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RCVS Under Care and 24/7 Emergency Care Review

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Preface

This report summarises the findings from a study reviewing the regulations and guidance the Royal College of Veterinary Surgeons (RCVS) should offer in relation to 'under care' and 'out-of-hours' veterinary care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. This report details and analyses the results of this large-scale quantitative survey with RCVS members, with conclusions drawn using data from the survey, focus groups and interviews.

This research was commissioned by the RCVS and conducted independently by RAND Europe and Accent. RAND Europe is a not-for-profit policy research organisation that helps to improve policy and decision making through research and analysis. Accent is a full-service, Market Research Quality Standards Advisory Board (MRQSA)-accredited research agency. For further information about this research, please contact:

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Summary

Introduction

Changes in technology, organisational structures and practices, patterns of animal ownership, and the expectations of animal owners and the wider public have all contributed to an increasingly complex environment for veterinary practice, offering new opportunities as well as new challenges. These developments raise questions about core aspects of the existing regulations and guidelines, including what it means for an animal to be 'under care' of a veterinary surgeon and in how far, and in what circumstances, professional obligations should extend to providing out-of-hours care. Consequently, the Royal College of Veterinary Surgeons (RCVS) held a consultation in 2017 that provides part of the context for the work described here. The consultation and the wider debate revealed strongly held and often divergent views within the profession and among stakeholders.

The aim of this study is to collect evidence to support the review of the regulations and guidance that the RCVS should offer in relation to 'under care' and out-of-hours care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. The data from the focus groups and stakeholder engagement was presented in an earlier report to RCVS. This report details and analyses the results of the large-scale quantitative survey with RCVS members, although conclusions are drawn using data from the survey, focus groups and interviews.

Methodology

The research method was a large-scale online survey administered to RCVS members (surgeons and nurses). The survey was designed based on the data collected from the focus groups and engagement with key veterinary organisations, and in consultation with RCVS. The survey was structured as follows (see Annex A for full survey):

- Demographics (self-selected by respondents)
- Good regulation statements: agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- Applying principles: agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- When principles are in tension: level of agreement between 10 pairs of statements

The survey was piloted to ensure clarity of questions and flow, and the RCVS member database was used to disseminate the survey. The survey was open from 11 May 2021 to 16 June 2021. In total, 5,544 completed the survey (10% response rate overall, 13% for veterinary surgeons and 5% for veterinary nurses).

The overall responses to each of the questions were analysed individually, with further analysis conducted by demographic (role, age,[1] practice size,[2] rurality[3] and country[4]). In addition, nine themes were generated from the statements in the 'good regulation' and 'applying principles' sections, which involved grouping statements that had been agreed with in a consistent way. Factor analysis was conducted on these themes to explore the differences across demographic groups in further detail.

Findings

Here, we will briefly summarise the key takeaway messages from the survey and then provide a short overview of the responses to each survey question.

Summary of overall key findings

The results of the survey provide clear guidance regarding the attitudes and expectations of veterinary professionals in relation to the regulation of 'under care' and out-of-hours care. It identifies a shared common core of vets' attitudes towards 'under care' and out-of-hours care, along with an expectation that regulations should reflect these values. However, there are also important areas of disagreement, which we reflect on throughout the report.

When asked to apply these values to specific cases, and when asked how they might handle tensions between them, the respondents indicated that there are nuances and differences that appear that are relevant to any consideration of future regulations. The report shows how these differences reflect the different demographics of veterinary professionals and practices, with age, size of practice, type of practice and geographical location all being relevant.

When prompted to provide open-text comments on why they hold their (differing) views, the participants gave responses that are often related to practicalities (rather than principles); for example, the reasons offered for preferring that regulation should require physical examination prior to any diagnosis or treatment, rather than allow other sources of evidence in addition to physical examination, show that all vets agree on the need for complete, recent and relevant evidence but differ about how to best ensure this is available in practice. We believe that this suggests that some differences are more apparent than real and reflect a different understanding of how regulations might work in practice. This came through particularly strongly when we compared the quantitative survey responses to the free-text answers. In some cases, the free-text answers indicate that respondents at opposite ends of the quantitative scale actually hold the same core values but differ in the practical ways in which they think these values should be implemented.

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[1] Age groups for respondents to select to were: '18-24', '25-35', '36-45', '46-55', '56-65', '66-70', '71+' and 'prefer not to say'.

[2] For practice size, respondents were asked two questions on how many full-time veterinary 1) surgeons and 2) nurses worked at their practice, with the options being: '3 or fewer', '4-10', '11-25', '26-50', 'more than 50' and 'don't know'.

[3] Rurality was self-defined by survey participants. They were given the option to select where they mainly work from the following: 'remote rural', 'mixture of rural and urban' or 'urban'.

[4] England, Scotland, Wales or Northern Ireland.

In using this report as part of the review of future regulations and guidelines, we suggest there are at least five things to consider:

- The report suggests that an approach to improving regulation that starts with a focus on the core activities of veterinary practice – the immediate care of patients – should gain wide agreement.
- Many important differences in how the business of providing care should be regulated come down to the practicalities and consequences of implementing regulations (for example, would less explicit regulation lead to 'free riders' or would more explicit regulation ignore the differences between caring for sheep, cats or fish). Greater attention may need to be given to explaining not only what is 'right', but also what is practicable (including unintended consequences). It is not possible to defend regulations that do not deliver the intended benefits or that cause unintended harm.
- However, there remain differences that are not linked to practicalities (for example, should regulation aim to set minimum standards or aim to drive up overall standards) where (based on our focus groups and the open-text responses in particular) the discussion within the profession appears to be 'unanchored' and where leadership from the profession may be needed to establish what 'good regulation' looks like (this might include, for example, no unreasonable restriction on innovation and entrepreneurship, the least burdensome possible, minimum standards based on best evidence).
- The report identifies a small number of instances where the profession appears to hold inconsistent views. For example, the survey shows a sizeable agreement with the importance of vets taking personal professional responsibility, but it also shows that a sizeable minority is comfortable using information provided by a trusted animal owner and that still others would like to see a more formal agreement with owners regarding co-responsibility for the care of their animals. This may be another area where more propositional leadership within the profession could help build consensus. In the short run, however, regulators may need to take an approach which is not based on a consistent and fixed view from the profession.
- This report also identifies ways in which communications with the profession on these issues might be targeted – showing what are common concerns, but also revealing how different groups of professionals have different attitudes towards (for example) team working, the treatment of groups of animals, or the use of digital information. In particular, the report highlights how opinions diverge in relation to key themes.

Good regulation statements

Overall, the analysis shows broad agreement among respondents for the statements about what good regulations should involve. In particular, there was agreement regarding:

- Vets are responsible for both advice regarding care and for the prescription of prescription-only medicine – veterinarian (POM-Vs) for an animal under their care.
- A vet can accept an animal into their care if their knowledge of the situation and the condition of the animal is good enough to make competent care decisions.
- All vets should provide 24/7 emergency cover for the relief of pain and suffering (either themselves or via a third party).

- Vets should be allowed to exercise professional judgement when interpreting and applying regulations.
- Vets would not feel comfortable recommending/prescribing treatment for a client they have never seen before.

There was a lack of consensus as to whether the regulations should specifically take into account the age of the animal; whether a vet should recommend/prescribe treatment for an animal they have not recently seen if the client is knowledgeable and/or reliable; and whether a vet can be considered to have an animal under their care based on information from sources other than a physical exam.

These findings suggest that the highest levels of consensus (either collectively agreeing or disagreeing) were registered in response to statements that are most close to the identity and activities of being a veterinary surgeon or nurse. There was much less consensus on questions about what should be covered by regulations that are one step removed from the direct role of caring for animals.

There were also some important differences among sub-groups. Nurses showed a significant tendency to have greater confidence in regulations to deliver benefits than was the case for surgeons. In addition, there were differences in responses by the size of the practice the respondent worked at, as well as rurality. These could be explained in the context of different business models and ways of working; e.g. rural vets were less likely to agree that a recent physical exam is needed to provide real, and not nominal, care.

Applying principles

For the statements on applying principles, there was agreement around the following statements:

- Practices should share clinical records where they provide care for the same animal.
- Regulations should recognise the advantage of physical exams over information obtained remotely.
- A formal agreement should be set up between the client and the vet to outline the obligations and responsibilities of each party (although responses differed when a similar question was asked in a later question in the 'principles in tension' section).
- There should be shared accountability recognised in the regulations in cases where a vet refers an animal to a specialist for care.
- There should be recognition that animals that are part of a herd or flock are treated differently to companion animals (where this aligns with client preferences).
- Regulations should not allow the prescription of POM-Vs based on the use of photos or videos where the vet has never physically examined the animal.

There was disagreement among respondents as to whether regulations should differ for shelters/charities compared with other practices, and whether regulations should be only about quality of information (rather than source).

The differences in responses were explored across different demographics. Overall, of the 20 statements, only 5 produced significantly different responses from respondents based on their practice size or rurality, suggesting a basis for agreement within the profession (although important differences were picked up in factor analysis).

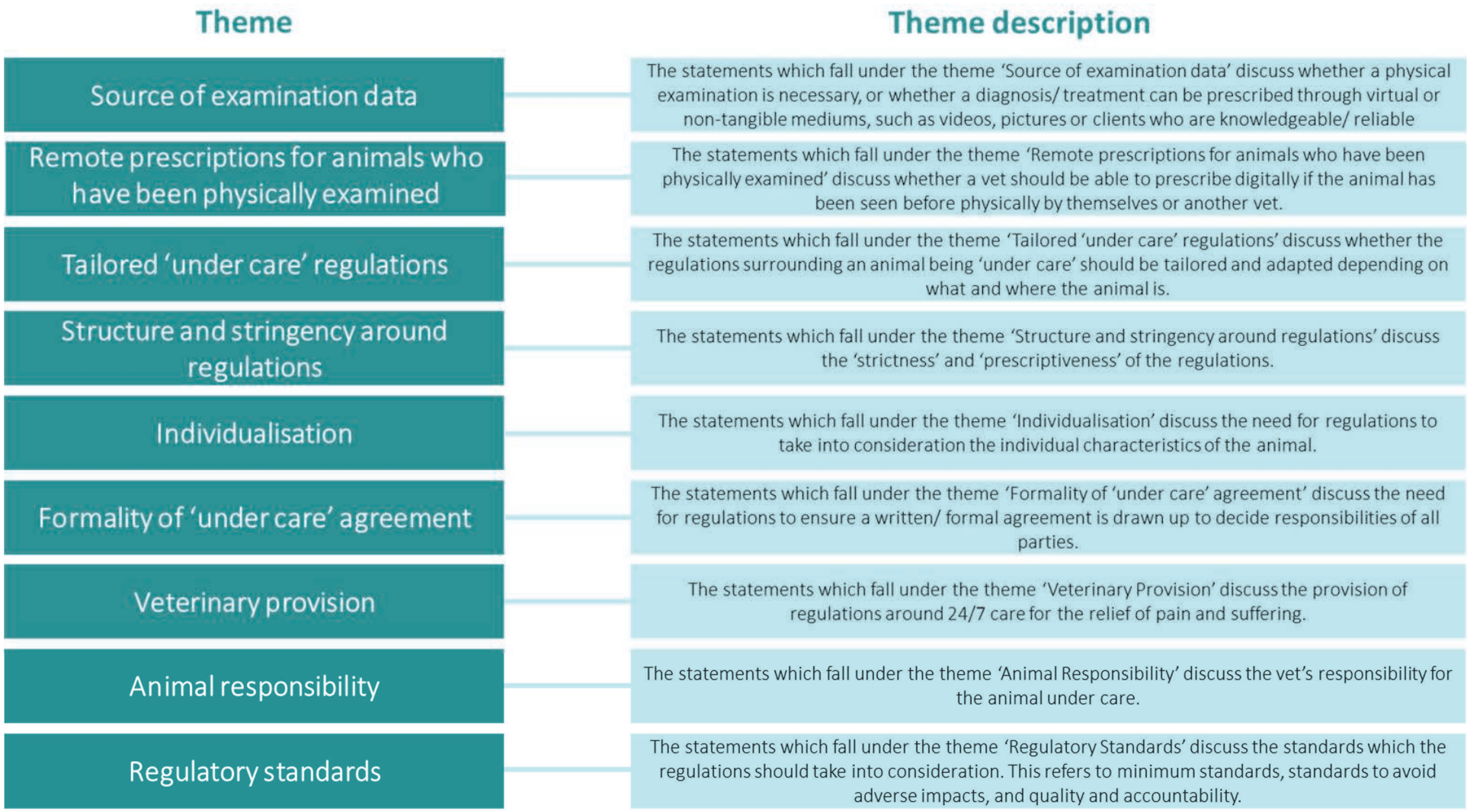
Factor analysis

Factor analysis aims to simplify a large number of observed survey responses by identifying underlying (unobserved, or latent) variables. We applied this technique to look for patterns in the way participants of the study have agreed or disagreed to the statements around regulation.[5] It looks for groups of statements which have been agreed to in a consistent way. The groups of statements that result are therefore data driven, and because they tend to talk about a 'theme', they can be given a subjective heading.

Through this technique, we identified nine key themes revealed through the responses (Figure 1). It is highly likely that these are themes that concern vets in relation to 24/7 emergency provision and 'under care'. Statements within each theme have been grouped because they are highly correlated with each other, meaning that each participant is likely to rate each of the statements in the theme in a similar way. The nine themes can therefore be considered a summary of a large number of statements, and they reveal the key areas that surgeons consider important on this topic overall.

[5] NB: Only surgeons were included in this analysis, as nurses were not asked to complete all questions.

Figure 1: The nine themes identified from the factor analysis



The factor analysis demonstrates that surgeons from smaller practices were less likely to agree than those from larger practices that there is:

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

Surgeons from more remote rural settings were more likely than average to agree with regulations around:

- 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 practice should be regulated to provide a high level of care, including providing 24/7 pain and suffering care

Surgeons from urban practices were less likely to agree with the regulated requirement for 'veterinary provision'.

Of all segments analysed for differences in agreement on the nine themes, opinion varied the most by age group. Older surgeons (aged 55+) were 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 – agreeing that the veterinary surgeon has full responsibility for the animals in their care
- Regulatory standards – agreeing that the standards that underpin the term 'under care' for 24/7 emergency cover should include accountability for all parties involved

Older surgeons were also generally more likely to agree that there should be room for judgement and some flexibility around the regulations. Younger veterinary surgeons (aged 18-35) were more likely to agree with a more 'virtual' approach to care. Despite agreeing that there needs to be provision for individual cases and 'tailored' under care agreements, they generally agree that having the structure and security of regulations is preferable.

When principles are in tension

In this final part of the survey, we were concerned with the preferred balance between principles which might be equally desirable but might also be in tension with one another, such that more of one might result in less of the other. Respondents (surgeons and nurses) were presented with 10 pairs of statements and were asked to state (using a sliding scale) which statement they agreed with the most. The results for each of the 10 statements are as follows:

- One size fits all vs Tailored regulations: Overall, there was a strong preference for tailored regulations over one size fits all. Nurses and younger respondents were more likely to want regulations to be tailored (compared with surgeons and older respondents).

- Before prescribing POM-Vs, vets should see each animal within a prescribed period of time vs Vets should make a professional judgement[6]: Overall, responses to this statement were split. However, respondents from smaller practices and those aged 46+ were more likely to agree that vets should make a professional judgement about how recently they need to have seen an animal before prescribing POM-Vs (compared with those from larger practices and of younger ages).
- Protecting professional judgement about what is best in each case vs Predictability and clarity for clients about what they can expect: Overall, there was a very strong preference for regulations protecting professional judgement about what is best for the animal, rather than regulations providing predictability and clarity for clients about what they can expect. Surgeons and respondents from smaller practices were significantly more likely to agree that protecting professional judgement is more important (compared with nurses and those from larger practices).
- A formal agreement with each client should be required vs Vets should advise and inform clients about the formal agreement: A larger proportion of respondents thought that vets should advise and inform clients rather than be required to establish a formal agreement (which is contrary to a similar question asked in the 'applying principles' section). Surgeons and respondents aged 46+ were more likely to feel that a formal agreement should not be required. However, in open-text responses, very few respondents shared objections to such formal agreements.
- Regulations should establish only minimum standards vs Regulations should aim to set the highest possible standards: There was a slight preference for minimum standards being set by regulations rather than the highest possible standards. Nurses were more likely to agree that regulations should set high standards than were surgeons. Staff from smaller practices were more likely to agree that regulations should set minimum standards than were those from larger ones.
- Physical examination should precede any treatment with POM-Vs vs Recency, reliability and completeness of the information available seen as more important than the source:[7] The balance of opinion was that a physical examination of the patient should precede any treatment with POM-Vs, rather than assessing the recency, reliability and completeness of the information available. There were no statistically significant differences by demographic group.
- 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 the regulation of teams. Surgeons and those aged 46+ were more likely to agree that personal accountability is the most important (compared with nurses and younger respondents).
- 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. Nurses were more likely to agree that regulations should ensure

[6] Surgeons only.

