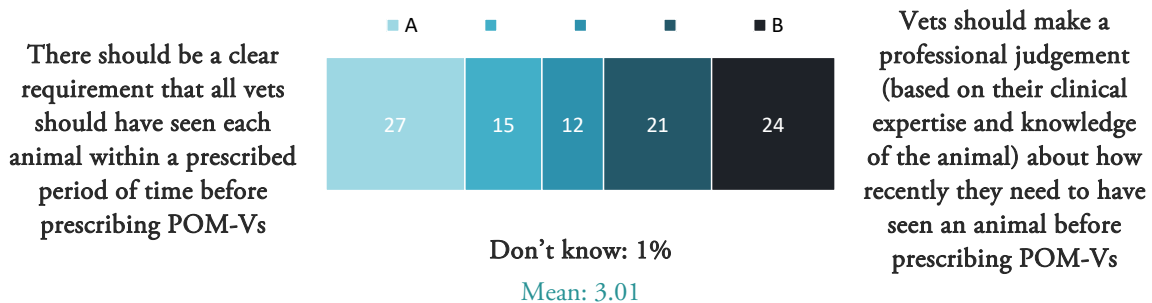


2.4.2. Before being prescribed POM-Vs, each animal should be seen within a prescribed period of time vs Vets should make a professional judgement

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.

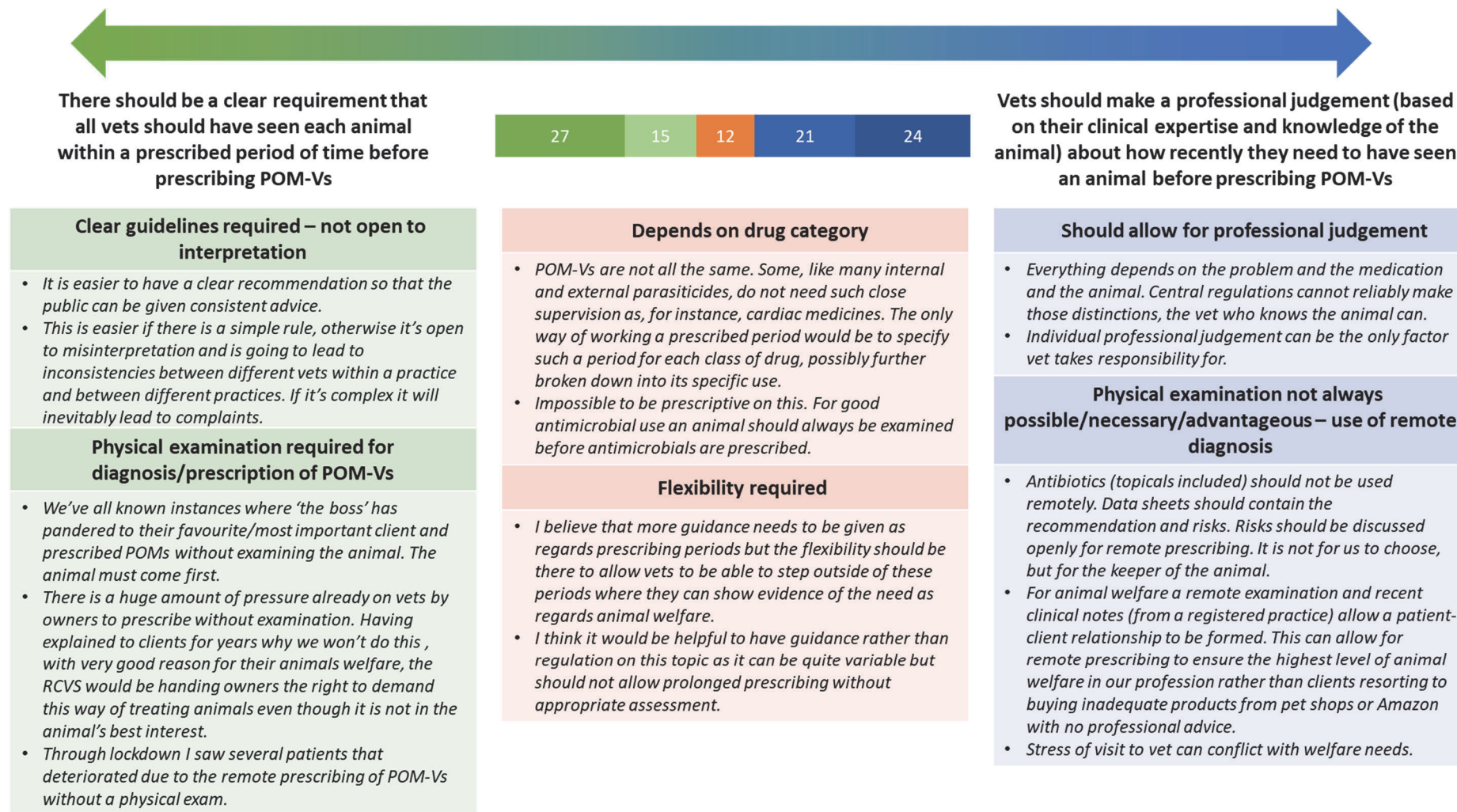


Small practices were significantly¹⁹ more likely than medium-sized practices to agree with the second statement. Also, participants aged 46 and older were significantly more likely than participants aged 18-35 to agree with the second statement. Possibly, this reflects the greater confidence in one's 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.

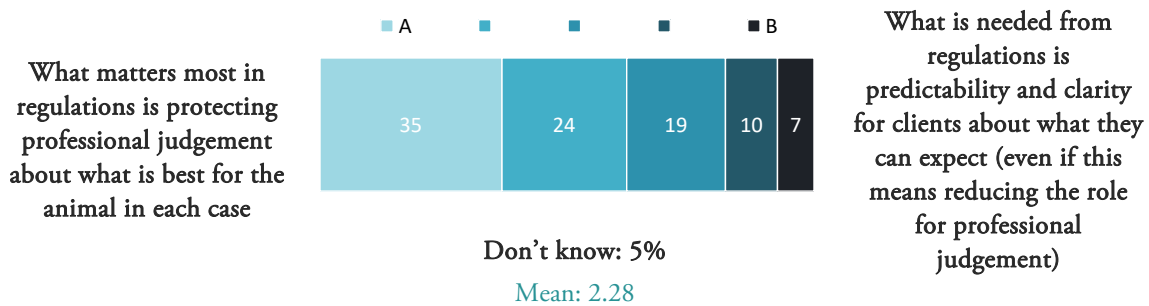
Figure 12: Open-text responses to the question on 'Before being prescribed POM-Vs, each animal should be seen within a prescribed period of time vs Vets should make a professional judgement' (quotes provided are an example selection from the responses)



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.

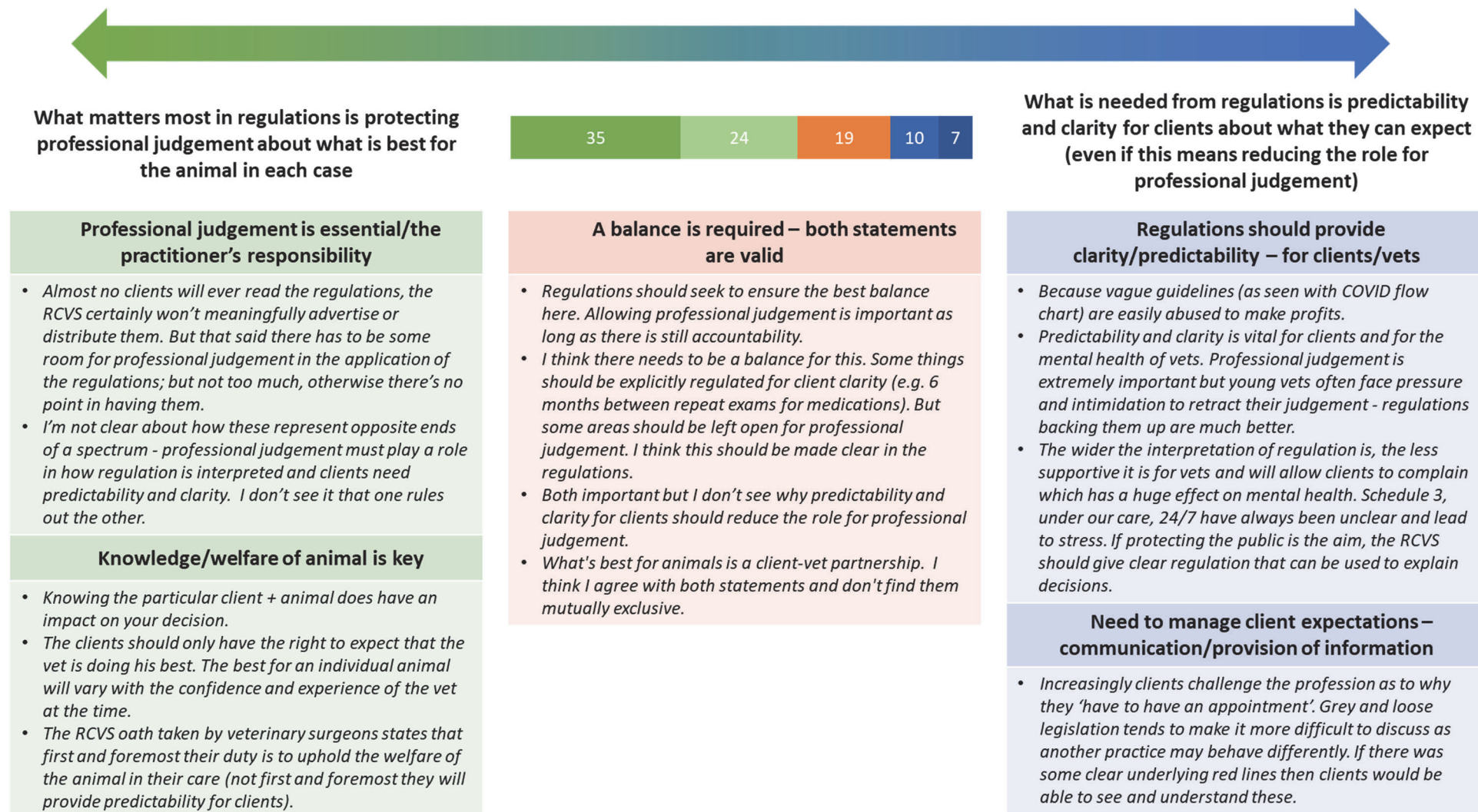


Surgeons were significantly²⁰ more likely than nurses to agree with the first statement. Also, respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the first statement. These two differences may reflect variation in levels of professional 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.