[7] Surgeons only

that the provision of 24/7 emergency care is proportional to service being provided than were surgeons. Urban vets and those from smaller practices were more likely to feel that clients should take responsibility for securing 24/7 cover (compared with vets from rural/mixed areas and those from larger practices).

- 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. Nurses, respondents from large practices, respondents aged 46+ and rural/mixed rurality vets were more likely to agree that vets, rather than clients, should be responsible for ensuring 24/7 emergency care.
- Information regarding 24/7 emergency cover being available to clients vs Information regarding 24/7 emergency being 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. Nurses, respondents from larger practices and those aged 46+ were more likely to agree that vets should ensure the information is complete, visible and accessed (rather than just available).

Conclusions

Overall, there is broad agreement on how vets want to be regulated in relation to their core purpose of caring for individual animals. However, there appears to be less consensus on the regulation of their wider activities, which are focused more on the management of veterinary practice as opposed to direct care of patients. Dissensus became more apparent on specific topics when respondents were asked about how to apply regulations in practice.

Understanding how vets handle tensions revealed some fundamental differences depending on role, age and rurality. However, on exploring the open-text responses to the questions on tensions, we found that differences may be less than they appear. The table below summarises the conclusions and areas for RCVS to consider for the consultation, drawing on the findings from both the focus groups and survey.

Table 1: 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 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	• 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 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
	• 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.

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Abbreviations

FGD	Focus group discussion
POM-V	prescription-only medicine – veterinarian
RCVS	Royal College of Veterinary Surgeons
VCPR	veterinarian–client–patient relationship

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We are grateful for the support from RCVS throughout the duration of this study. We would also like to thank all the participants of the focus groups, interviews and survey for taking the time to share their thoughts and experiences with us. We also appreciate the input and feedback from our RAND Europe quality assurance reviewers, Ruth Harris and Jennifer Newbould.

1. Introduction

The Royal College of Veterinary Surgeons (RCVS) aims to deliver public benefits through improved animal health and welfare by setting, upholding and advancing educational, ethical and clinical standards of veterinary surgeons and veterinary nurses. It is a statutory regulator under the terms of the Veterinary Surgeons Act 1966. The RCVS also regulates veterinary nursing. It also validates academic qualifications in universities that offer courses that lead to becoming a qualified veterinarian.

Changes in technology, organisational structures and practices, patterns of animal ownership, and the expectations of animal owners and the wider public have all contributed to an increasingly complex environment for veterinary practice, offering new opportunities as well as new challenges. These developments raise questions about core aspects of the existing regulations and guidelines, including what it means for an animal to be 'under care' of a veterinary surgeon and in how far, and in what circumstances, professional obligations should extend to providing out-of-hours care.

Consequently, as the statutory regulator, RCVS held a wide-ranging consultation in February to March 2017 that provides part of the context for the work described here. Predating the 2017 consultation was a set of discussions following the publication of the Vet Futures Report *Taking charge of our future: A vision for the veterinary profession for 2030*[8] and a commitment in the *RCVS Strategic Plan 2017-19*[9] to review the regulatory framework in this regard. The consultation and the wider debate revealed strongly held and often divergent views within the profession and among stakeholders.

The aim of this study is to collect evidence to support the review of the regulations and guidance that the RCVS should offer in relation to under care and out-of-hours care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and a survey and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. During the focus groups and stakeholder engagement, the meaning and practice of an animal being 'under care' and vets providing out-of-hours care were discussed. RCVS regulations and guidance relating to these topics were discussed in detail, and focus group participants were asked to describe

[8] RCVS. (2020). *Strategic Plan 2020-2024.* Accessed at: https://www.rcvs.org.uk/how-we-work/the-role-of-the-rcvs/strategic-plan/#:~:text=Our%20vision%20is%20to%20be,the%20UK%20can%20be%20proud.

[9] Vet Futures. (2015). *Taking charge of our future: A vision for the veterinary profession for 2030.* Accessed at: https://www.vetfutures.org.uk/resource/vet-futures-report/

how satisfactory they found current regulation and guidance and what, if any, changes might be made. The survey questions were designed based on data collected from these focus groups and stakeholder organisation engagement. The data from the focus groups and stakeholder engagement were presented in an earlier, internal report to RCVS. This report details and analyses the results of this large-scale quantitative survey before arriving at key conclusions and recommended areas for RCVS to explore in the consultation phase.

The following section will provide a brief overview of the survey methodology, as well as a reflection on the steps taken to ensure that the survey was impartial, relevant and meaningful to participants.

1.1. Methodology

The research method was a large-scale online survey administered to RCVS members (surgeons and nurses). As mentioned, the survey was designed based on the data collected from the focus groups and engagement with key veterinary organisations (see Box 1), and in consultation with RCVS. The full survey can be found in Annex A. The survey was structured as follows:

- Demographics
- Good regulation statements: agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- Applying principles: agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- When principles are in tension: level of agreement between 10 pairs of statements

Given the nature of some of the questions, nurses were not shown all questions (e.g. in relation to prescribing medications).

The survey was subject to a number of pilot stages. In the first stage, the research team reviewed the survey to ensure there were no errors, e.g. with skip logic or question wording. In the second stage, the team piloted the survey with a small number of the RCVS team and three veterinary professionals to ensure the questions were accurate and clear, and to identify any issues. In the last pilot stage, the team sent the survey to an initial set of 450 members of the profession to ensure there were no issues (content or technical) before disseminating the survey to all members.

The RCVS member database was used to disseminate the survey, which comprised a sample of 54,021 individuals (34,787 surgeons and 19,234 nurses). There were 390 undeliverable emails (for example the email address was not recognised). Thus, 53,181 emails were sent in total. There was no incentive offered for participants. The survey was open from 11 May 2021 to 16 June 2021. To strengthen response rates, three reminders were sent to the profession while the survey was open. To keep response rates as high as possible, we kept the time to complete the questionnaire to a minimum compatible with the aims of the survey; the average time to complete the questionnaire was 23 minutes.

In total, 5,544 completed the survey (10% response rate overall, 13% for veterinary surgeons and 5% for veterinary nurses). Our previous experience suggests that 13% is around the middle of the range of responses for this kind of survey, while 5% is at the bottom end.

The overall responses to each of the questions were analysed individually, with further analysis conducted by demographics (role, age,[10] practice size,[11] rurality[12] and country[13]). In addition, nine themes were generated from the statements in the 'good regulation' and 'applying principles' sections, which involved grouping statements that had been agreed to in a consistent way (further detail on the generation of these themes is provided in section 2.3). Factor analysis was conducted on these themes to explore the differences across demographic groups in further detail.

Box 1: Methodological approach to focus groups and stakeholder engagement

As the approach and findings of the focus groups and stakeholder engagement were presented in an internal report to RCVS, here we only briefly overview the approach we took.

We held ten focus groups with members of the profession (nine focus groups) and the RCVS Standards Committee (one focus group). The aim of the focus group with the Standards Committee (which was held first) was to obtain the Committee's views on the under care and out-of-hours regulations, and to pilot the topic guide to make any refinements. The focus groups with members of the veterinary profession were held with individuals from six areas of the UK (South West England (x2 focus group discussions (FGDs)), East of England (x2 FGDs), London, Glasgow, Newcastle (one with surgeons and another with nurses) and Cardiff). In total, 42 members of the profession attended the focus groups, with a range of animal species treated, years of experience, seniority, practice type and out-of-hours provision. The purpose of the focus groups with professionals was to explore issues in understanding some of the core concepts in veterinary practices, such as what it means for an animal to be under the care of a vet, and what obligations and expectations should be met in providing out-of-hours care.

The focus group topic guide was adapted to develop a survey aimed at key veterinary organisations and groups on the issue of the under care and out-of-hours care regulations, and a small number of these were also interviewed to explore their survey responses in further detail. In total, 20 organisations/groups responded to the survey and 5 individuals from these were interviewed.

The findings from both the focus groups and the stakeholder engagement were key in developing the survey, and the findings from these have also been incorporated into the conclusions of this report.

1.2. Ensuring the survey questions are impartial, relevant and meaningful to professionals

The survey explored questions at the heart of the professional lives of veterinary surgeons and nurses. It was therefore important that the survey questions reflected the language used by professionals to describe their work. These questions also explored some areas where there had been a history of disagreement. The research team used language to explore these disagreements that reflected how professionals discussed these issues but at the same time avoided 'leading' the respondents. The focus groups and stakeholder engagement

[10] Age groups for respondents to select to were: '18-24', '25-35', '36-45', '46-55', '56-65', '66-70', '71+' and 'prefer not to say'.

[11] For practice size, respondents were asked two questions on how many full time veterinary 1) surgeons and 2) nurses worked at their practice, with the options being: '3 or fewer', '4-10', '11-25', '26-50', 'more than 50' and 'don't know'.

[12] Rurality was self-defined by survey participants. They were given the option to select where they mainly work from the following: 'remote rural', 'mixture of rural and urban' or 'urban'.

[13] England, Scotland, Wales or Northern Ireland.

were a valuable first stage that shaped the language we used in the survey questions and ensured their relevance to the experiences of veterinary surgeons and nurses. In addition, we piloted the questionnaire in three separate stages. The order in which the questions appeared within the different sections was randomised to avoid the possibility that results might be systematically influenced by how participants had responded to earlier statements (or by fatigue). Finally, we ensured that open-ended questions created opportunities for respondents to reflect in their own words across all sections of the survey.

However, 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 towards the views of those dealing with small animals.

1.3. Developing a survey design to explore complex issues

We were made aware through the focus groups and stakeholder engagement that many of the issues regarding under care and 24/7 emergency cover were neither simple nor binary. Some questions provoked shades of opinion ranging from strong agreement to strong disagreement. Other questions involved trade-offs to be made between equally desirable things that could not simultaneously be achieved. For these reasons, we developed a survey design which could progressively add layers of complexity. To this end, following demographic questions including the background and experience of participants, we set out 18 'good regulation statements' (derived from the focus groups) and invited respondents to state their strength of agreement or disagreement with each of these. This helped establish what veterinary surgeons and nurses agreed with and where they were divided in their responses. From this we established in how far, and on what issues, respondents agreed about what 'good regulation' looks like in relation to under care and emergency cover. We went on to ask respondents to agree or disagree with 20 statements on how these principles might be applied in specific circumstances. This reflected findings from the focus groups, which suggested that views that might be held 'in principle' might be applied in more nuanced ways in practice. By structuring findings from these first two sets of questions into broad factors (see section 2.3), we have been able to contribute new understanding of how the profession might align or fragment in relation to the key themes. Finally, we asked respondents to respond to ten pairs of circumstances where principles might be in tension (for example, wanting both professional independence and adherence to certain practices). In these questions, respondents could use a slider to indicate how they might balance these tensions.

1.4. A reflection of the key findings from the focus groups

To understand the context in which this survey was developed, and to ensure that findings across the study are integrated together, we will briefly reflect on the conclusions from the focus groups here.

1.4.1. Core values are clear and strongly held

Any development of the regulations and guidelines would be building on a relatively firm foundation in which certain core values are clear. Vets should be responsible for their professional decisions, and although patient care may be shared and may pass from one vet to another, once an animal is under the care of a vet, they take personal responsibility for the well-being of that animal. Likewise, the focus groups revealed that the profession agree on the primacy of the well-being of the animal, and on the importance of having sufficient reliable, timely and relevant information, alongside the recognition that such information is most likely to require a physical examination of the animal. It is also agreed that vets' decisions should take into account the contextual factors and constraints facing the animal, the owner and the vet themselves. Finally, it was agreed that, while specificity in regulations may be desirable for certain aspects (e.g. the maximum time to elapse between a physical examination and prescribing), in general there must be room for professional judgement in light of the very varied contexts within which vets are required to act.

1.4.2. However, there are significant complicating factors

Complicating factors may be clustered in areas:

- Developments in veterinary practice:
    - New or growing organisational and commercial entities, including limited service providers, emergency out-of-hours providers, and corporates, are changing the organisational setting within which animals under care are managed and care is provided. This is complicating transitions (or hand-offs) between providers.
    - Some medical and clinical developments are increasing specialisation of care and shared responsibilities but increasing the risk of fragmenting responsibility and reducing continuity of care.
    - New communications technologies have opened up new ways for vets to interact with animals, their owners, and each other, making some new business models involving remote care more viable but raising questions around when and how remote provision results in better care.
- The context in which animals are cared for:
    - Animal owners cannot be assumed to have technical skills in caring for animals (but some are highly skilled), and they have different priorities for the care of their animals. These differences should be taken into account if the duty of care is to be discharged, but understanding these differences may be a matter of judgement and experience.
    - Differences among owners very often coincide with differences among practices in terms of the types of animals treated (farm animals, small animals, equines and so forth), who face differing commercial pressures and priorities.
    - Herds and flocks face additional risks for animal (and human) well-being that individual animals do not face. Threats to other animals (and public health) may require vets to treat

animals in herds or flocks differently, and the well-being of the individual animal will not, in this situation, be paramount.

- The owner–professional relationship:
    - Owners (and the general public) have rising expectations about what vets can do technically and are able to afford commercially, adding to the pressures facing veterinary practices.
    - Farm managers may be increasingly prepared to pick and choose among providers, making continuity of care and safe management of each animal's care harder to oversee.
    - Companion animal owners are believed to be using online search engines to identify sources of information that may be unreliable. This, together with a more consumerist approach, places additional pressures on vets.

1.4.3. Areas of dispute and divergence

There are limitations to what can be covered in the space of a two-hour focus group, but some issues seemed to be both addressed and unresolved, including:

- Among those who expressed an opinion, there was a tendency to see regulation as a way to minimise harm (non-maleficence) rather than to deliver excellence (helping more recently qualified vets, helping to push back against unreasonable clients). However, there was not a clear consensus around what 'good' regulations would be like.
- While every participant saw a significant role for physical examinations, the participants expressed many different opinions, ranging from insisting that only physical examinations should be used, through to identifying special cases where remote working was sensible, through to a small minority seeing a greater role for remote working. The experiences of changed working in response to Covid-19 have not altered this viewpoint substantially.
- The role and responsibilities of owners came up often as a concern, but few if any solutions were put forward (beyond encouraging RCVS to launch an information campaign to encourage more realistic expectations). For example, facilitators did not raise the idea of a North American–style veterinarian–client–patient relationship (VCPR), which is designed to address this issue, but neither did this arise spontaneously.
- While there was a general view that regulation should not lead to a loss of entrepreneurship and competition, there was also anxiety that without regulations around remote providers and limited care providers there would be risks to animal wellbeing (including less continuity of care, less oversight of an animal's prescriptions, and loss of accessible out-of-hours providers in some parts of the country). It was not resolved how to balance these differing benefits of entrepreneurship with potential risks to animal well-being.

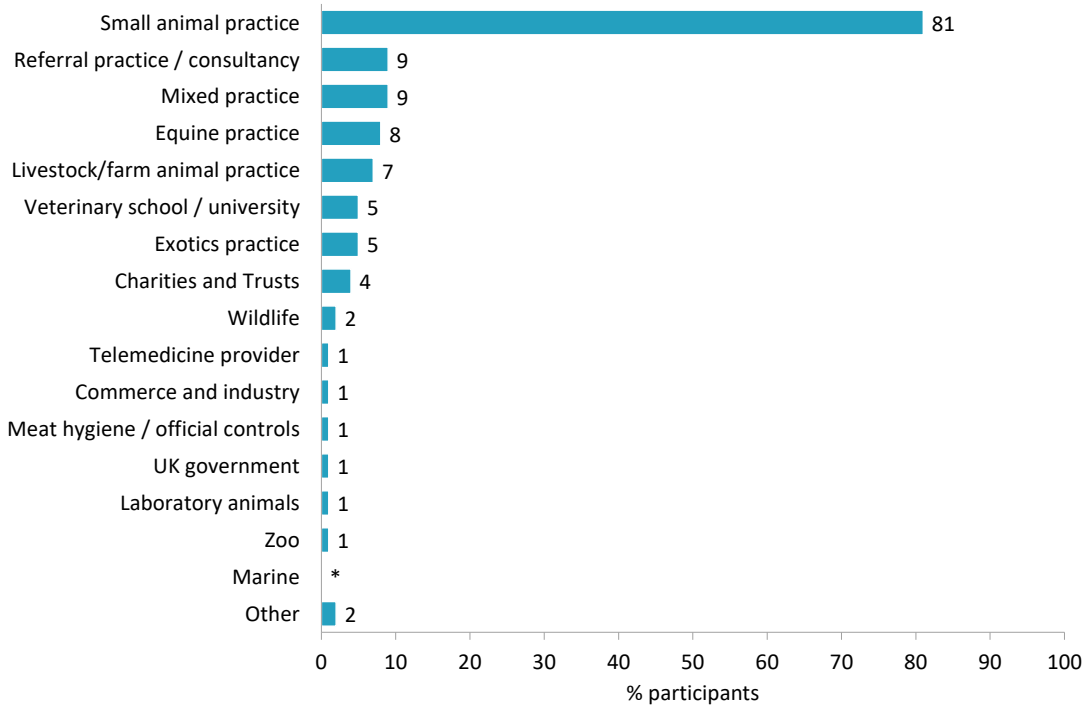
1.5. Survey sample characteristics

Granular detail on sample characteristics may be found in Annex B. In summary, 18% of the sample were veterinary nurses and 82% were veterinary surgeons. The demographic of RCVS members is 36% nurses and 64% surgeons, so there was a much higher response from surgeons than nurses to the survey.

Nurses tended to be younger than surgeons: 47% were aged under 35 years old, compared with 31% for surgeons. There was a fairly even spread by registration year, with between 10-20% in each five-year period between 1995-1999 and 2015-2019. Participating surgeons tended to have registered earlier than nurses, with 38% registering before 2000, compared with half that proportion for nurses. Age and number of year of experience correlated closely in the sample (so those of older age were very likely to also have a higher number of years of experience). Therefore, the analysis by age group presented in this report can also be applied to years of experience.

For just over four fifths (81%) the main area of work was small-animal practice. No other area attracted more than 9%. However, referral practice, mixed practice, equine and livestock were all well represented, with more than 7% in each category. These details are in Figure 2.

Figure 2: Main area of work (n=5,544)[14]



[14] Respondents could indicate more than one area of work; hence the totals exceed 100%

Overall, a large majority were either part of a corporate group (40%) or of an independent, stand-alone practice (37%).[15] More half the practices (53%) provide their own 24/7 emergency cover. Another 12% offer a combination of in-house provision and third-party 24/7 emergency cover provision, and 35% did not offer 24/7 emergency cover.

More than four fifths (83%) of the sample were based in England, 10% were in Scotland, 5% in Wales and 2% in Northern Ireland.

[15] Survey options to select from were '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', 'don't know' and 'other'.

2. Findings

Following the demographic questions, as outlined in the previous chapter, we asked three sets of questions:

- **Good regulation statements:** agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- **Applying principles:** agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- **When principles are in tension:** level of agreement between 10 pairs of statements

The key results for each of these are discussed below.

2.1. Good regulation statements

Respondents were shown 18 statements regarding regulation. Each statement was shown in turn with a slider scale, from 'strongly disagree' to 'strongly agree'. The responses were converted to a five-point numerical scale, where 1 = strongly disagree and 5 = strongly agree.

2.1.1. Overall analysis

The analysis shows that the veterinary profession was able to broadly concur with the statements arising from our focus groups about what good regulations should involve. The highest levels of consensus (collectively either agreeing or disagreeing) were registered in response to statements that are most close to the identity and activities of being a veterinary surgeon or nurse. Statements with higher levels of consensus were:

- *An animal being under my care means I am responsible for the advice I give in relation to it* – 93% agree, 5% disagree
- *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)* – 89% agree, 8% disagree
- *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* – 87% agree, 8% disagree
- *Regulations should require veterinary professionals to ensure that provision of 24/7 emergency cover for the relief of pain and suffering is available – either through their practice or via a specialist out-of-hours provider irrespective of the nature of the services / treatments given* – 82% agree, 14% disagree

- *Regulations should allow space for professional judgement when interpreting and applying them* – 82% agree, 12% disagree
- *'If information were provided from a client I had never been in contact with before, I would be comfortable recommending treatment / prescribing POM-Vs'* – 82% disagree, 11% agree

However, there is much less consensus on questions about what should be covered by the regulations, which are at one stage removed from the direct role of caring for animals. For example, in response to the statement *'Regulations should take into account the age of the animal',* 45% disagreed and 31% agreed.

The overall analysis of all statements is provided in the figure below.

Figure 3: Good regulation statements overall analysis (key: 2: somewhat disagree; 3: neither agree nor disagree; and 3: somewhat agree)

*Base: 5,544 except for statements marked with *, which were only shown to 4,545 veterinary surgeons*

2.1.2. Sub-group analysis

This section will highlight some of the key differences between sub-population responses to the questions on good regulation. The graphs for the sub-group analysis can be found in Annex C.

Nurses showed a (statistically significant) tendency to have more confidence in regulations to deliver benefits than was the case for surgeons. The only exceptions were the following three statements:

- *An animal being under my care means I am responsible for the advice I give in relation to it.*
- *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 24/7 emergency cover for animals in some parts of the country).*
- *Regulations should allow space for professional judgement when interpreting and applying them.*

We analysed differences by practice size and by rural vs urban and again found relatively few differences at a statistically significant level. Significant differences included respondents from **small practices**[16] giving **lower** levels of agreement to each of the following statements:

- *Regulations should require veterinary professionals to ensure that provision of 24/7 emergency cover for the relief of pain and suffering is available – either through their practice or via a specialist out-of-hours provider – irrespective of the nature of the services / treatments given.*
- *Regulations should restrict certain business models where it can be shown to lead to inadequate or insufficient veterinary provision and so negatively impact on animal welfare and/or public health (e.g. leading to under-provision of accessible 24/7 emergency cover for animals in some parts of the country).*
- *Regulations should be more prescriptive, so there is no variation in how they are interpreted across the profession.*
- *There should be an upper limit defined in regulations on the time between seeing an animal and prescribing POM-Vs, but the upper limit should differ depending on animal species.*

It might be supposed that these preferences reflect that these have a better fit with business models and ways of working for small practices.

Respondents from **rural practices** were statistically significantly more likely to agree with these statements:

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

[16] Small practices are defined as those with fewer than 3 fulltime-equivalent veterinary surgeons, medium-sized practices, 4-10 and large practices, 11+.

In addition, respondents from **rural practices** would be less likely to agree with these statements:

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

It might also be supposed that rural practices, often with close working relationships with animal owners and with varied needs of livestock, would express these preferences.

These nuanced differences seem intuitively plausible and can be explained in the context of different practice size and setting. This gives us confidence that we are identifying meaningful responses to the survey as a whole, but overall this is initially a picture of a profession which, when asked what good care looks like – and what regulation should do to support this – can arrive at a degree of consensus. However, as we discuss in Section 2.3, when we explore the themes underlying these responses, a more complex picture emerges.

2.1.3. Whether any features of good regulations were missing from the statements

After the set of 18 statements regarding regulation, respondents were invited to provide open feedback in two areas relating to under care and 24/7 emergency out-of-hours care. This focused on asking respondents to highlight any features of good regulation that they thought were important but were not reflected in the previous statements.

Under care

Overall, 25% of the sample provided additional comments. The comments have been analysed and coded to a code frame. The main areas which were felt to be missing from the statements on good regulation for under care were:

- Prescription of medication/POM-Vs issues, e.g. categorisation/risks/timeframe(s) required (32% of comments)
- Necessity for physical examination within a set time period (31% of comments)
- Flexibility required in terms of allowing for tailored approach/sector-specific care (23% of comments)

A full listing of the responses is shown in Figure 4.

Figure 4: Missing features for 'under care'

Base: 1,363

24/7 emergency out-of-hours care

Overall, 27% of the sample provided additional comments relating to 24/7 emergency out-of-hours care. The comments have been analysed and coded to a code frame. The main areas which were felt to be missing from the statements on good regulation for 24/7 emergency out-of-hours care were:

- Access/distance to out-of-hours care provision, e.g. what is reasonable (23% of comments)
- Practice/clinic (veterinary service) should be responsible for providing (access to) an out-of-hours service to registered animals under their care (22% of comments)
- Outsourcing of out-of-hours care, specifically, what the requirements are for this (18% of comments)

A full listing of the responses is shown in Figure 5.

Figure 5: Missing features for out-of-hours care

Base: 1,476

2.2. Applying principles

Respondents were shown 20 statements in relation to applying principles. Each statement was shown in turn, with a slider scale from 'strongly disagree' to 'strongly agree'. The responses were converted to a five-point numerical scale, where 1 = strongly disagree and 5 = strongly agree.

2.2.1. Overall analysis

The statements that gained most consensus for agreement were:

- *If an animal is registered with more than one primary care practice, the practices should be required to share clinical records* – 82% agree, 11% disagree
- *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)* – 82% agree, 9% disagree
- *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* – 75% agree, 13% disagree
- *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* – 74% agree, 12% disagree
- *Regulations and guidance regarding 'under care' and 24/7 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* – 72% agree, 11% disagree

There is a consensus to disagree on the following statements:

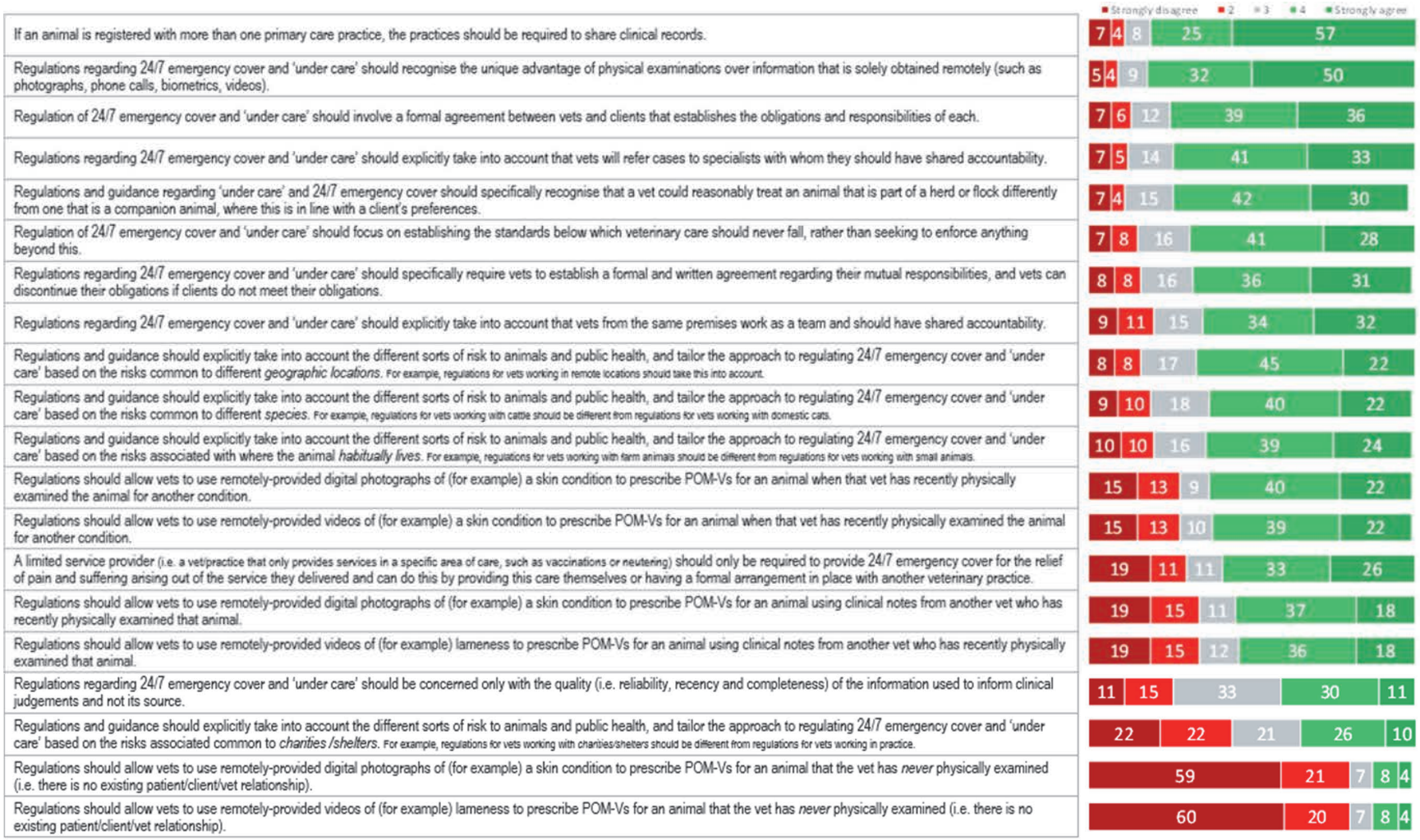
- *Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient–client–vet relationship)* – 82% disagree, 12% agree
- *Regulations should allow vets to use remotely 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)* – 81% disagree, 12% agree

There is dissensus on the following statements:

- *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* – 44% disagree, 36% agree
- *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* – 26% disagree, 41% agree

The overall responses to all the statements are presented in the figure below.

Figure 6: Applying Principles Statements (key: 2: somewhat disagree, 3: neither agree nor disagree and 3: somewhat agree)



Base: 4,545 veterinary surgeons, 999 veterinary nurses

2.2.2. Sub-group analysis

There was some variation in responses statistically associated with the size of practice and its setting. Respondents from **small practices** were significantly **less** likely than those from medium-sized and larger practices to agree with the following three statements:

- *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* – 3.82 compared with 3.94 for medium-sized and 4.00 for large[17]
- *Regulations and guidance regarding 'under care' and 24/7 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* – 3.75 compared with 3.88 for medium-sized and 3.86 for large
- *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* – 3.58 compared with 3.72 for medium-sized and 3.76 for large

In addition, respondents from **small practices** were significantly **more** likely than those from medium-sized and larger practices to agree with the following two statements

- *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* – 3.48 compared with 3.31 for medium-sized and 3.30 for large
- *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)* – 1.86 compared with 1.75 for medium-sized and 1.70 for large

Remote **rural respondents** were significantly **more** likely than mixed rural-urban and urban vets to agree that regulations 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 (4.08 compared with 3.85 mixed and 3.78 urban).

Urban respondents were significantly **less** likely than mixed rural-urban and remote rural vets to agree that regulations should explicitly take into account that vets from the same premises work as a team and should have shared accountability (3.58 compared with 3.73 mixed and 3.95 remote rural). Urban respondents were also significantly **less** likely than mixed and remote rural vets to agree that a limited service provider should only be required to provide 24/7 emergency cover for the relief of pain and suffering arising out of the service they delivered (either by providing this care themselves or having a formal arrangement in place with another veterinary practice) (3.46 compared with 3.31 mixed and 3.18 remote rural).

[17] These numbers reflect the average score selected on the sliding scale between 1 and 5 (where 1 = strongly disagree and 5 = strongly agree). For example, a score of 4.5 would be between somewhat and strongly agree.

Annex C provides a table summarising the differences across practice sizes and rurality for the applying principles statements.

Overall, of the 20 statements, only 5 produced significantly different responses from respondents based on their practice size or setting, suggesting a basis for agreement within the profession. However, in the following section, we show how these apparent areas of agreement reward closer investigation, and that this investigation suggests some important differences within the profession.

2.3. Factor analysis

Factor analysis aims to simplify a large number of observed survey responses by identifying underlying (unobserved, or latent) variables. We applied this technique by looking for patterns in the way participants of the study agreed or disagreed with the statements around regulation. By using factor analysis, the data becomes much easier to interpret – rather than having to analyse responses to 38 statements, we can group the statements into themes and then analyse an overall score for each theme by a number of groups (such as practice size).

Factor analysis is based on the principle of correlation. The technique looks for groups of statements which have been agreed to in a consistent way. The groups of statements that result are data driven, and the statements are then grouped into 'themes' which are given a subjective heading. The naming of each theme is therefore not derived from the data.