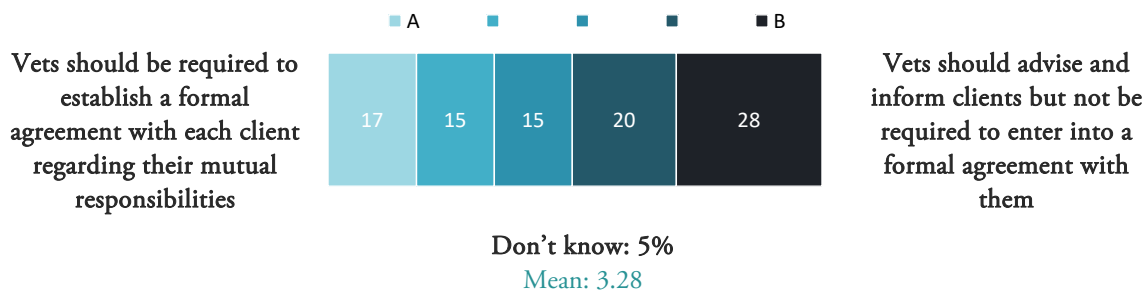
²⁰ At the 95% confidence level.

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)



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.

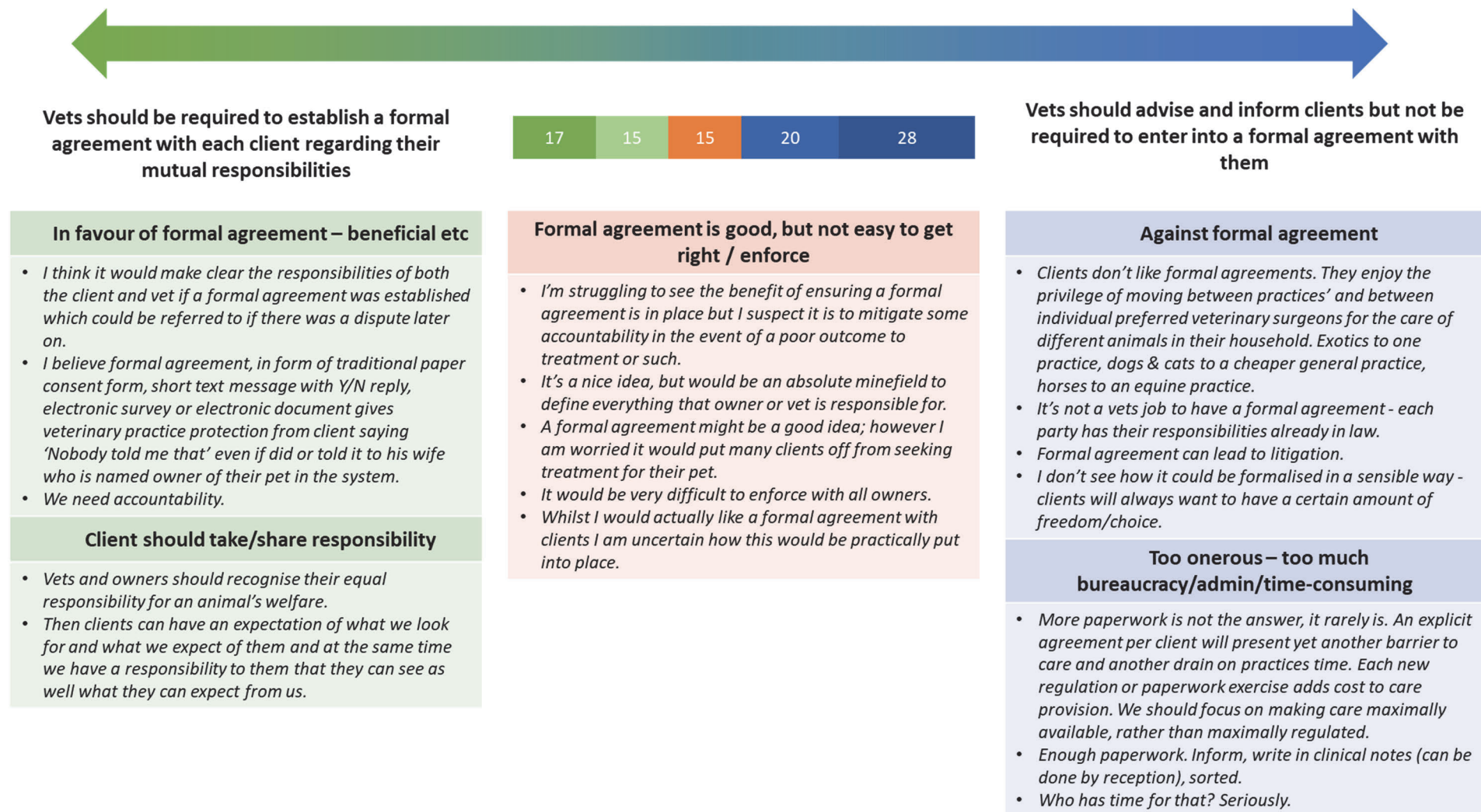


Surgeons were significantly²¹ more likely than nurses to agree with the second statement. It is possible that surgeons might feel disempowered by a formal agreement, whereas nurses might feel empowered. Respondents from small practices were significantly more likely than those from medium-sized and large 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.

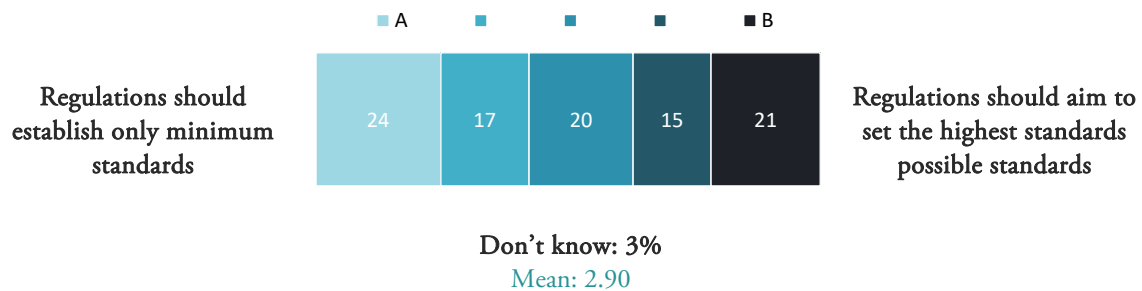
²¹ At the 95% confidence level.

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)



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.

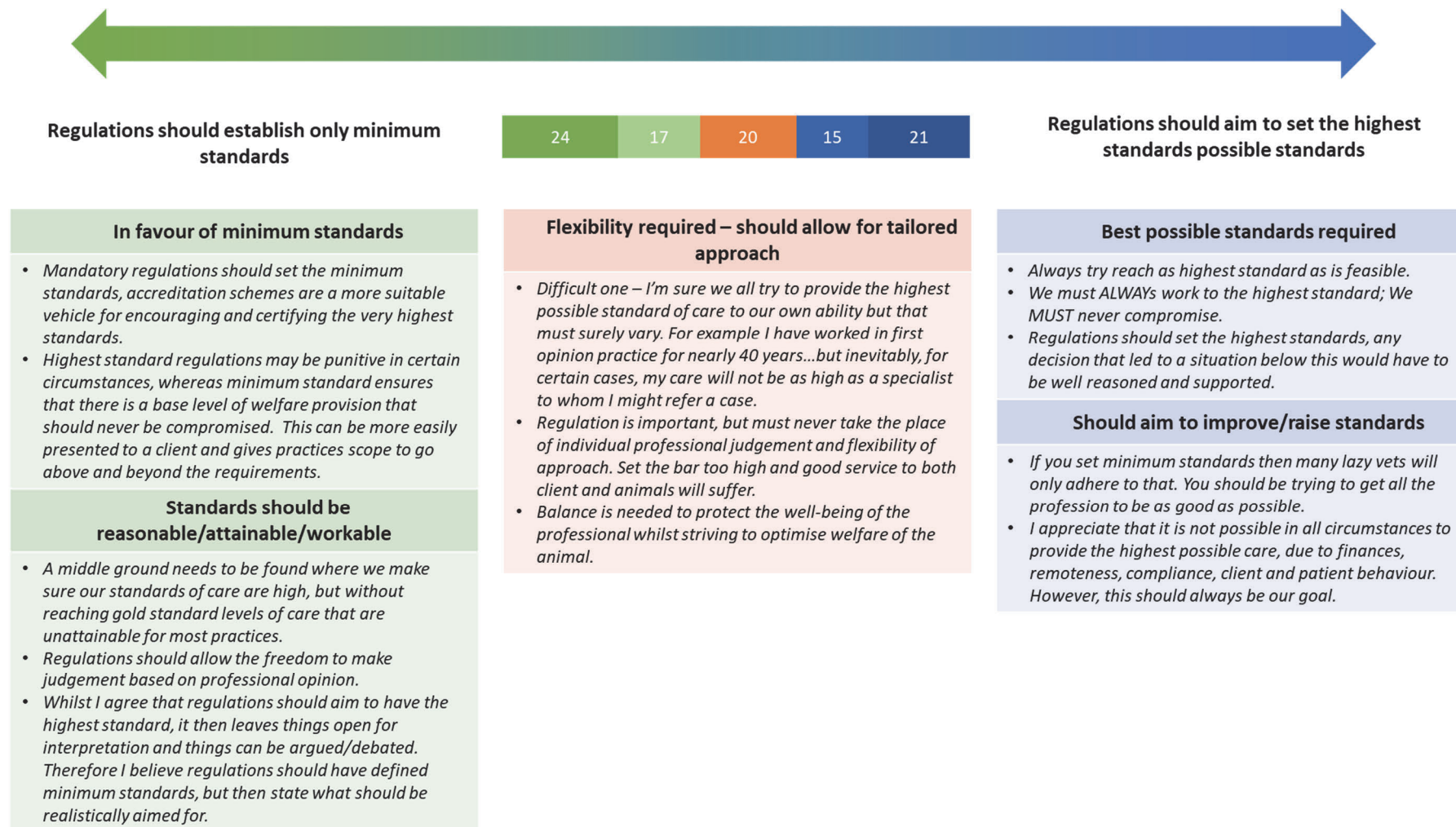


Nurses were significantly²² much more likely than surgeons to agree with the second statement. Also, respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the first statement. There were no statistically significant differences 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.

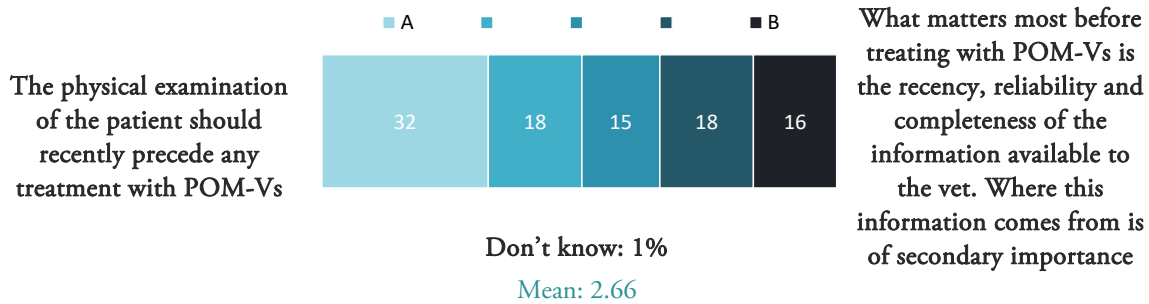
²² At the 95% confidence level.

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)



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

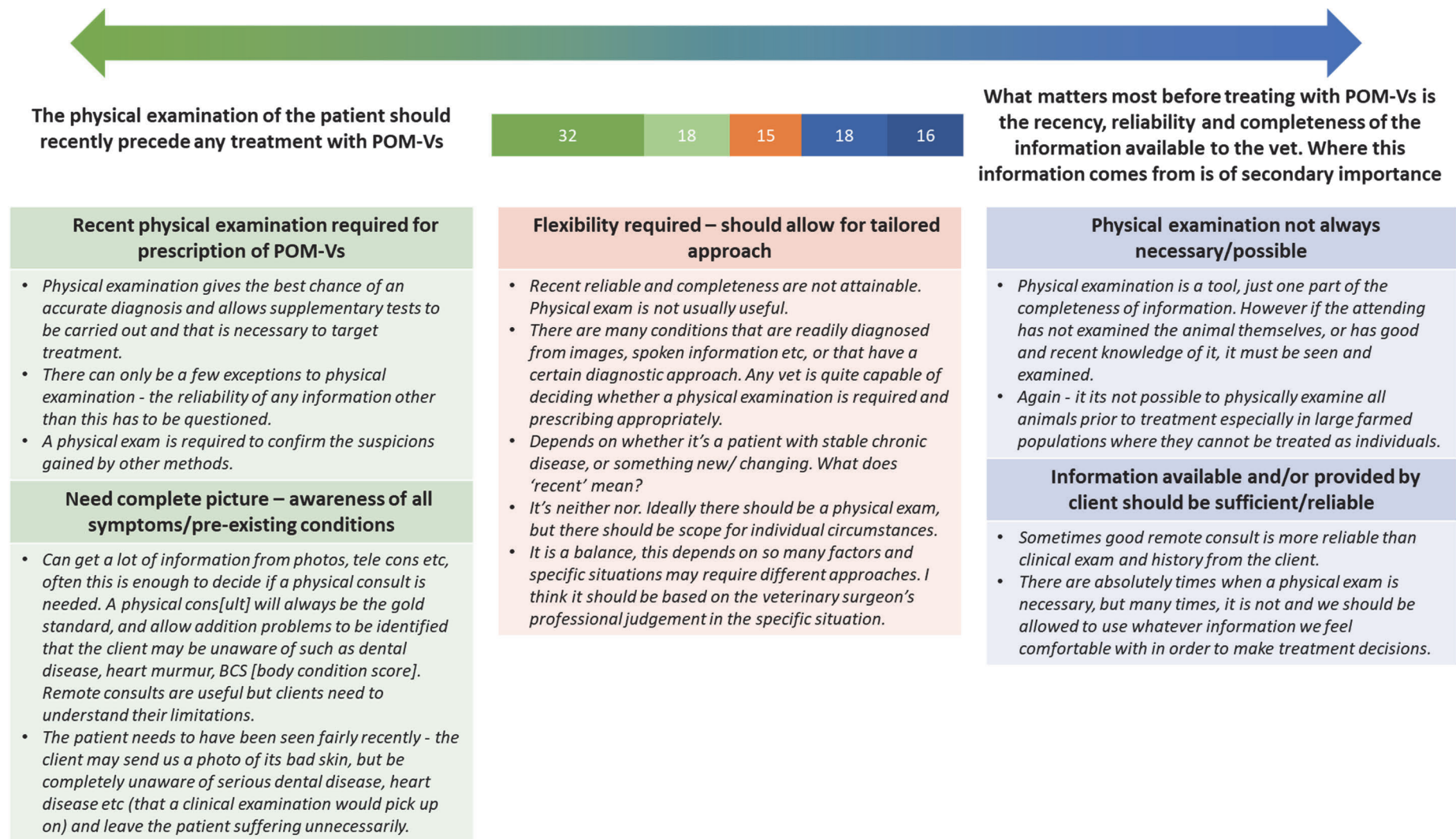
This pair of statements was shown to surgeons only. The balance of opinion was that the physical examination of the patient should precede any treatment with POM-Vs, rather than assessing the recency, reliability and completeness of the information available, with a mean score of 2.66.



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.

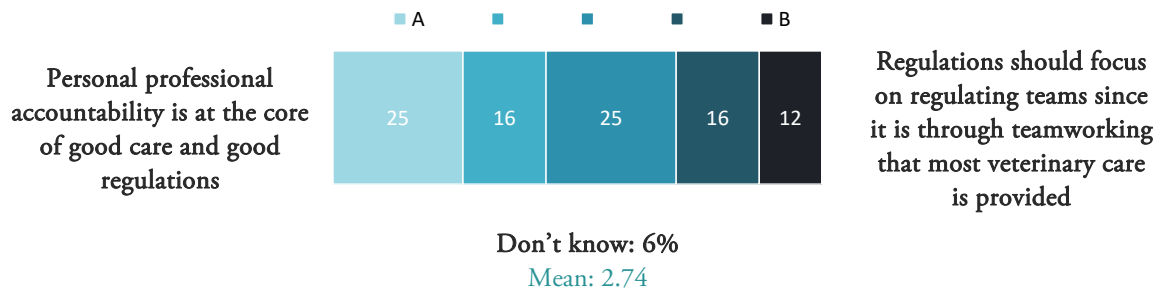
Even those supporting the need for a recent physical examination before treating with POM-Vs do not appear to reject alternative sources of information in principle. Rather, their concerns reflect the view that alternative sources of information provide less complete information and could result in harm 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)



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.