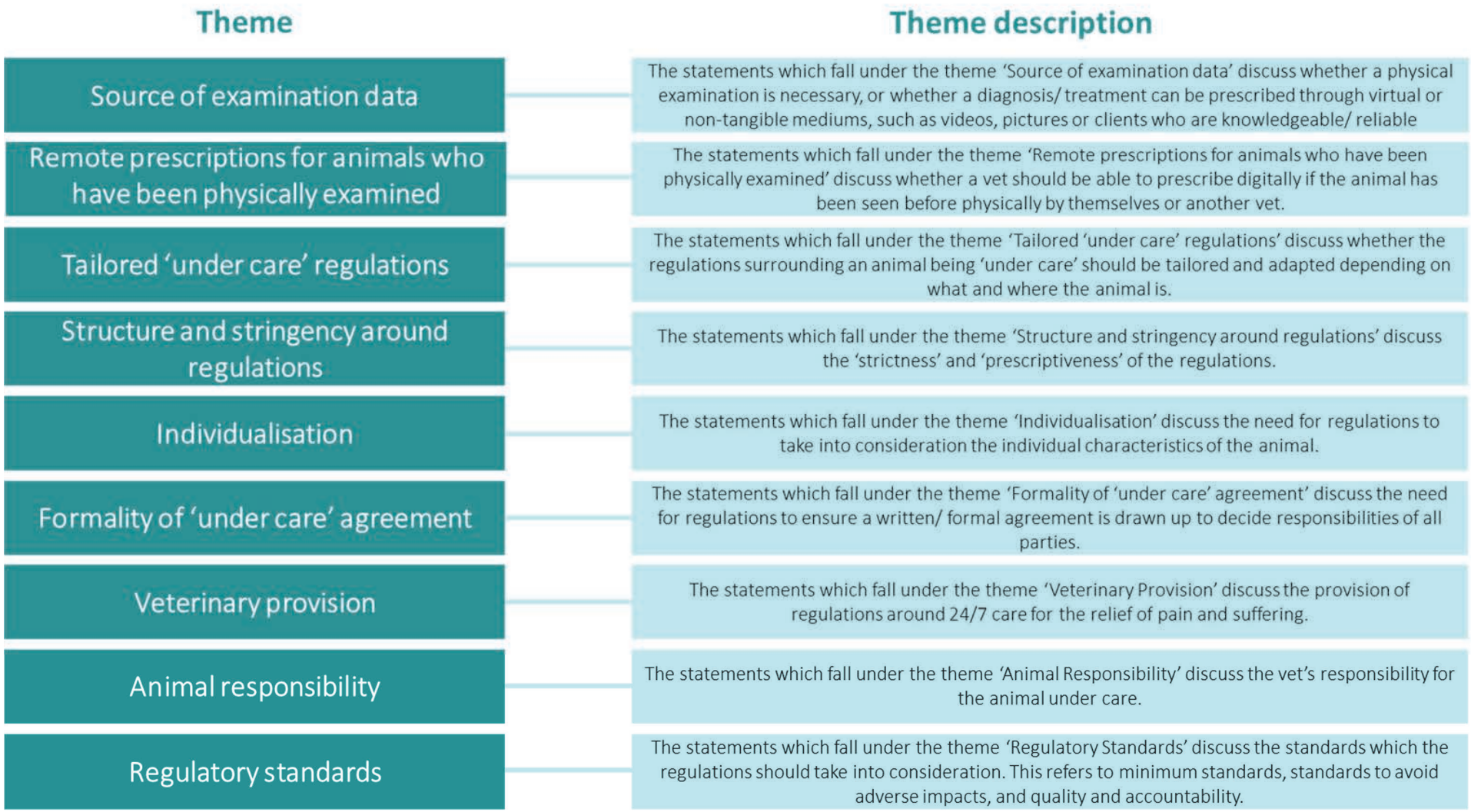
Through this technique, we identified nine key themes revealed through the responses. It is highly likely that these are themes that concern vets in relation to 24/7 emergency provision and 'under care'. Statements within each theme have been grouped because they are highly correlated with each other. If statements are highly correlated, this means that each participant is likely to rate each of the statements in the theme in a similar way. For example, if a participant agrees with one statement in the theme, they are likely to agree with all statements in that theme. In a similar way, if a participant disagrees with one statement, they are likely to disagree with all statements in that theme. The nine themes can therefore be considered a summary of a large number of statements, and they reveal the key areas that surgeons consider important on this topic overall.

Benefits of a factor analysis for this study

First, the factor analysis makes visible the themes that appear to lie behind responses from the profession, helping to structure the issues to be considered in an 'under care' review. It therefore helps structure the discussion. Second, the factor analysis allows us to interrogate how different groups varied in their approach to these themes. It therefore helps analyse the issues.

There were nine factors derived from analysis of the two sets of statements (good regulation and applying principles statements). These are set out below, and the statements included in each theme are outlined in Annex D. It should be noted that factors can only be derived for surgeons, who were required to respond to all questions.

Figure 7: The nine themes identified from the factor analysis



2.3.1. Factor analysis of the nine themes

Using the themes outlined in the previous section, it is possible to look at the differences that occur between different sub-groups (for example, different practice size). Each participant is scored on each theme, using their original agreement scores for each of the statements and an algorithm that underpins the mathematical factors. Using this score, it is possible to look at differences between key groups.

The centre-point line shows the average, bars to the left indicate that the segment is less likely to agree with the statements which form the theme *than the average*, and bars to the right indicate that the segment is more likely to agree with the statements in the theme *than the average*. The average line for each chart is therefore a representation of the sample size for each group. Note that bars to the left do not necessarily indicate disagreement with the statement, but only that the segment is less likely to agree with the statement than the average response. So, for example, all respondents might agree with the theme, but segments on the left agree less strongly.

As the theme scores are all 'standardised' to have a mean of zero and a standard deviation of 1, the scale for all charts is identical and therefore groups can be compared within the chart itself, as well as across charts. These analyses are based on responses from surgeons only.

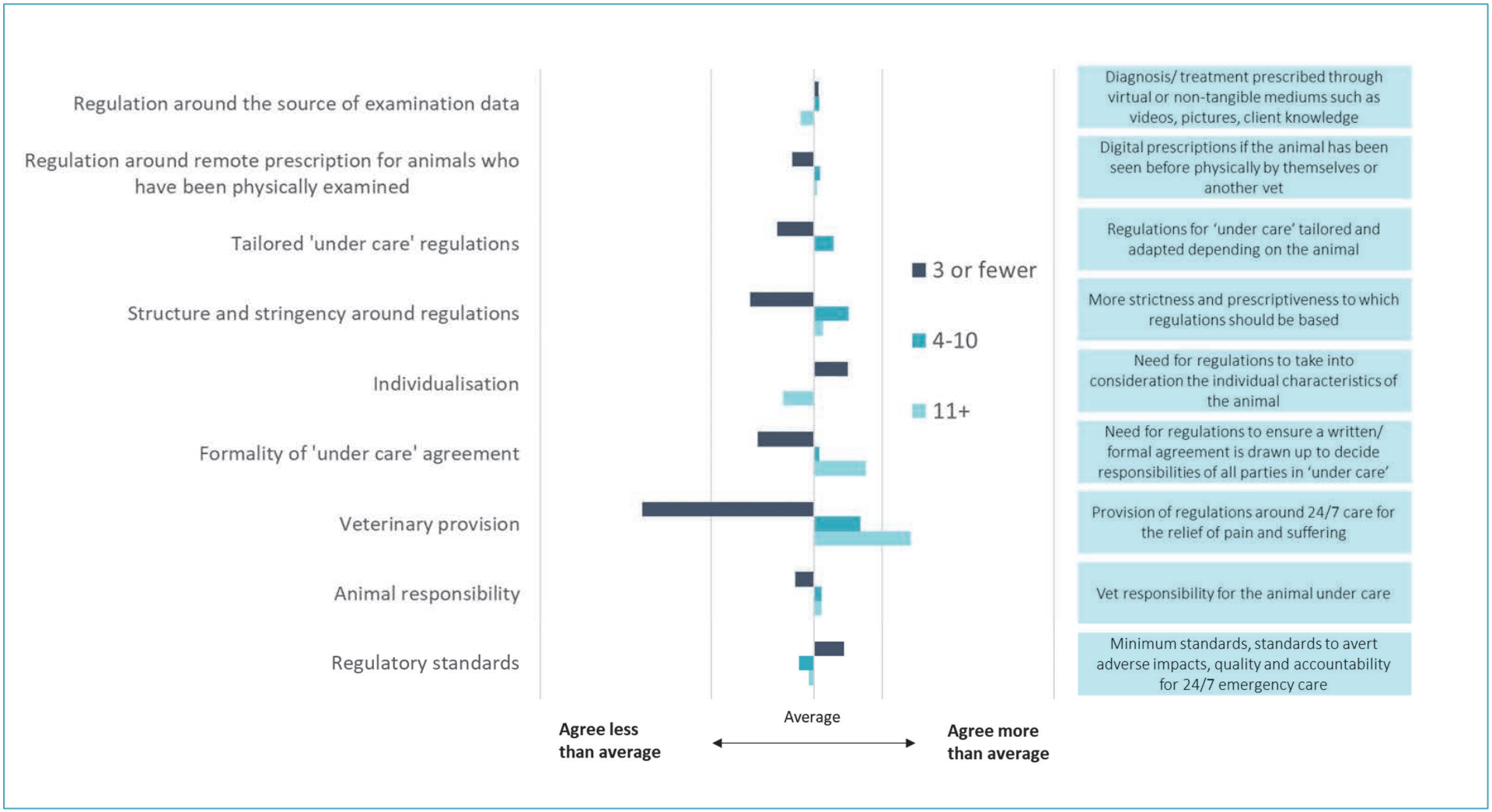
Differences in practice size

The differences in agreement between larger practices (11+ full-time-equivalent surgeons) and smaller practices (fewer than 3 full-time-equivalent surgeons) are most contrasting on the following areas (Figure 8):

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

Surgeons from smaller practices were less likely to agree on each of the bulleted areas above than those from larger practices. Possible reasons for this include that it may indicate a lack of resourcing or ability to be able to meet more stringent regulations in these areas.

Figure 8: Differences by practice size (surgeons only)



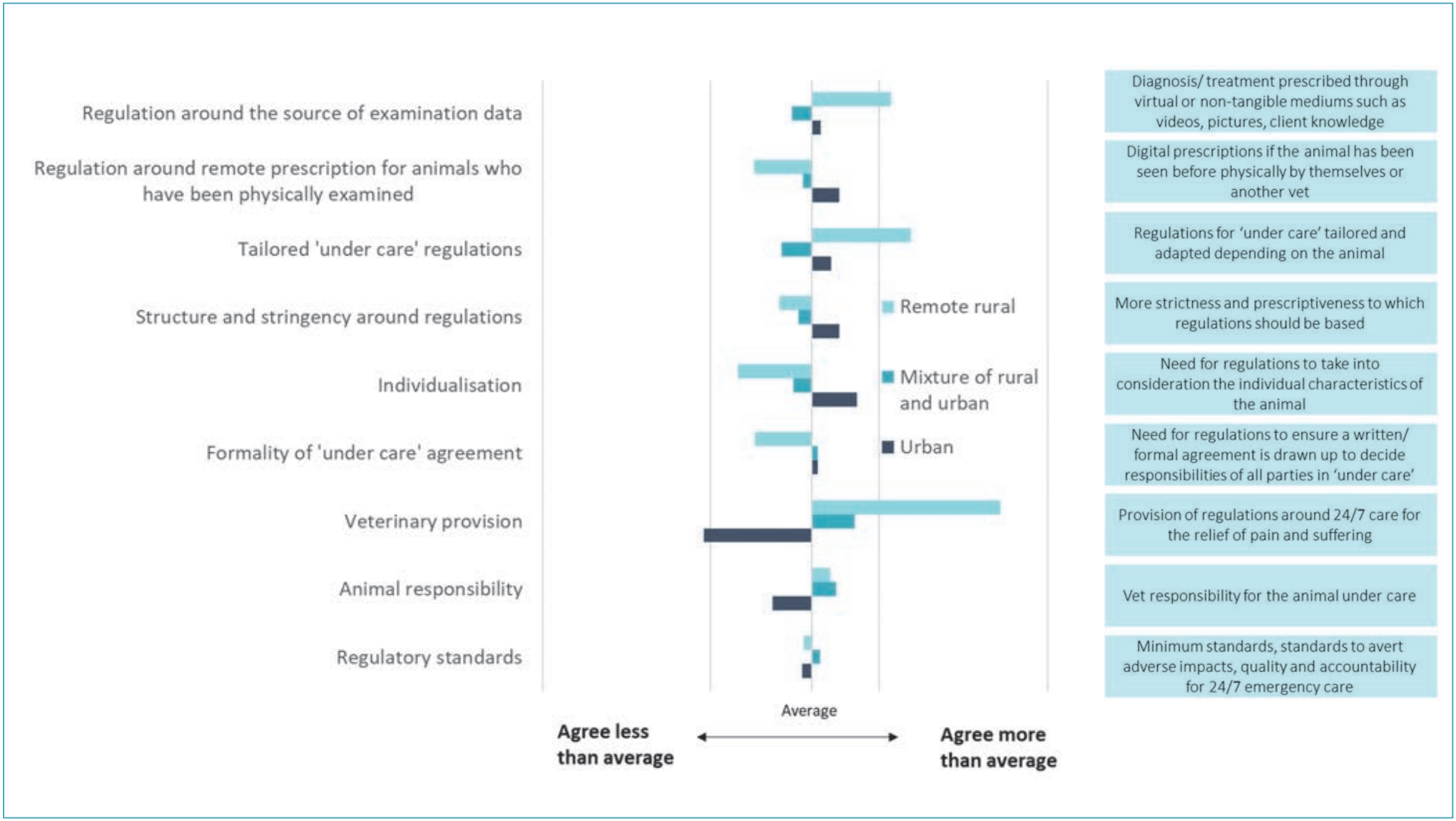
Differences among geographical areas

As might be expected, the differences in agreement between 'remote rural' and 'urban' are the most variable (Figure 9). Surgeons from more remote rural settings were more likely than average to agree with regulations around:

- 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

By way of contrast, surgeons from urban practices were less likely to agree with the regulated requirement for 'veterinary provision'.

Figure 9: Differences by rurality of setting (surgeons only)



Differences between age groups

Of all segments analysed for differences in agreement on the nine themes, opinion varied the most by age group. This intuitively plausible difference has not previously been quantified, we believe, and as Figure 17 shows, the differences are striking. As mentioned earlier, there was very close correlation between age and years of experience in the sample, so these findings from the age group analysis can also be applied to years of experience.

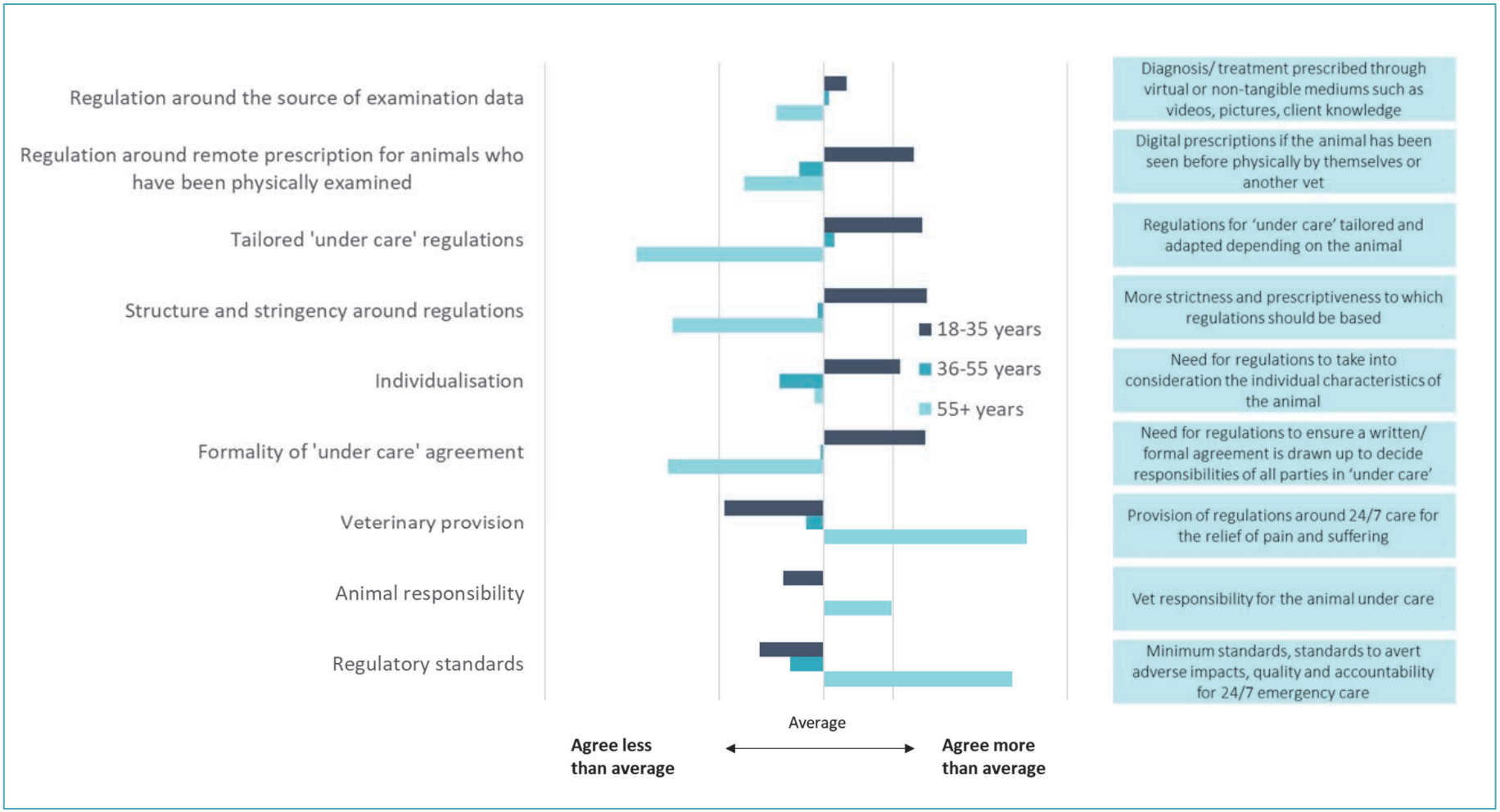
Older surgeons (aged 55+) were more likely to agree with the following:

- 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 – agreeing that the veterinary surgeon has full responsibility for the animal in care
- Regulatory standards – agreeing that the standards that underpin the term 'under care' for 24/7 emergency cover should include accountability for all parties involved

However, surgeons aged 55+ were also generally more likely to agree that there should be room for judgement and some flexibility around the regulations.