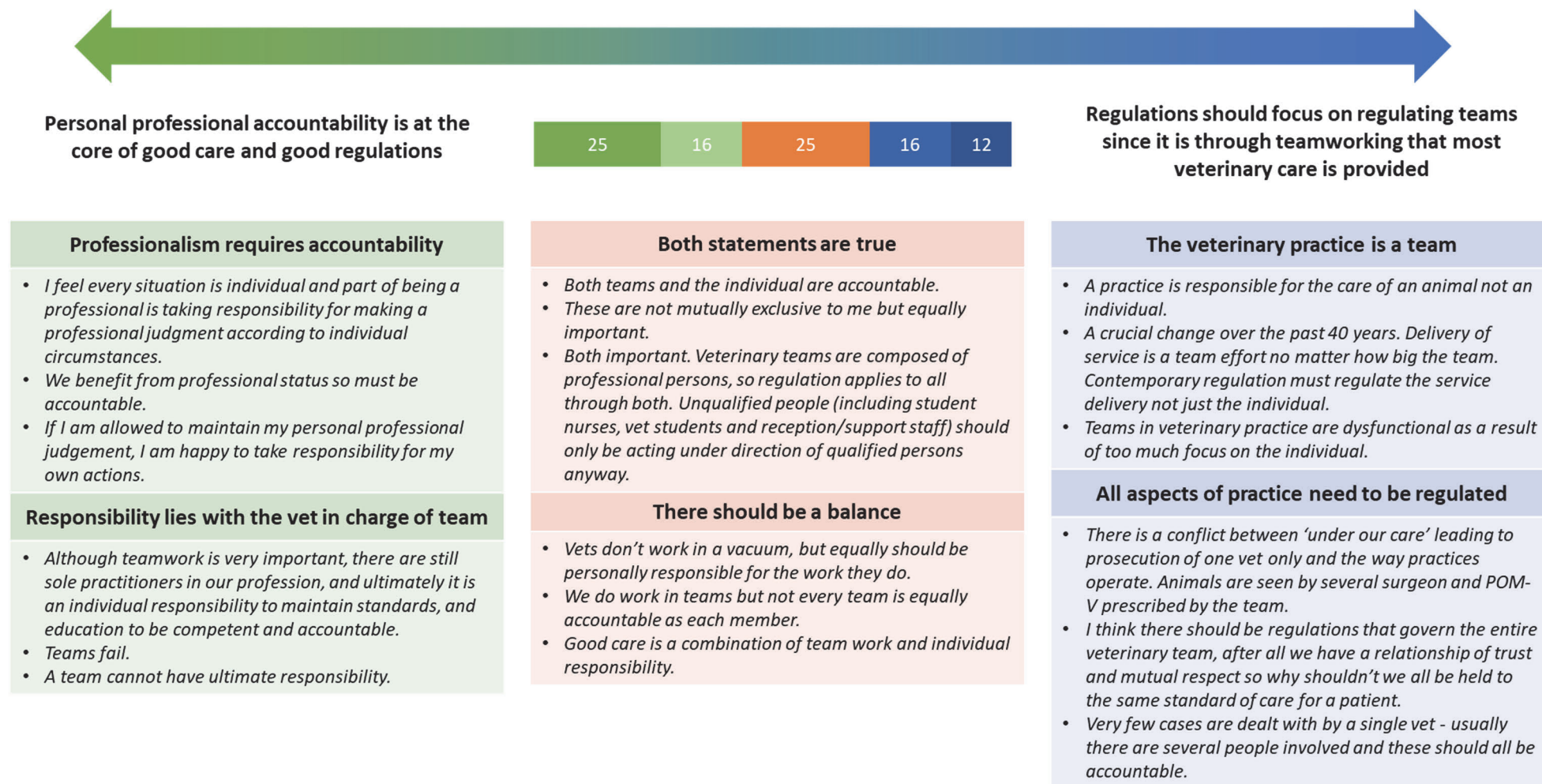


Surgeons were significantly²³ more likely than nurses to agree with the first statement. Participants aged 46 and older were significantly more likely than participants aged under 45 to agree with the first statement. This may reflect nurses' and younger people's approach to team working in veterinary 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.

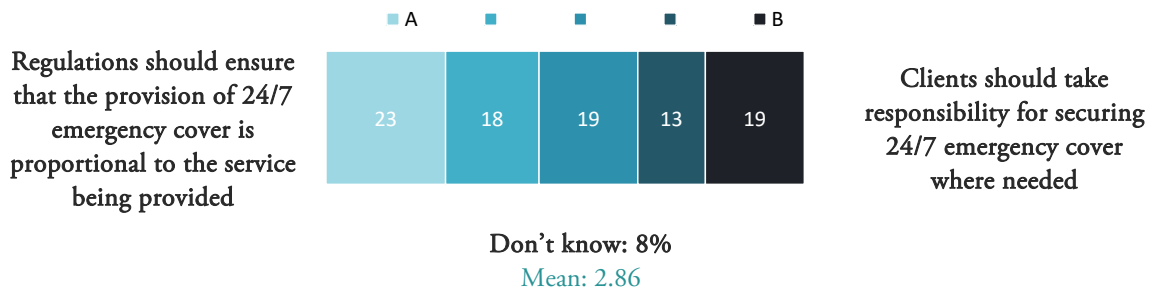
²³ At the 95% confidence level.

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)



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.

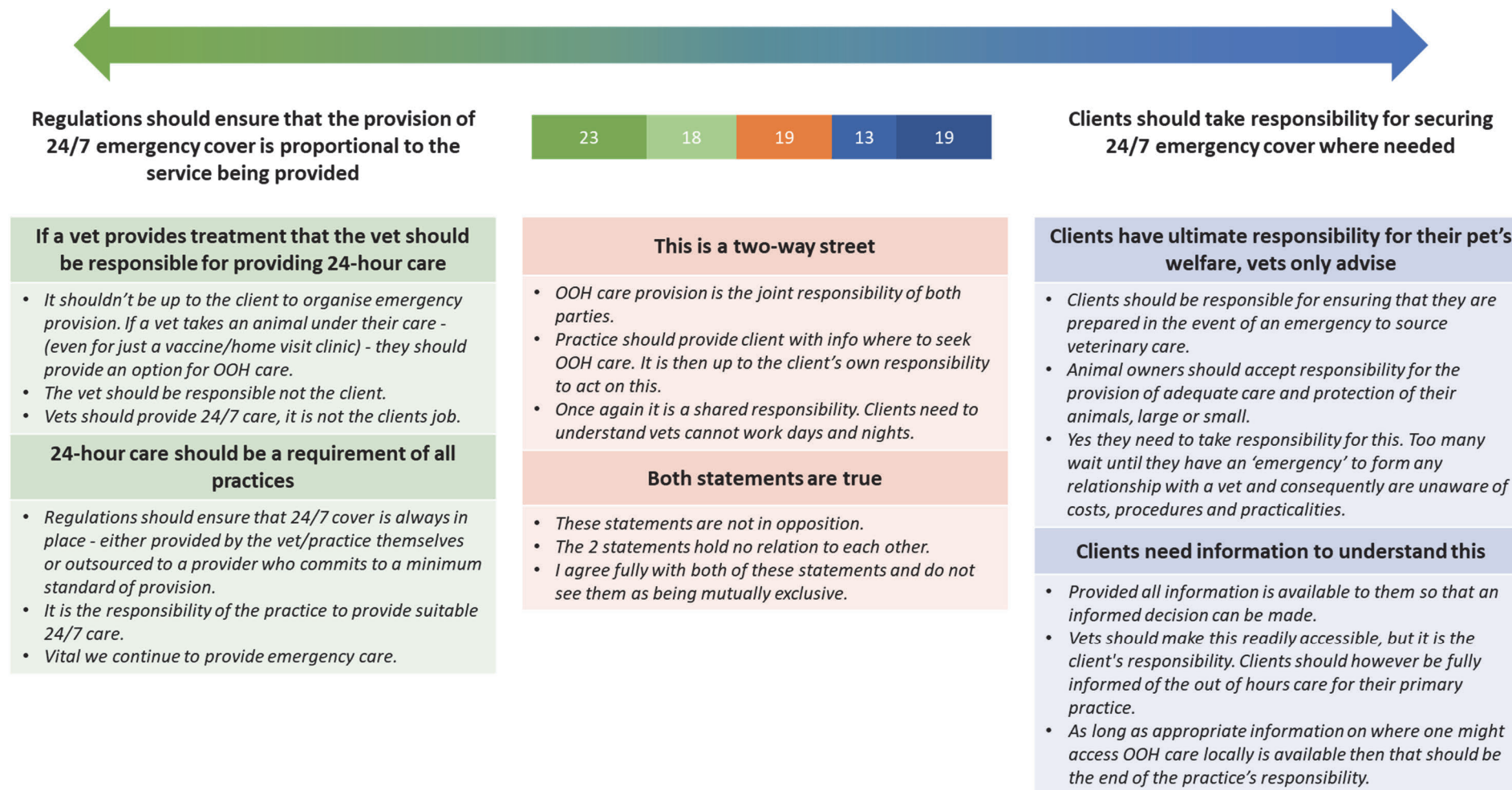


Nurses were significantly²⁴ more likely than surgeons to agree with the first statement. Respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the second statement. Urban vets were significantly more likely than remote rural to 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.

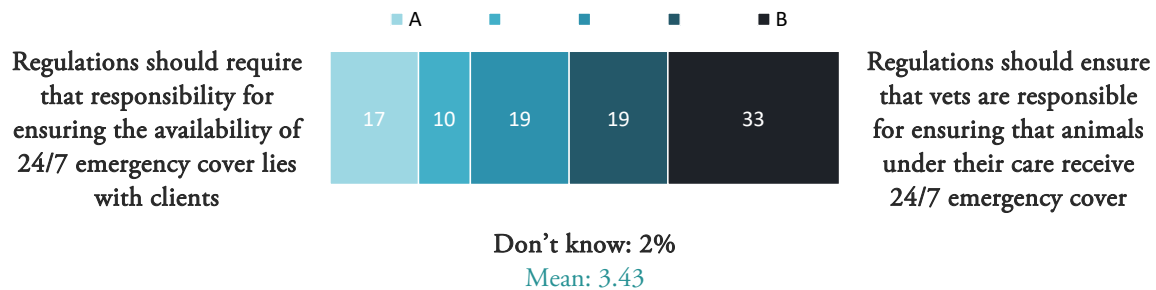
²⁴ At the 95% confidence level.

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)



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.

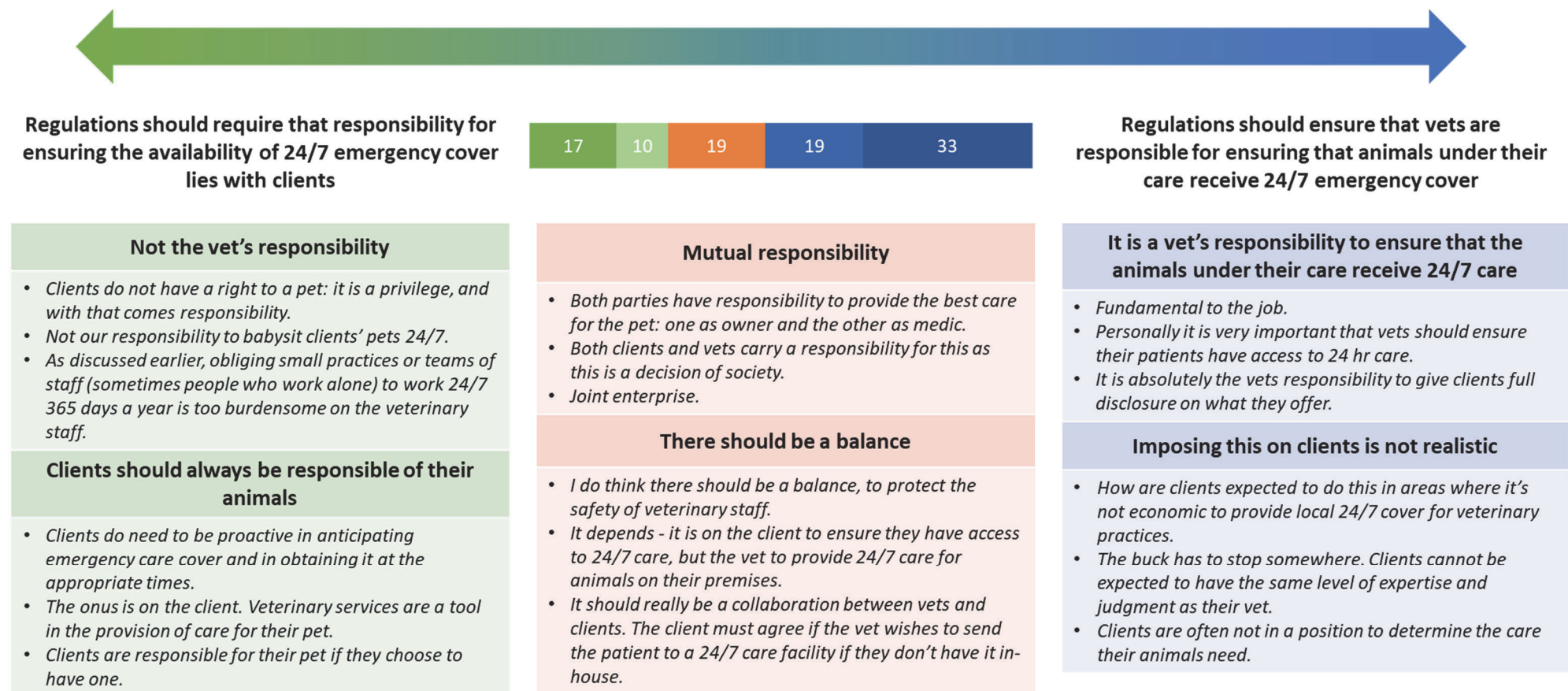


Nurses were significantly²⁵ more likely than surgeons to agree with the second statement. Respondents from large practices were significantly more likely than those from medium-sized and small practices to agree with the second statement. Remote rural and mixed rural and urban vets were significantly 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.

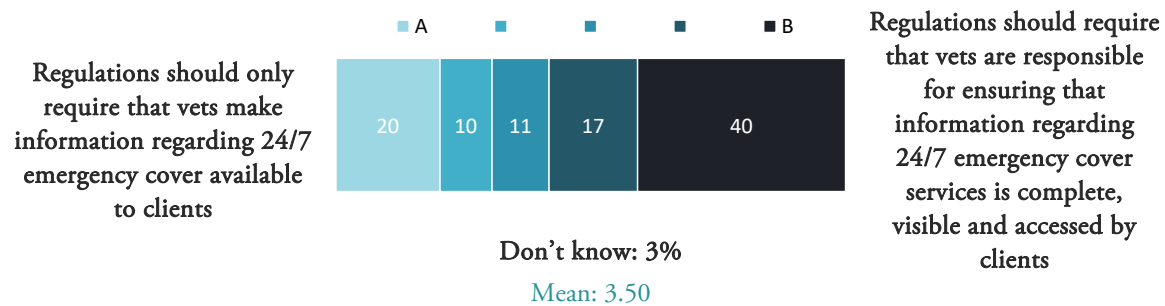
²⁵ At the 95% confidence level.

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)



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.

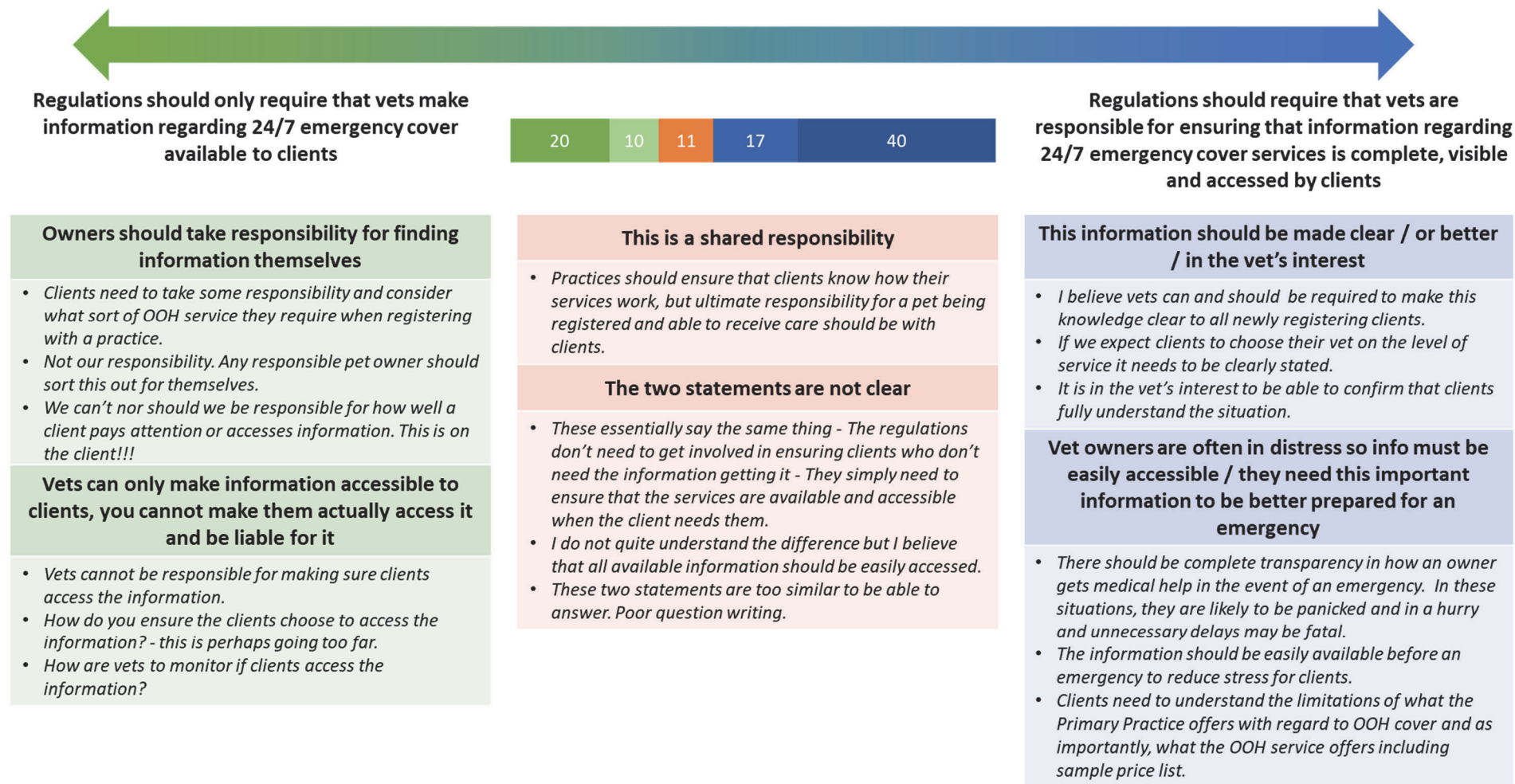


Nurses were significantly²⁶ more likely than surgeons to agree with the second statement. Respondents from large practices were significantly more likely than those from medium-sized and small practices to agree with the second statement. Remote rural and mixed rural and urban vets were significantly 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)



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	<ul style="list-style-type: none"> • 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 support this, all veterinary professionals involved in an animal’s care should be aware of what treatment/care is being provided by other professionals. This can be declared by a client in any formal agreement made between them and the vet (although, as mentioned below, there was divergence as to whether such an agreement is necessary). • There should be a recognition in the regulations that herd/flock animals (primarily for commercial purposes) are treated differently to companion animals, according to the clients’ preferences.
Areas of divergence and lack of consensus	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 responsibility. However, at the same time, 38% of respondents agreed that they would also be comfortable acting on information provided by trusted clients. This apparent tension may be easily resolved should it be clear that personal professional responsibility and competence includes responsibility for building relationships with the client (as well as the animal). Similarly, personal professional responsibility should include contributing to team working and information sharing. • The personal responsibility of vets to the well-being of the animal 'under care' is strong and often fits comfortably with the practices, such as team working, emergency out-of-hours providers and specialist advice. However, it fits less well with the role of limited service providers and the lack of oversight of the animal where owners elect to 'pick and mix' among providers. Further attention to this was seen to be a priority in the focus groups. • To future-proof regulations, and to accommodate the views of younger professionals, it might be better to focus on the responsibilities of vets to ensure that the information they use is timely and relevant, and for veterinary practices to ensure an information architecture that can support this, rather than focusing on how this information was obtained (e.g. physical examination or digital image).