Younger veterinary surgeons (aged 18-35) were more likely to agree with a more 'virtual' approach, favouring digital diagnosis, examination and prescribing. Despite agreeing that there needs to be provision for individual cases and 'tailored' under care agreements, the younger age group generally agree that having the structure and security of regulations is more favourable. This includes having the formality of a written agreement for 'under care' and less 'room for judgement' in prescribing and treating animals in their care.

Figure 10: Differences by age group



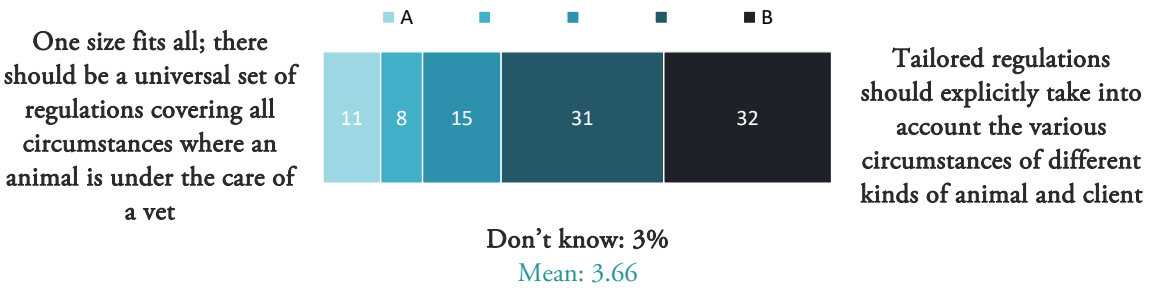
2.4. When principles are in tension

In this final part of the survey, we were concerned with the preferred balance between principles which might be equally desirable but might also be in tension with one another, such that more of one might result in less of the other. These are not intended to be points on a spectrum but to reflect some of the tensions and dilemmas identified in the focus groups. Regulations often have to work in the context of such tensions, meaning that they may not please all professionals equally and may sometimes have to reflect a compromise. The results presented below show how, on average, the profession responds to such tensions but also identifies important variations in a range of responses.

The slider could be moved from the extreme left to the extreme right. The responses have been grouped into a five-point scale between 1 and 5, indicating support for the left-hand statement 'A' to support for the right hand statement 'B'. A mean score of 3 is ambivalent between the statements, a score of less than 3 indicates support for the left-hand statement and a score of more than 3 indicates support for the right hand statement. We present each pair of statements in turn.

2.4.1. One size fits all vs Tailored regulations

Overall, there was **a strong preference for tailored regulations** over a one-size-fits-all approach to regulations with a mean score of 3.66 (where 1 = A and 5 = B).



Nurses were significantly[18] more likely than surgeons to agree with the second statement. Also, even more markedly, younger participants (aged 18-35) were significantly more likely than older participants (aged 46+) to agree with the second statement. This suggests that younger surgeons and nurses would prefer regulations that are more tailored to the specific needs of each animal type, while older vets would prefer regulations that are more universal. However, the nursing respondents tended to be younger than the surgeons, which may have contributed to the difference in role answers.

There were no statistically significant differences by practice size, rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

In the open-text responses following this question, a range of views were articulated. Some regarded equal care (possibly based on general principles) for all animals as a fundamental goal of regulation. Others saw

[18] At the 95% confidence level.

general regulations as a good way to prevent abuse or undue pressure being placed on vets. More opinions emphasised that there is no 'one size fits all' in medicine and that there is a need for professional discretion. Still others emphasised the need for regulations to accommodate the specific and different circumstances of different animals. These opinions are report in Figure 11 below.

Figure 11: Open-text responses to 'One size fits all vs Tailored regulations' (quotes provided are an example selection from the responses)

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

Don't know not shown

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

Basic/universal set of regulations required

- *Core basic standards with species specific amendments.*
- *It is impossible to cover all possible circumstances so would prefer regulations based on good principles.*
- *I think all animals should be treated with same care. Farm, pets, strays, wildlife, I hate the situation where pigeon is put to sleep even without checking what is wrong with it because it is just pigeon.*

Clear/simple regulations required – not open to interpretation/abuse

- *One size allows for clear interpretation and everyone working to the same regulations, but in reality this might not be as simple as that. Maybe a standardised approach with caveats?*
- *While it would be lovely to tailor regulations to each precise situation, there are so many possible permutations of circumstances that this would result in a regulatory minefield where, for example, an on-call vet in mixed general practice would be governed by one set of regulations for equine patients, another for companion animals, another for farm animals and yet another for exotic species. The potential for confusion and mistakes would be huge.*

There isn't a one-size-fit-all in medicine

- *There is not a 'one-size-fits-all' scenario in veterinary medicine.*
- *There are no two identical situations in clinical practice.*
- *Tailored regs would be good, but you cannot account for every situation.*

Should allow for professional judgement

- *Professional clinical discretion.*
- *Will depend on the vet's confidence in the client's ability to judge the situation + communicate it to them-if a vet has a longstanding relationship with a client they may be able to judge this + other factors may have to be taken into account such as the ability of the client to get the animal in to be examined if for example client is unwell vets should be able to use their own judgement up to a point.*
- *Regulations should allow professional judgement and professional responsibility. I don't think a field as diverse as ours would do well with universal regulations (farm animals and companion animals require a completely different approach for example).*

Different regulations required – should allow for tailored approach

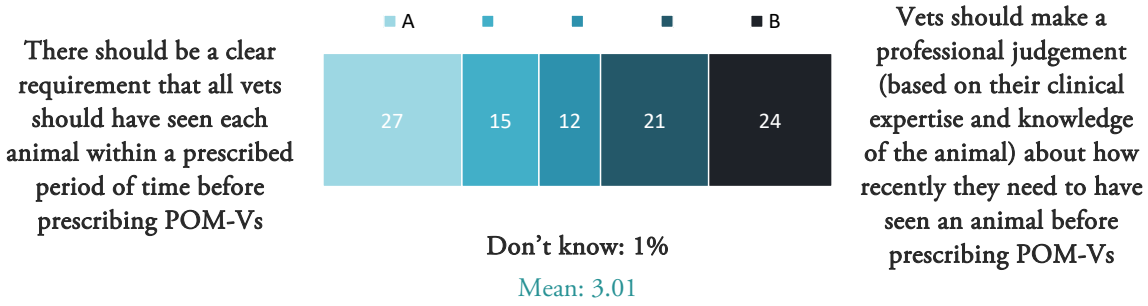
- *Nuance and holistically assessing a situation will be removed in a one size fits all system*
- *I feel it is important to recognise that circumstances differ in different situations and regulations should take this variation into account.*
- *One size categorically does not fit all and medicine is NOT an exact science as anybody who has noticed that we are in the midst of a pandemic must now realize.*

Depends on Sector/ Species / Context / Treatment requirement

- *The specific conditions of my current sector (farmed fish) are very different to other sectors in which I have worked (e.g. companion animal practice); I want to see regulations fit for my sector and do not believe this is possible under 'one size fits all' regulation.*
- *Farm animal, equine, small animal and exotic practice will all have very different requirements and the regulations should have enough flexibility to account for that.*
- *Geographic, financial, access, staffing and practical issues should be taken in to account when setting regulations, because strict regulations may be impractical or unrealistic in remote areas.*

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 significantly[19] 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

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

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.*

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.*

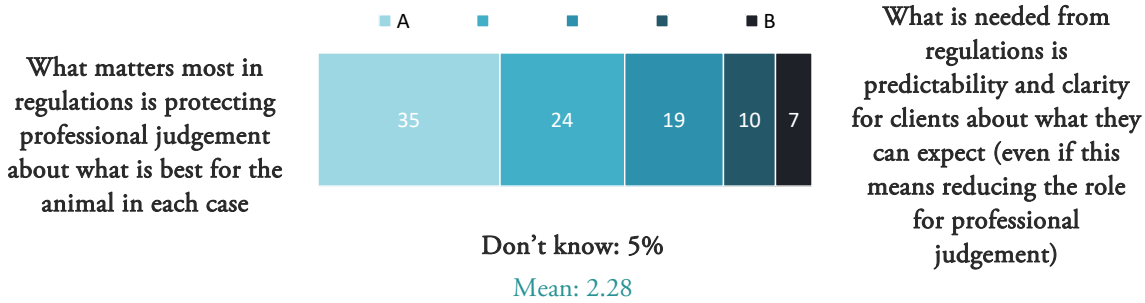
Physical examination not always possible/necessary/advantageous – use of remote diagnosis

- *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 patient-client 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.



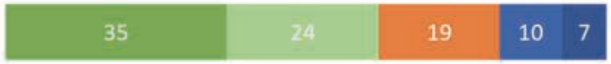
Surgeons were significantly[20] more likely than nurses to agree with the first statement. Also, respondents from small practices were significantly more likely than those from medium-sized and large practices to agree with the first statement. These two differences may reflect variation in levels of 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



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)

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).*

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.*

Regulations should provide clarity/predictability – for clients/vets

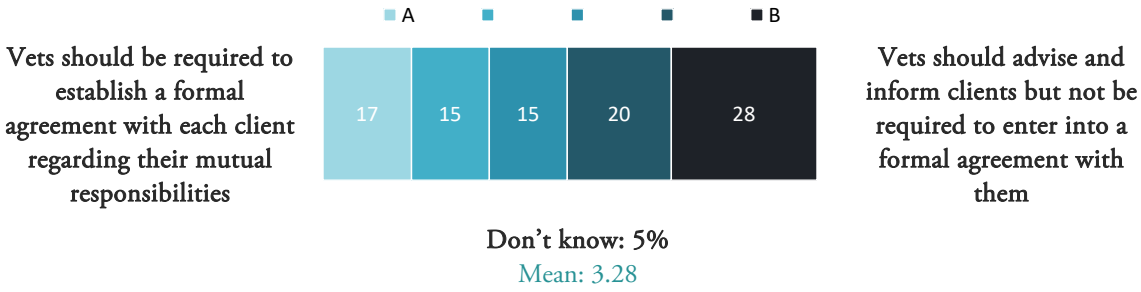
- *Because vague guidelines (as seen with COVID flow chart) are easily abused to make profits.*
- *Predictability and clarity is vital for clients and for the mental health of vets. Professional judgement is extremely important but young vets often face pressure and intimidation to retract their judgement - 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.



Don't know: 5%

Mean: 3.28

Surgeons were significantly[21] 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 sub-group 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

17 | 15 | 15 | 20 | 28

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

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.*

Against formal agreement

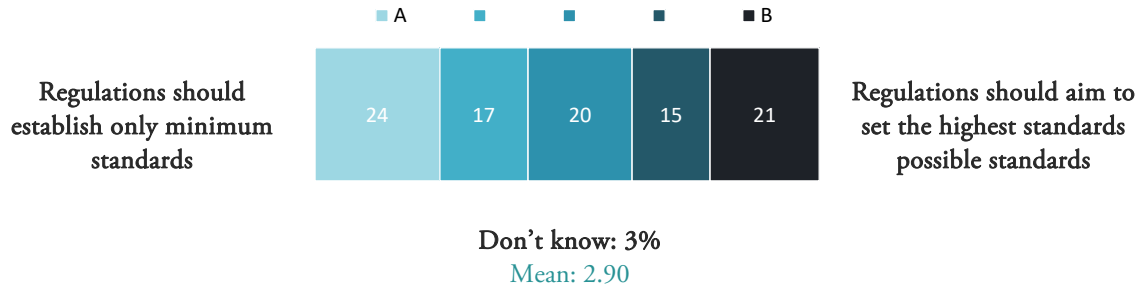
- *Clients don't like formal agreements. They enjoy the privilege of moving between practices' and between individual preferred veterinary surgeons for the care of different animals in their household. Exotics to one practice, dogs & cats to a cheaper general practice, horses to an equine practice.*
- *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 way - clients 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 significantly[22] 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)

Regulations should establish only minimum standards

24 | 17 | 20 | 15 | 21

Regulations should aim to set the highest standards possible 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.*

Flexibility required – should allow for tailored approach

- *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.*

Best possible standards required

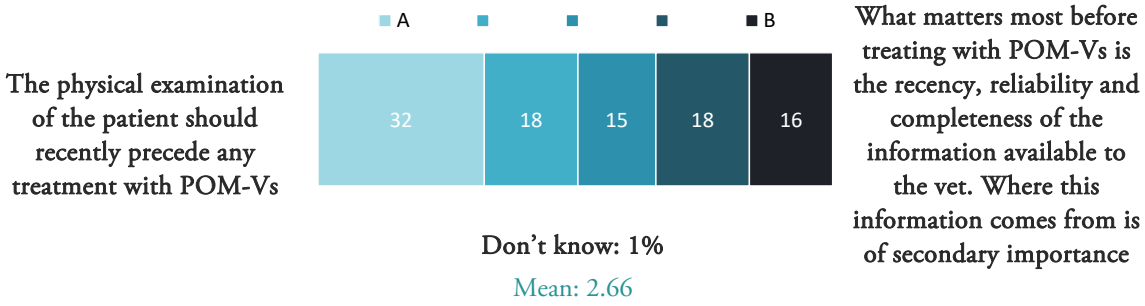
- *Always try reach as highest standard as is feasible.*
- *We must ALWAYs work to the highest standard; We MUST never compromise.*
- *Regulations should set the highest standards, any decision that led to a situation below this would have to be well reasoned and supported.*

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.



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)

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

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

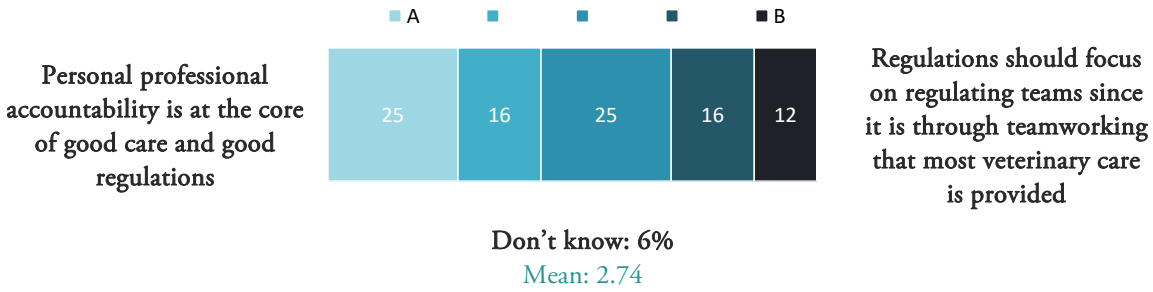
- *Physical examination is a tool, just one part of the completeness of information. However if the attending has not examined the animal themselves, or has good and recent knowledge of it, it must be seen and examined.*
- *Again - it its not possible to physically examine all animals prior to treatment 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.



Surgeons were significantly[23] 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

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

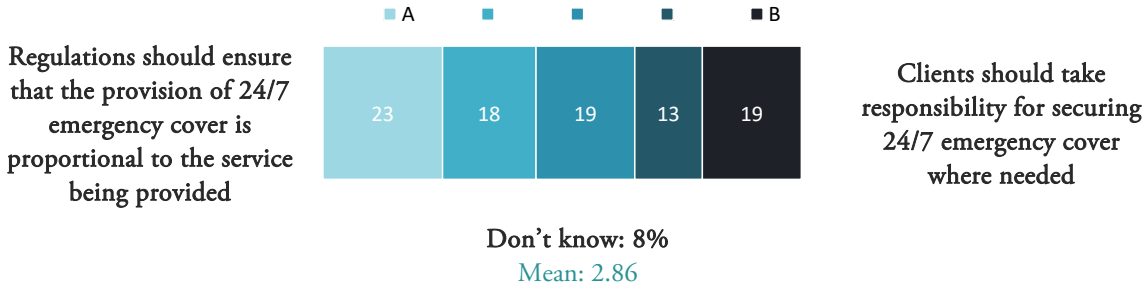
- *A practice is responsible for the care of an animal not an individual.*
- *A crucial change over the past 40 years. Delivery of service is a team effort no matter how big the team. Contemporary regulation must regulate the service delivery not just the individual.*
- *Teams in veterinary practice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



Don't know: 8%
Mean: 2.86

Nurses were significantly[24] 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

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

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

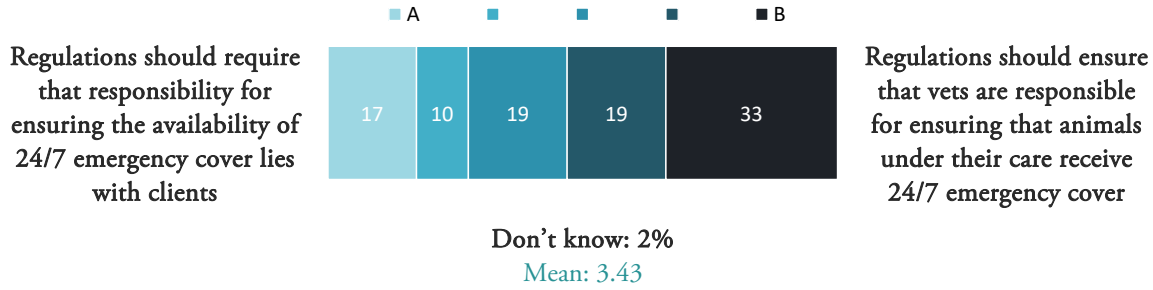
- *Clients should be responsible for ensuring that they are prepared in the event of an emergency to source veterinary care.*
- *Animal owners should accept responsibility for the provision of adequate care and protection of their animals, large or small.*
- *Yes they need to take responsibility for 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.