Issue	Implications
	<ul style="list-style-type: none"><li data-bbox="421 252 2181 354">• 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



'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 24/7 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 the views 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 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 [information sheet](#) sent in our previous email, along with a [Privacy Notice](#), outlining 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, tling@randeurope.org. 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 nurse
 Other

In which year did you register?

Please Select

1970-1974

1975-1979

1980-1984

1985-1989

1990-1994

1995-1999

2000-2004

2005-2009

2010-2014

2015-2019

2020-2021

Other

	<p>Which is (or was) your main area of work? Please select all those that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Small animal practice <input type="checkbox"/> Exotics practice <input type="checkbox"/> Livestock/farm animal practice <input type="checkbox"/> Equine practice <input type="checkbox"/> Wildlife <input type="checkbox"/> Zoo <input type="checkbox"/> Marine <input type="checkbox"/> Laboratory animals <input type="checkbox"/> Mixed practice <input type="checkbox"/> Referral practice / consultancy <input type="checkbox"/> UK government <input type="checkbox"/> Meat hygiene / official controls <input type="checkbox"/> Veterinary school / university <input type="checkbox"/> Commerce and industry <input type="checkbox"/> Charities and Trusts <input type="checkbox"/> Telemedicine provider <input type="checkbox"/> Other (please specify) <input style="width: 100%; height: 15px;" type="text"/>	
	<p>What business model best describes your clinical practice workplace?</p> <ul style="list-style-type: none"> <input type="radio"/> Independent, stand-alone practice (e.g. a partnership) <input type="radio"/> Independent practice that is part of a larger group (with some shared centralised function) <input type="radio"/> Part of a corporate group <input type="radio"/> Part of a joint venture with a corporate group <input type="radio"/> Veterinary school <input type="radio"/> Charity <input type="radio"/> Out-of-hours-only provider <input type="radio"/> Don't know <input type="radio"/> Other 	
	<p>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.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> A combination of in-house provision and third-party provision 	
	<p>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.</p> <ul style="list-style-type: none"> <input type="radio"/> 3 or fewer <input type="radio"/> 4-10 <input type="radio"/> 11-25 <input type="radio"/> 26-50 <input type="radio"/> More than 50 <input type="radio"/> Don't know 	
	<p>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.</p> <ul style="list-style-type: none"> <input type="radio"/> 3 or fewer <input type="radio"/> 4-10 <input type="radio"/> 11-25 <input type="radio"/> 26-50 <input type="radio"/> More than 50 <input type="radio"/> Don't know 	
	<p>Which country are you based in?</p> <ul style="list-style-type: none"> <input type="radio"/> England <input type="radio"/> Scotland <input type="radio"/> Wales <input type="radio"/> Northern Ireland <input type="radio"/> Other 	
	<p>Is your work mainly in a remote rural, semi-rural or urban area?</p> <ul style="list-style-type: none"> <input type="radio"/> Remote rural <input type="radio"/> Mixture of rural and urban <input type="radio"/> Urban 	

What is your age group?

- 18-24
- 25-35
- 36-45
- 46-55
- 56-65
- 66-70
- 71+
- Prefer not to say

1. GOOD REGULATION STATEMENTS

Based on what we heard in the focus groups, we will present a series of statements about what might constitute good regulation and ask the extent to which you agree or disagree with them. These are not direct quotes but reflect closely what was said to us in the focus groups discussions.

The aim of this is to understand where agreements and disagreements sit around what 'good' looks like for you as a professional. What approach would you like to see towards the regulation of 'under care' and 24/7 emergency cover?

At the end of the series of statements, there will be an option for you to provide further (free-text) detail on your responses.

Click the + button to return to a statement you have previously answered

- Having information from sources other than a physical examination (for example wearable devices, videos, pictures) may be sufficient for an animal to be brought under a vet's care in a way that is real and not just nominal.



- An animal being under my care means I am responsible for all POM-V medications I prescribe to an animal I am treating (and for how long, at what dose and in what combination).



- Regulations should take into account the pre-existing physical condition of the animal (e.g. if it already has a chronic condition).



- Regulations should be more prescriptive so there is no variation in how they are interpreted across the profession.



- For an animal to be under a vet's care in a way that is real and not just nominal, a recent physical examination is essential.



- I would only accept an animal as being under my care if my knowledge of the situation and the condition of the animal is good enough to make the best and most competent decision possible regarding its well-being.



- Regulations should allow space for professional judgement when interpreting and applying them.



- If information were provided from a client I knew to be knowledgeable about the species and condition, I would be comfortable recommending treatment / prescribing POM-Vs, even if I hadn't recently seen the animal.



- Regulations should require veterinary professionals to ensure that provision of 24/7 emergency service for the relief of pain and suffering is available - either through their practice or via a specialist 24/7 provider irrespective of the nature of the services / treatments given.



- There should be an upper limit defined in the regulations on the time between seeing an animal and prescribing POM-Vs but the upper limit should differ depending on animal species



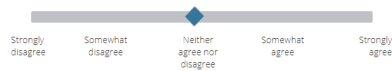
- An animal being under my care means I am responsible for the advice I give in relation to it.



- Regulations should take into account the age of the animal



- Regulations should be framed to mitigate any adverse impact resulting from a veterinary product or intervention, regardless of the business model or the competitive environment in which the product or intervention is delivered.



- If information were provided from a client when I knew I could rely on the information they provide, I would be comfortable recommending treatment / prescribing POM-Vs, even if I hadn't recently seen the animal.



- There should be an upper limit defined in regulations on the time between seeing any animal and prescribing POM-Vs



- If information were provided from a client I had never been in contact with before, I would be comfortable recommending treatment / prescribing POM-Vs.



- Regulations should take into account how different prescribed medications carry more or less risk for the wellbeing of the animal.



- Regulations should restrict certain business models where it can be shown to lead to inadequate or insufficient veterinary provision and so negative impact on animal welfare and/or public health (e.g. leading to under-provision of accessible out-of-hours care for animals in some parts of the country).



UNDER CARE

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 CARE' please list them here. Please list any additional features that describes the regulatory approach you would like 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).

OUT OF HOURS

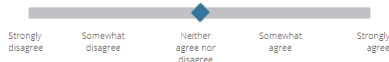
We have tried to include all the features of good regulation discussed in our focus groups but if there are any additional features that you feel are missing FOR EMERGENCY 'OUT OF HOURS CARE' please list them here. Please list any additional features that describes the regulatory approach you would like 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).

2. APPLYING PRINCIPLES

What follows is a series of statements about what regulations should require or permit in particular contexts. These are based on differing views we heard during the focus groups. Please state the extent to which you agree or disagree with each of the statements.

Click the + button to return to a statement you have previously answered

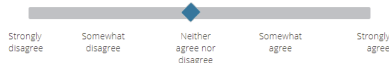
- Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and 'under care' based on the risks common to different species. For example, regulations for vets working with cattle should be different from regulations for vets working with domestic cats.



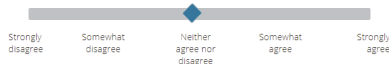
- Regulations regarding 24/7 emergency cover and 'under care' should be concerned only with the quality (i.e. reliability, recency and completeness) of the information used to inform clinical judgements and not its source.



- Regulations should allow vets to use remotely provided videos of (for example) a skin condition to prescribe POM-Vs for an animal when that vet has recently physically examined the animal for another condition.



- Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and 'under care' based on the risks associated with where the animal *habitually* lives. For example, regulations for vets working with farm animals should be different from regulations for vets working with small animals.



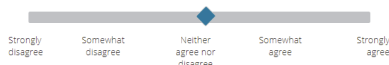
- Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and 'under care' based on the risks associated common to *charities/shelters*. For example, regulations for vets working with charities/shelters should be different from regulations for vets working in practice.



- Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and 'under care' based on the risks associated common to *charities/shelters*. For example, regulations for vets working with charities/shelters should be different from regulations for vets working in practice.



- The regulations regarding 24/7 emergency cover and 'under care' should specifically require vets to establish a formal and written agreement regarding their mutual responsibilities, and vets can discontinue their obligations if clients do not meet their obligations



- Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and 'under care' based on the risks common to different *geographic locations*. For example, regulations for vets working in remote locations should take this into account.



- Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal using clinical notes from another vet who has *recently* physically examined that animal.



- Regulations should allow vets to use remotely provided digital photographs of (for example) a skin condition to prescribe POM-Vs for an animal that the vet has *never* physically examined (i.e. there is no existing patient/client/vet relationship).



- The regulations for of 24/7 emergency cover and 'under care' should focus on establishing the standards below which veterinary care should never fall, rather than seeking to enforce anything beyond this.



- Regulations should allow vets to use remotely provided digital photographs of (for example) a skin condition to prescribe POM-Vs for an animal when that vet has recently physically examined the animal for another condition.



- Regulations and guidance regarding 'under care' and out of hours emergency cover should specifically recognise that a vet could reasonably treat an animal that is part of a herd or flock differently from one that is a companion animal, where this is in line with a client's preferences.



- A limited service provider (i.e. a vet/practice that only provides services in a specific area of care, such as vaccinations or neutering) should only be required to provide 24/7 emergency cover for the relief of pain and suffering arising out of the service they delivered and can do this by providing this care themselves or having a formal arrangement in place with another veterinary practice



- The regulation of 24/7 emergency cover and 'under care' should involve a formal agreement between vets and clients that establishes the obligations and responsibilities of each.



- Regulations regarding 24/7 emergency cover and 'under care' should explicitly take into account that vets from the same premises work as a team and should have shared accountability.



- Regulations should allow vets to use remotely provided digital photographs of (for example) a skin condition to prescribe POM-Vs for an animal using clinical notes from another vet who has recently physically examined that animal.



- Regulations regarding 24/7 emergency cover and 'under care' should recognise the unique advantage of physical examinations over information that is solely obtained remotely (such as photographs, phone calls, biometrics, videos)



- If an animal is registered with more than one primary care practice, the practices should be required to share clinical records.



- Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient/client/vet relationship).



- Regulations should allow vets to use remotely provided digital photographs of (for example) a skin condition to prescribe POM-Vs for an animal using clinical notes from another vet who has recently physically examined that animal.



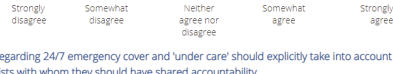
- Regulations regarding 24/7 emergency cover and 'under care' should recognise the unique advantage of physical examinations over information that is solely obtained remotely (such as photographs, phone calls, biometrics, videos)



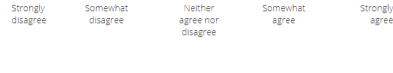
- If an animal is registered with more than one primary care practice, the practices should be required to share clinical records.



- Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient/client/vet relationship).



- Regulations regarding 24/7 emergency cover and 'under care' should explicitly take into account that vets will refer cases to specialists with whom they should have shared accountability.



WHEN PRINCIPLES ARE IN TENSION:

Regulations must often balance between different desirable things. In this section we would like you to use the slider to show how far to one side or the other you would prefer when arriving at a balance *regarding the regulation of 24/7 emergency cover and under care*. There will be a 'don't know/don't have a view' option; each pair will have a separate slider

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



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

Don't know

If you would like to, please tell us the key factors responsible for your decision

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

If you would like to, please tell us the key factors responsible for your decision

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



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

Don't know

If you would like to, please tell us the key factors responsible for your decision

Regulations should establish only minimum standards



Regulations should aim to set the highest standards possible

Don't know

If you would like to, please tell us the key factors responsible for your decision

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



Clients should take responsibility for securing 24/7 care where needed

Don't know

If you would like to, please tell us the key factors responsible for your decision

One size fits all; there should be a universal set of regulations covering all circumstances where an animal is under the care of a vet



Tailored regulations should explicitly take into account the various circumstances of different kinds of animal and clients

Don't know

If you would like to, please tell us the key factors responsible for your decision

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

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

Don't know

If you would like to, please tell us the key factors responsible for your decision

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

If you would like to, please tell us the key factors responsible for your decision

Regulations should only require that vets make information regarding 24/7 services 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

If you would like to, please tell us the key factors responsible for your decision

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

If you would like to, please tell us the key factors responsible for your decision

For the set of questions in When Principles are in Tension that you have just answered, were there any that were not clear or difficult to answer?

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

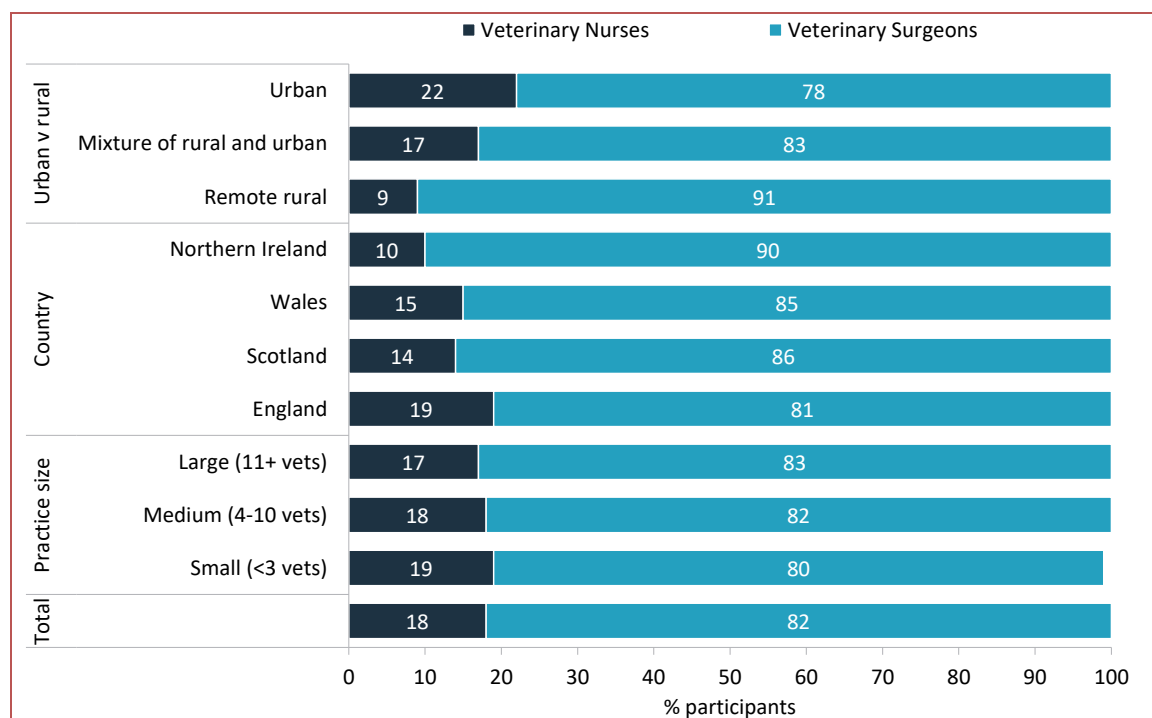
The respondents were asked that their current job role is. They were informed that if they were not currently practising, they should select the role they were last in when they were in veterinary practice.

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.

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



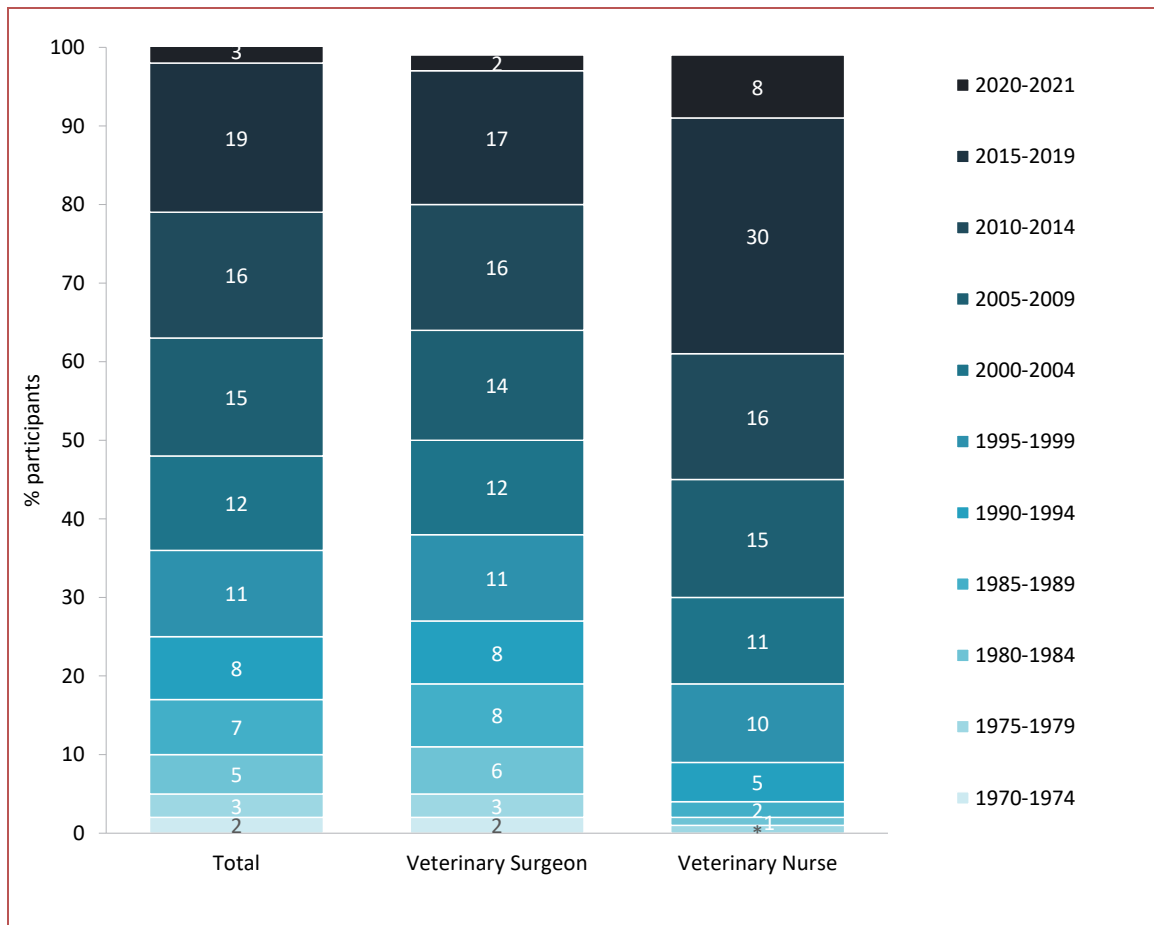
Base: Practice size: Small (<3 vets) 1,462, Medium-sized (4-10 vets) 2,588, Large (11+ vets) 1,447; Country: England 4,590, Scotland 565, Wales 269, Northern Ireland 120; Urban vs rural: Remote rural 458, Mixture of rural and urban 2,916, Urban 2,170