Don't know: 2%

Mean: 3.43

Nurses were significantly[25] 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

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

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 in-house.*

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

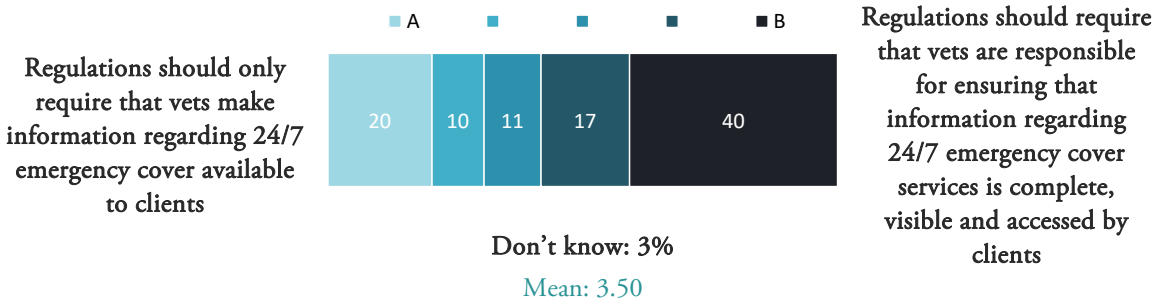
- *Fundamental to the job.*
- *Personally it is very important that vets should ensure their patients have access to 24 hr care.*
- *It is absolutely the vets responsibility to give clients full disclosure on what they offer.*

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.



Nurses were significantly[26] 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)

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

Owners should take responsibility for finding information themselves

- *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.*

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.

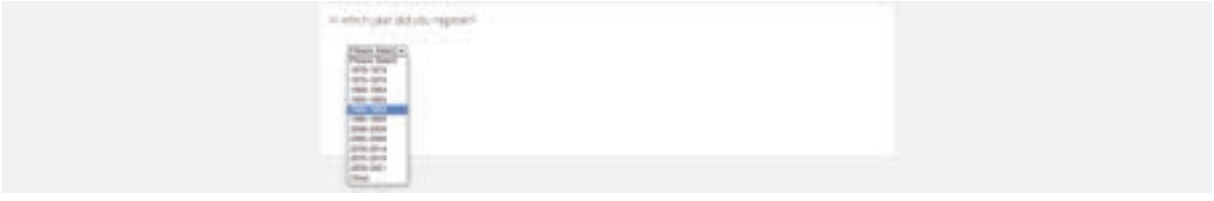
Table 2: Conclusions and areas for RCVS to consider for the consultation (from the focus groups and survey)

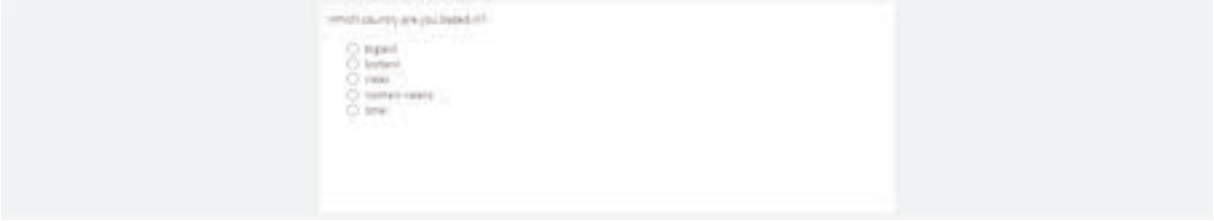
Issue	Implications
Strongly held, core values	• The well-being of the animal 'under care' is considered to be paramount, and ensuring that emergency provision is available for animals 'under care' is a 24/7 professional responsibility (rather than the client's). • Good veterinary practice is believed 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 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	• 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.

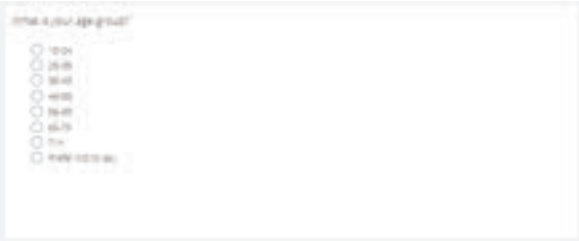
Issue	Implications
	• Whether regulations should prescribe a period of time in which a physical exam needs to have been conducted to prescribe POM-Vs. While there was general agreement that professional judgement should be protected – there was disagreement as to whether regulations should prescribe 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 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
	• 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








1. GOOD REGULATION STATEMENTS


UNDER CARE


OUT OF HOURS
2. APPLYING PRINCIPLES


WHEN PRINCIPLES ARE IN TENSION
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

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

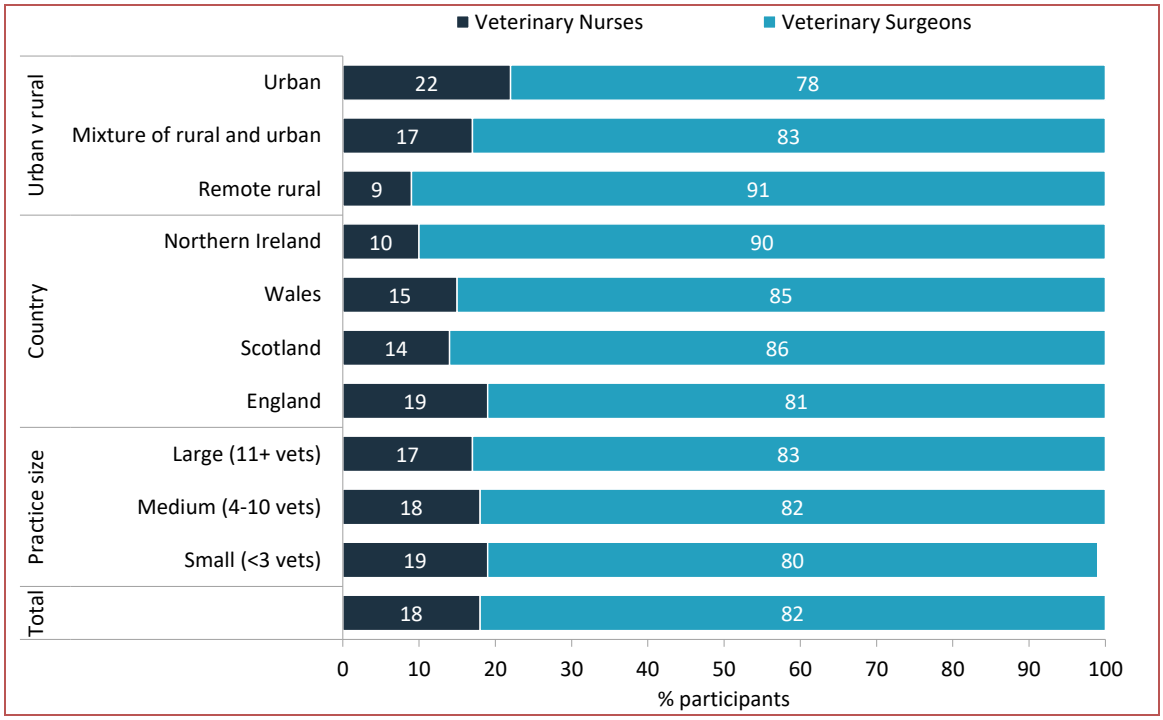
The respondents were asked that their current job role is. They were informed that if they were not currently practising, they should select the role they were last in when they were in veterinary practice.

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



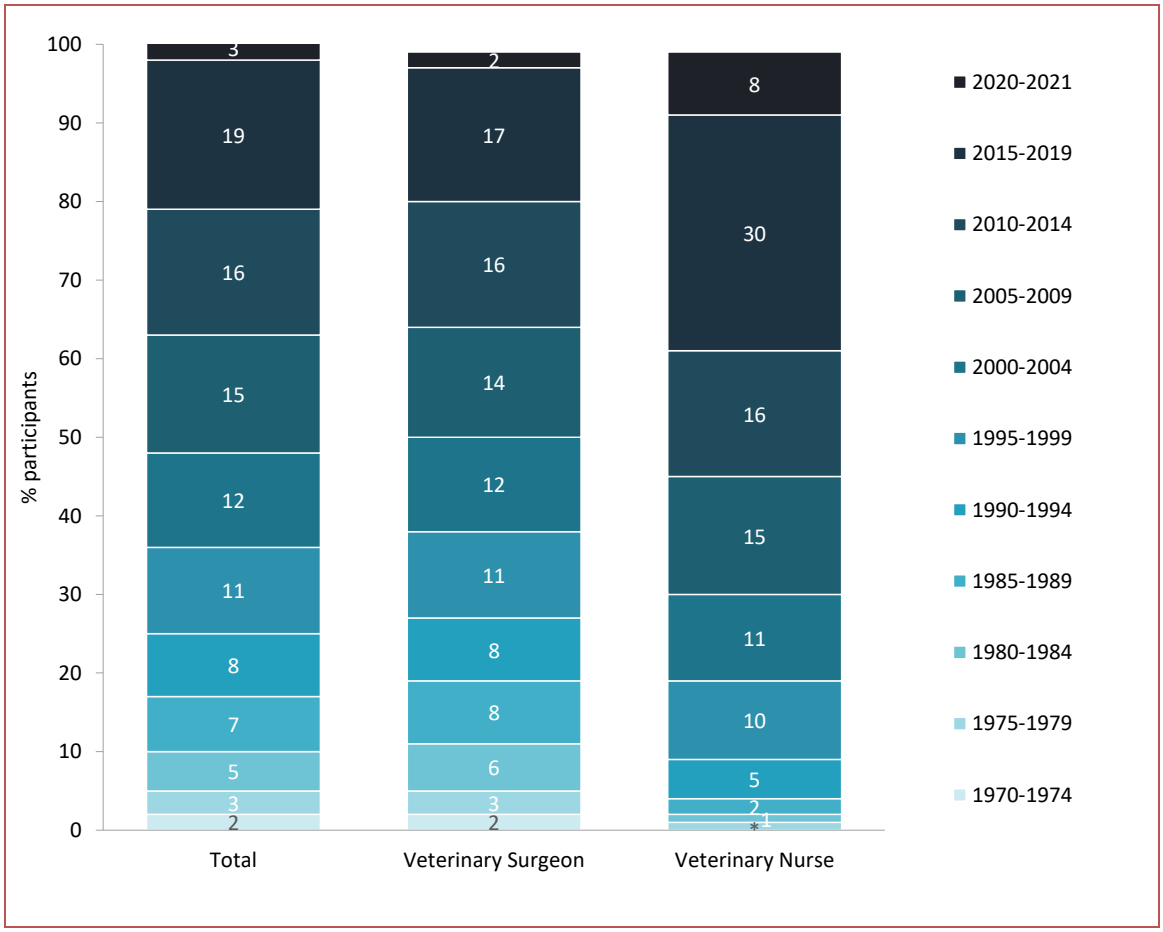
Base: Practice size: Small (<3 vets) 1,462, Medium-sized (4-10 vets) 2,588, Large (11+ vets) 1,447; Country: England 4,590, Scotland 565, Wales 269, Northern Ireland 120; Urban vs rural: Remote rural 458, Mixture of rural and urban 2,916, Urban 2,170

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

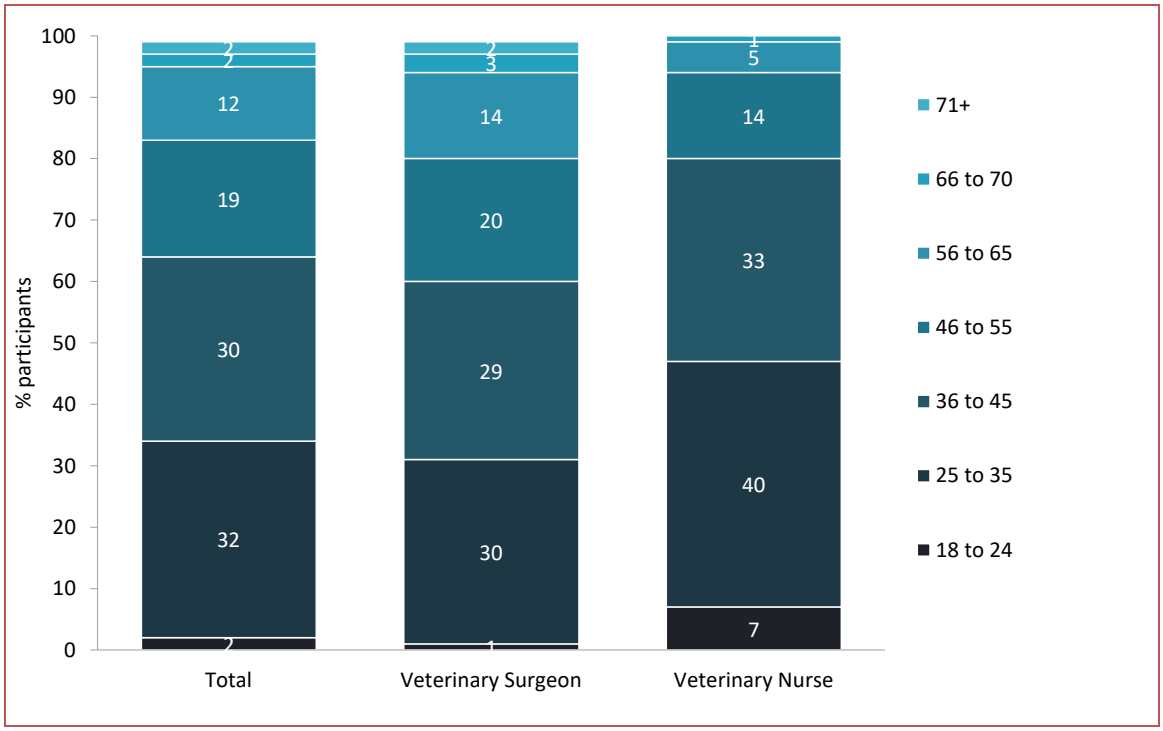


Base: Total 5,544, Veterinary Surgeon 4,545, Veterinary Nurse 999

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

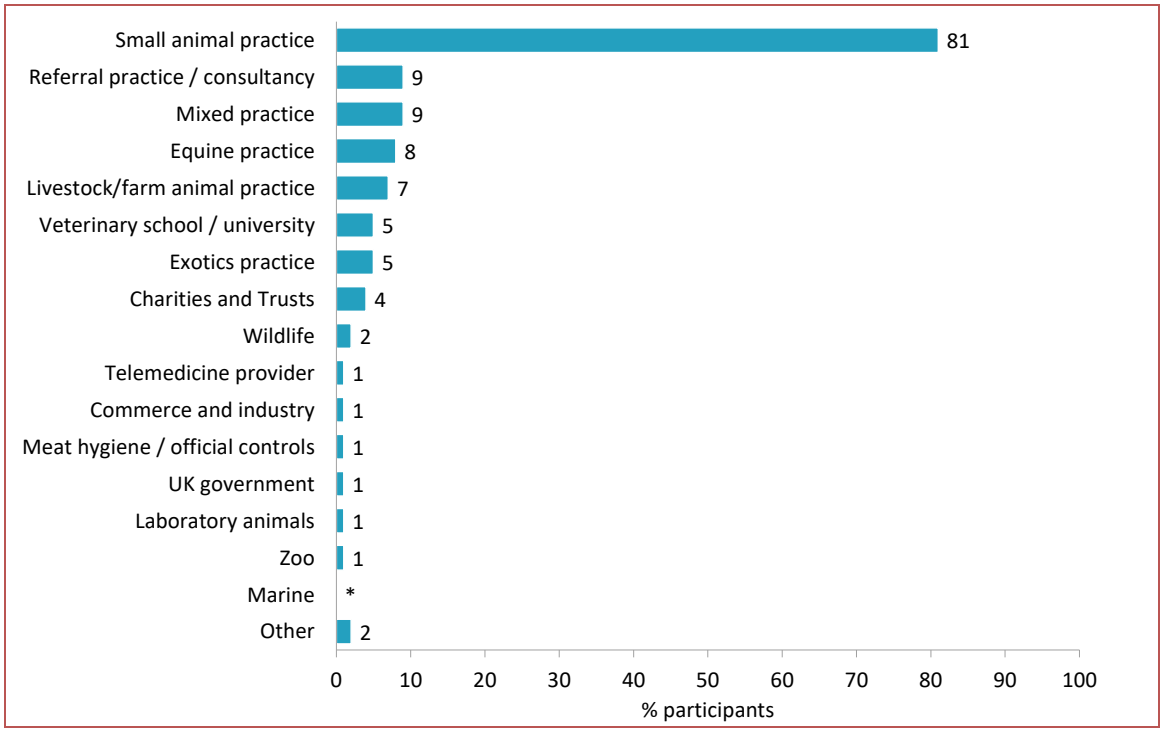


Base: Total 5,544, Veterinary Surgeon 4,545, Veterinary Nurse 999

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 work[27]



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 significantly[28] 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 significantly[29] 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.

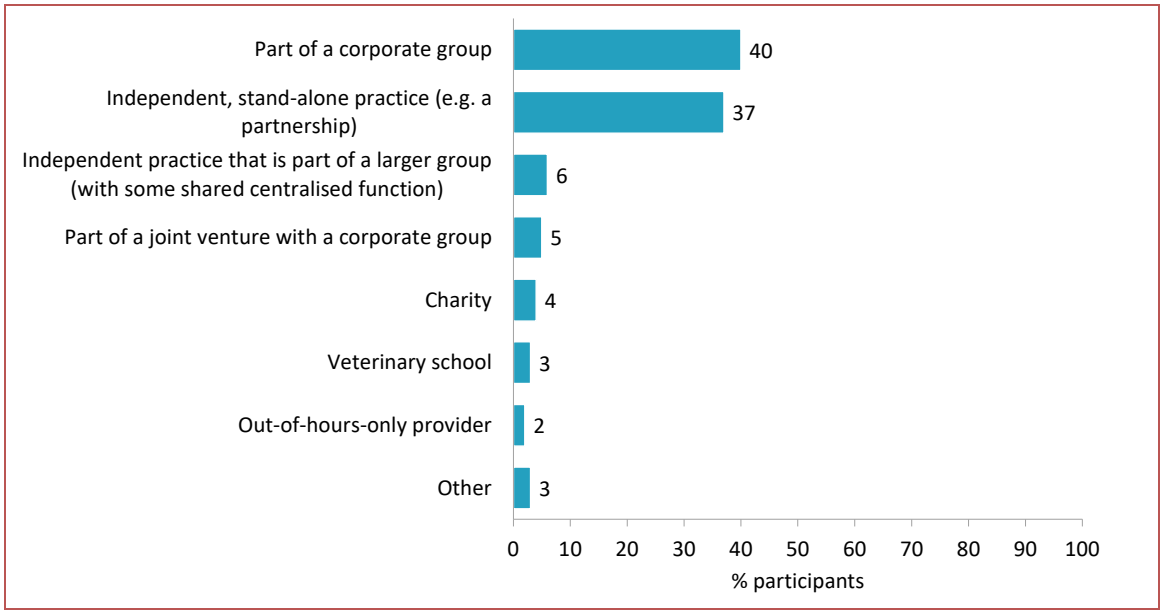
B.5. Practice business model

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 significantly[30] 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 significantly[31] 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

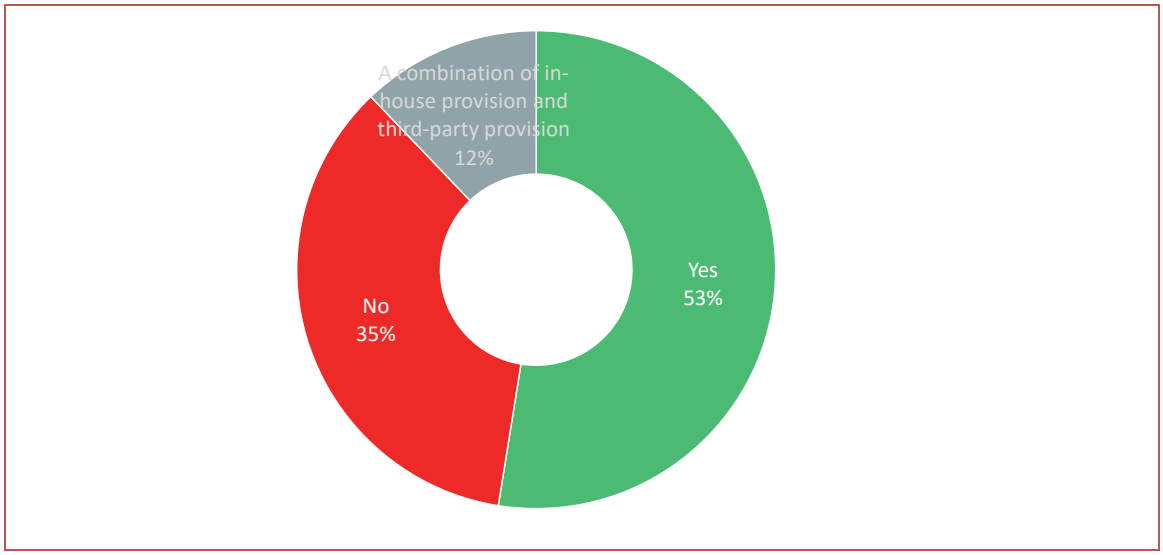
** = less than 0.5%*

[31] At the 95% confidence level.

B.6. Whether practice provides its own 24/7 emergency cover

Over half the respondents (53%) reported that their practice provided its own 24/7 emergency cover, 12% reported offering a combination of in-house provision and third-party provision, and 35% did not offer 24/7 emergency cover. See Figure 26.

Figure 26: Whether practice provides its own 24/7 emergency cover



Base: Total 5,544

24/7 emergency cover was significantly[32] more prevalent in large practices than in smaller practices (84% compared with 49% medium-sized and 27% small). 24/7 emergency cover was also significantly more prevalent in remote rural practices than in mixed or urban practices (82% compared with 60% mixed rural and urban and 36% urban). See Table 5.

[32] At the 95% confidence level.

Table 5: Whether practice provides its own 24/7 emergency cover by practice size (surgeons), rurality and country

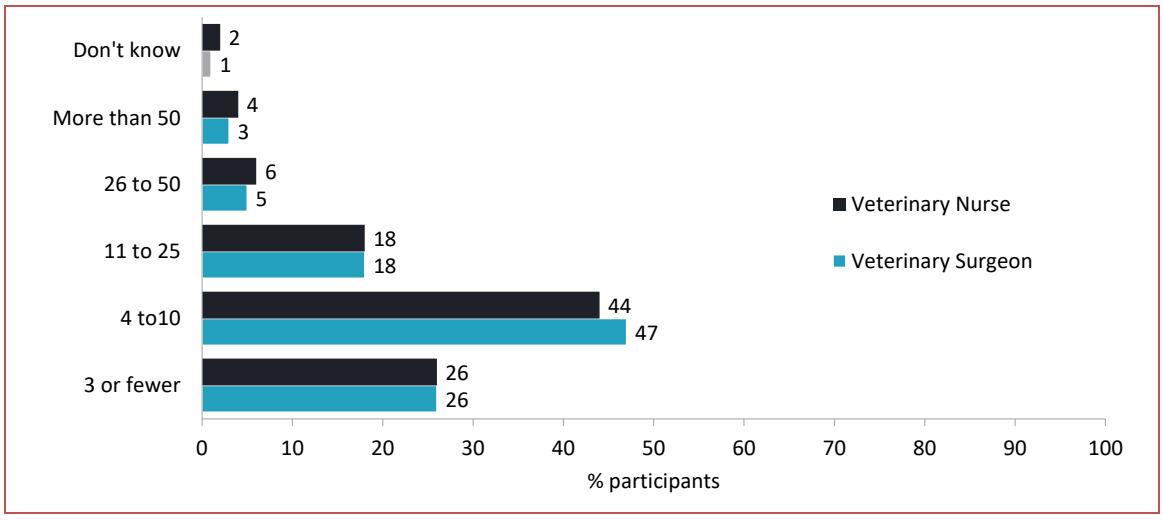
	Practice size			Rurality			Country			
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban	England	Scotland	Wales	Northern Ireland
	%	%	%	%	%	%	%	%	%	%
Yes	27	49	84	82	60	36	51	61	55	66
No	61	36	8	12	27	50	36	30	38	21
A combination of in-house provision and third-party provision	12	15	8	5	13	14	13	9	8	13
Base	1,462	2,588	1,447	458	2,916	2,170	4,590	565	269	120

B.7. Practice size

Practice size was determined by asking for the number full-time-equivalent veterinary surgeons and full-time-equivalent veterinary nurses in the practice where they currently work. If they no were no longer practising they were asked to select the response that best fits the time when they were most recently in practice.

Figure 27 shows the numbers of veterinary surgeons and veterinary nurses by bands and clearly indicates similar numbers for both.

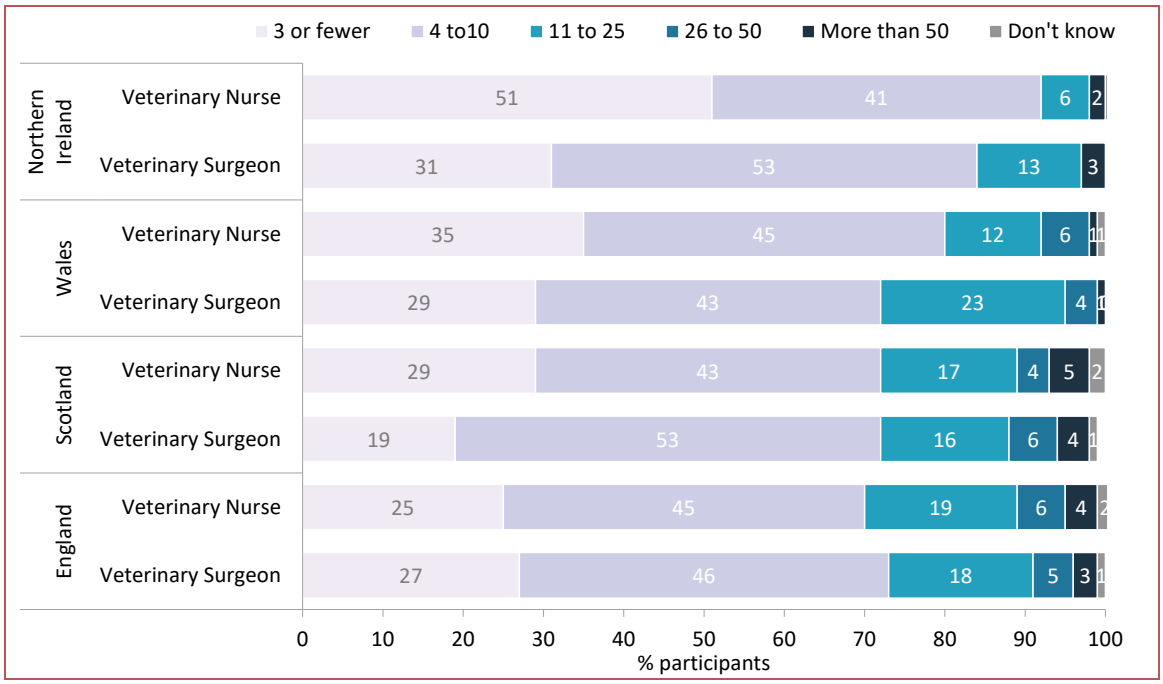
Figure 27: Practice size by role of respondents



Base: Veterinary Surgeon 4,545, Veterinary Nurse 999

Practice size by country shows that practices tend to be smaller in Northern Ireland than in England and Scotland. See Figure 28.

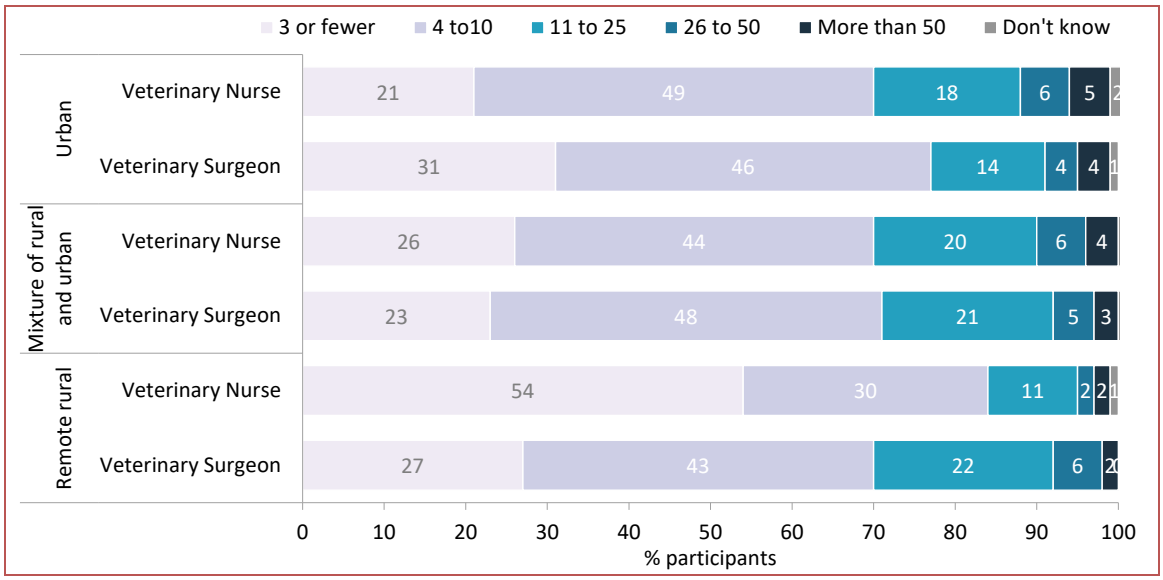
Figure 28: Practice size by country



Base: England 4,590, Scotland 565, Wales 269, Northern Ireland 120

There were similar number of surgeons and nurses by rurality of setting except for remote rural settings, where there were fewer nurses (54% of practices had three or fewer nurses in remote rural, compared with 26% in mixed rural and urban and 21% in urban settings). See Figure 28.

Figure 29: Practice size by rurality

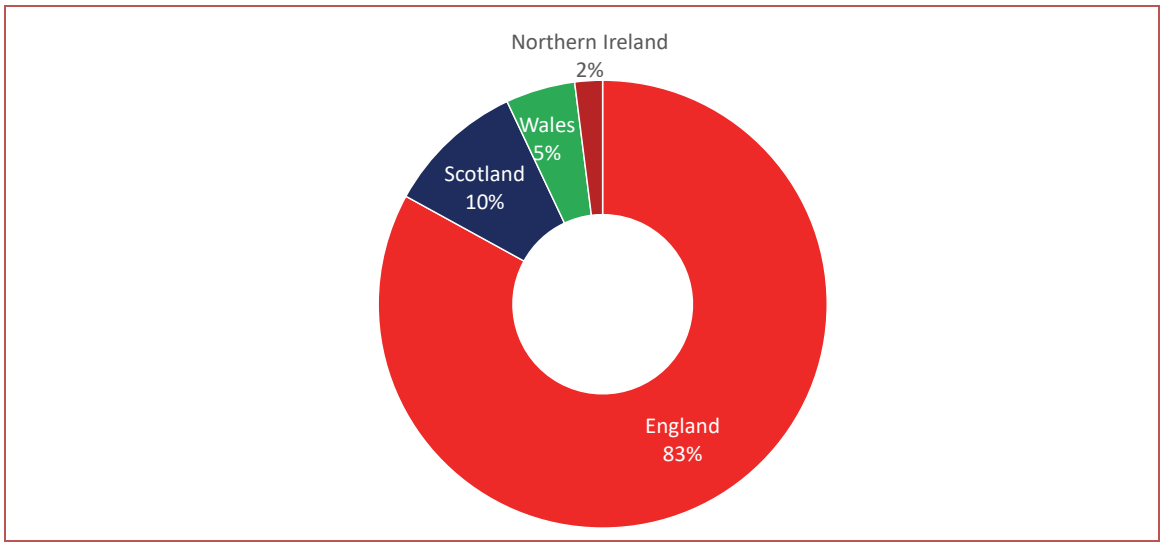


Base: Urban vs rural: Remote rural 458, Mixture of rural and urban 2,916, Urban 2,170

B.8. Country based in

Over four fifths (83%) of the sample were based in England, 10% were in Scotland, 5% in Wales and 2% in Northern Ireland.

Figure 30: Country



Base: Total 5,544

Nearly nine in ten (87%) of urban practices were in England, compared with 69% of remote rural. A much larger proportion of practices were remote rural rather than urban settings in Scotland, Wales and Northern Ireland. See Table 6.