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

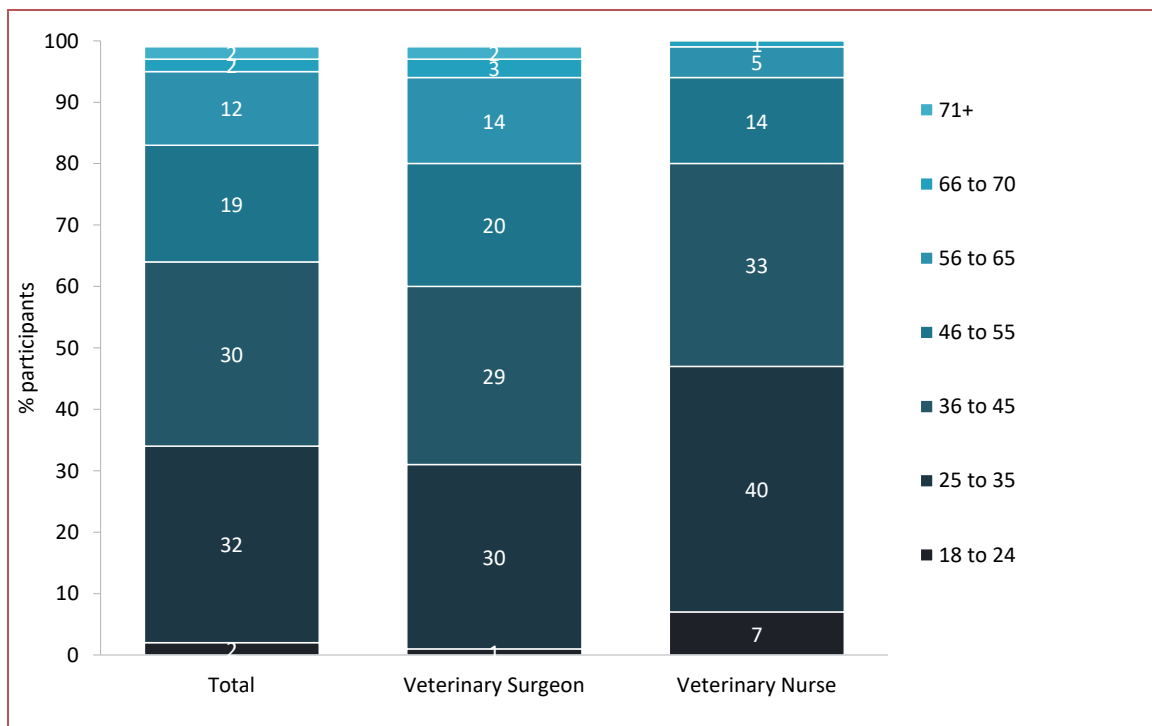


Base: Total 5,544, Veterinary Surgeon 4,545, Veterinary Nurse 999

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.

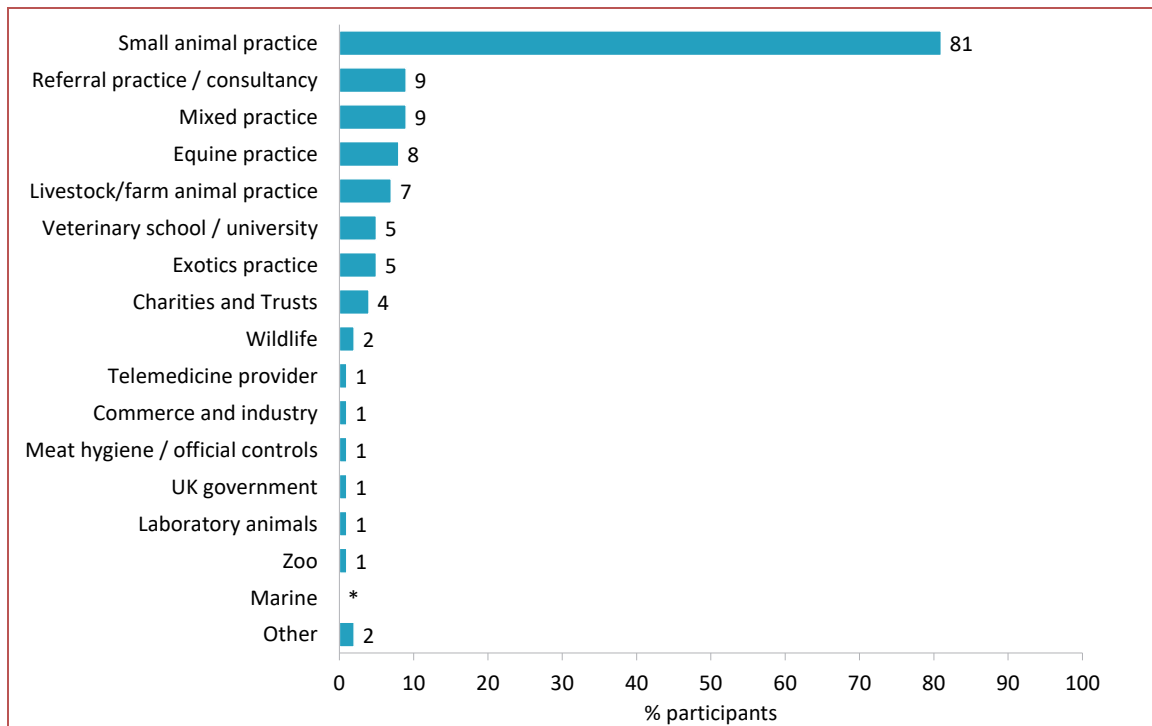
Figure 23: Surgeons and nurses by age group



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:

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%

²⁹ At the 95% confidence level.

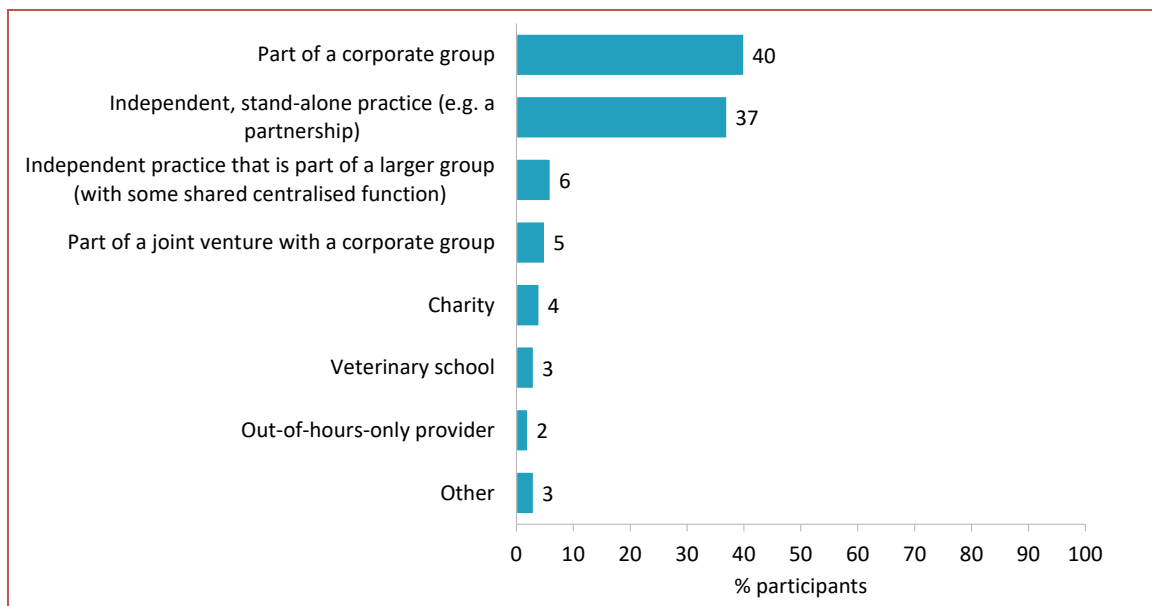
B.5. Practice business model

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.

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 (30%) 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.