Table 6: Country by practice size and rurality of practice setting

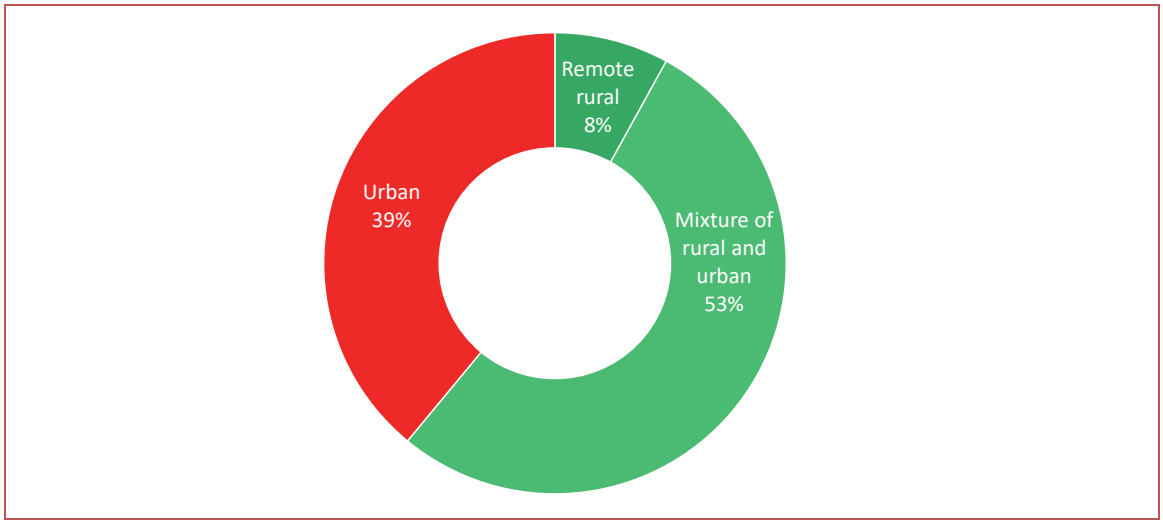
	Practice size			Rurality		
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban
	%	%	%	%	%	%
England	85	81	83	69	82	87
Scotland	7	12	10	17	10	9
Wales	5	4	5	9	6	3
Northern Ireland	3	2	1	4	2	2
Base	1,462	2,588	1,447	458	2,916	2,170

** = less than 0.5%*

B.9. Whether respondents work in remote or urban area

Over half the sample (53%) were practising in a mixed rural and urban setting, 39% in an urban setting and 8% in a remote rural setting.

Figure 31: Whether practice setting is urban, rural or a mix



Base: Total 5,544

See Table 7 for analysis of practice setting by size and country. Key differences are:

- Respondents from small practices were significantly more likely to be from urban settings than those from medium-sized or large practices: 46%, compared with 39% medium-sized and 33% large.
- Respondents from large practices were significantly more likely to be based in a mix of rural and urban than those from medium-sized or small practices: 58%, compared with 54% medium-sized and 46% small.
- Respondents from practices in England were significantly less likely to be from remote rural (7%) areas than those in Scotland (14%), Wales (16%) and Northern Ireland (14%).
- Respondents from practices in England were significantly more likely to be from urban (41%) areas than those in Scotland (35%), Wales (21%) and Northern Ireland (28%).

Table 7: Whether practice setting is urban or rural by practice size and country

	Practice size			Country			
	Small (<3 vets) %	Medium-sized (4-10 vets) %	Large (11+ vets) %	England %	Scotland %	Wales %	Northern Ireland %
Remote rural	9	8	9	7	14	16	14
Mixture of rural and urban	46	54	58	52	51	63	58
Urban	46	39	33	41	35	21	28
Base	1,462	2,588	1,447	4,590	565	269	120

Annex C. Survey sub-group analysis

C.1. Good regulation statements: Sub-group analysis

Figure 32: Good regulation statements, mean scores by whether surgeon or nurse

Base: 4,545 veterinary surgeons, 999 veterinary nurses

Table 8: Good regulation statements, mean scores by practice size and rurality (the scores which are significantly[33] higher than the other score(s) within the category are shaded darker)

	Practice size			Rurality		
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban
An animal being under my care means I am responsible for the advice I give in relation to it.	4.47	4.57	4.54	4.61	4.54	4.50
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).	4.40	4.40	4.44	4.40	4.46	4.35
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.	4.35	4.32	4.30	4.28	4.34	4.30
Regulations should require veterinary professionals to ensure that provision of 24/7 emergency cover for the relief of pain and suffering is available – either through their practice or via a specialist out-of-hours provider irrespective of the nature of the services / treatments given.	4.05	4.26	4.40	4.24	4.27	4.19
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 24/7 emergency cover for animals in some parts of the country).	3.87	4.04	4.15	4.11	4.06	3.95
Regulations should allow space for professional judgement when interpreting and applying them.	4.07	4.00	4.01	3.97	3.99	4.06
There should be an upper limit defined in regulations on the time between seeing any animal and prescribing POM-Vs	3.94	4.03	4.01	3.89	3.98	4.05
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.	3.89	3.91	3.92	3.69	3.92	3.93
Regulations should take into account how different prescribed medications carry more or less risk for the well-being of the animal.	3.86	3.88	3.82	3.70	3.83	3.94
Regulations should take into account the pre-existing physical condition of the animal (e.g. if it already has a chronic condition).	3.81	3.83	3.80	3.79	3.79	3.86
Regulations should provide for any adverse impact resulting from a veterinary product or intervention to be addressed by the provider, regardless of the business model or the competitive environment.	3.74	3.74	3.80	3.80	3.75	3.75
Regulations should be more prescriptive, so there is no variation in how they are interpreted across the profession.	3.47	3.63	3.59	3.52	3.58	3.58
There should be an upper limit defined in regulations on the time between seeing an animal and prescribing POM-Vs, but the upper limit should differ depending on animal species.	3.20	3.38	3.35	3.51	3.31	3.29

[33] At the 95% confidence level.

	Practice size			Rurality		
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban
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.	3.03	3.06	2.98	3.21	3.04	2.99
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	3.02	3.03	3.01	2.95	2.97	3.11
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.	2.88	2.92	2.82	3.06	2.91	2.81
Regulations should take into account the age of the animal.	2.80	2.72	2.60	2.59	2.66	2.81
If information were provided from a client I had never been in contact with before, I would be comfortable recommending treatment / prescribing POM-Vs.	1.70	1.71	1.69	1.63	1.66	1.78
Base	1,462	2,588	1,447	458	2,916	2,170

C.2. Applying principles statements: Sub-group analysis tables

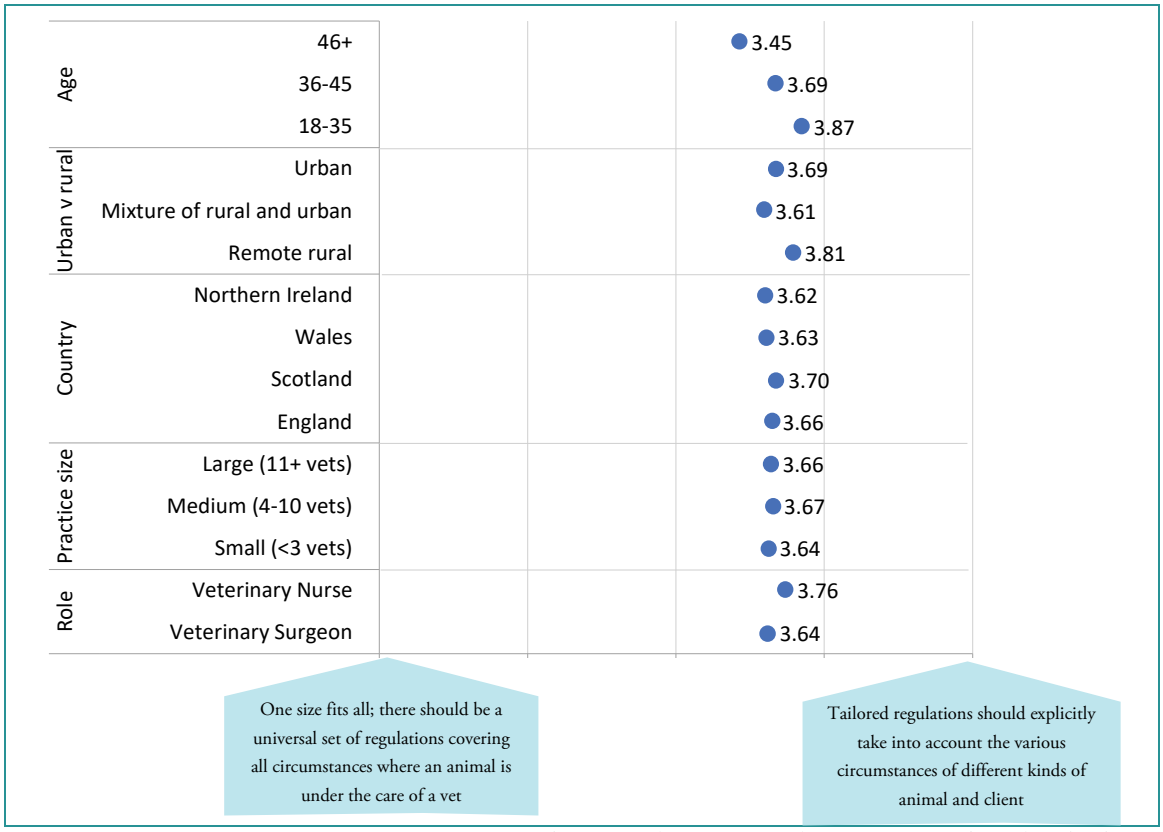
Table 9: Good Regulation Statements, mean scores by practice size and rurality

Statement	Practice size			Rurality		
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban
If an animal is registered with more than one primary care practice, the practices should be required to share clinical records.	4.15	4.24	4.19	4.13	4.22	4.2
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).	4.12	4.2	4.21	4.14	4.21	4.15
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.	3.82	3.94	4.00	3.84	3.93	3.92
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.	3.80	3.88	3.93	3.84	3.90	3.84
Regulations and guidance regarding 'under care' and 24/7 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.	3.75	3.88	3.86	4.08	3.85	3.78
Regulation 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.	3.82	3.75	3.71	3.69	3.74	3.80
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.	3.70	3.73	3.80	3.69	3.7	3.80
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.	3.58	3.72	3.76	3.95	3.73	3.59
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.	3.72	3.63	3.59	3.57	3.62	3.70
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.	3.48	3.61	3.57	3.63	3.5	3.65

Statement	Practice size			Rurality		
	Small (<3 vets)	Medium-sized (4-10 vets)	Large (11+ vets)	Remote rural	Mixture of rural and urban	Urban
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.	3.56	3.56	3.59	3.63	3.51	3.64
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.	3.35	3.46	3.37	3.40	3.36	3.48
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.	3.41	3.42	3.35	3.32	3.36	3.48
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.	3.48	3.31	3.30	3.18	3.31	3.46
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.	3.18	3.2	3.24	3.18	3.16	3.27
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.	3.17	3.19	3.24	3.17	3.18	3.23
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.	3.20	3.12	3.13	3.04	3.14	3.17
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.	2.79	2.82	2.76	2.85	2.75	2.86
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).	1.83	1.76	1.70	1.73	1.71	1.85
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).	1.86	1.75	1.70	1.76	1.72	1.85
Base	**1,462**	**2,588**	**1,447**	**458**	**2,916**	**2,170**

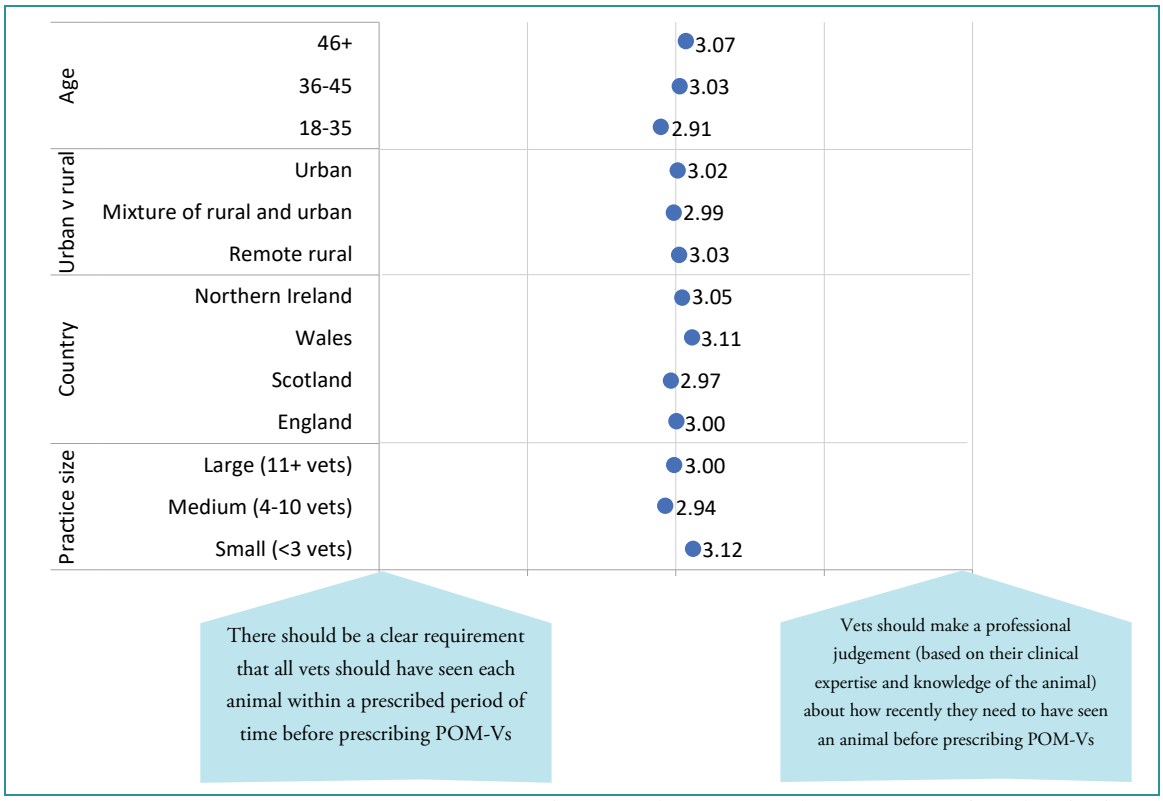
C.3. When principles are in tension: Sub-group analysis

Figure 33: One size fits all vs Tailored regulations – mean scores by age, rurality, country, practice size and role



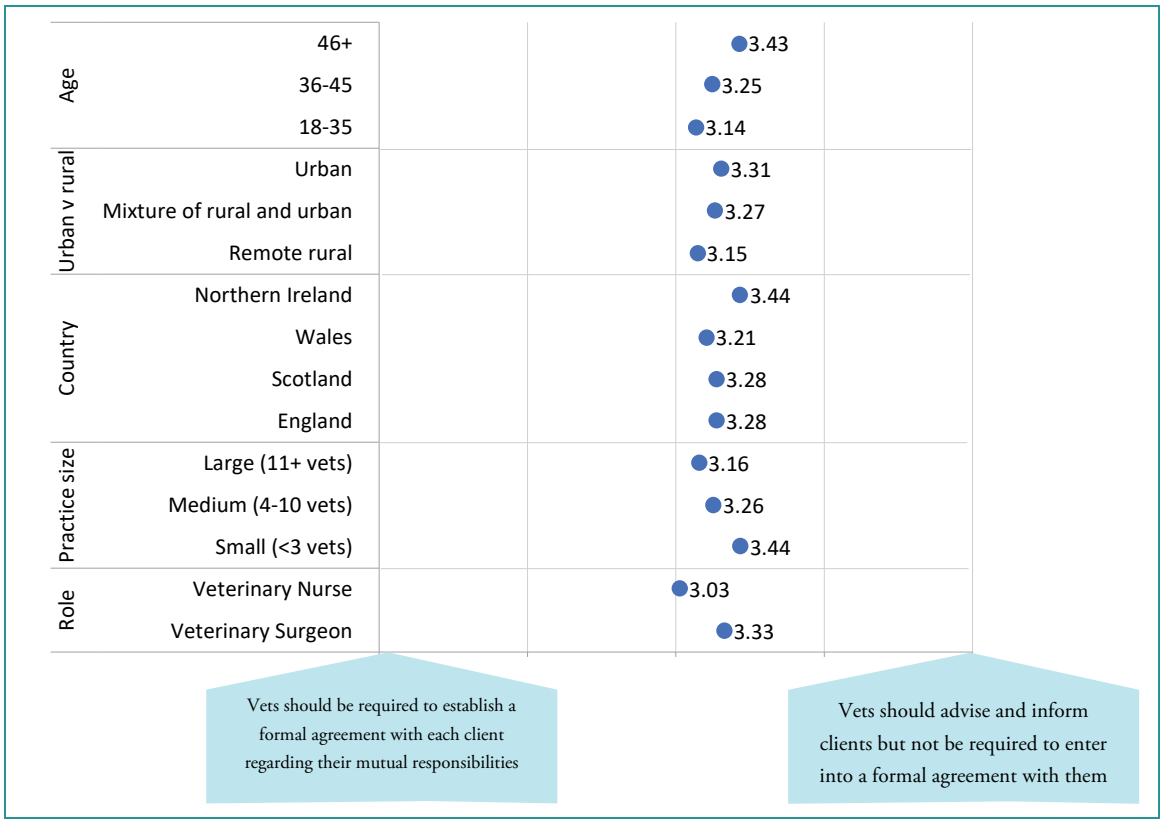
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 34: Before prescribing POM-Vs each animal should be seen within a prescribed period of time vs Vets should make a professional judgement – mean scores by age, rurality of setting, country and practice size: surgeons only



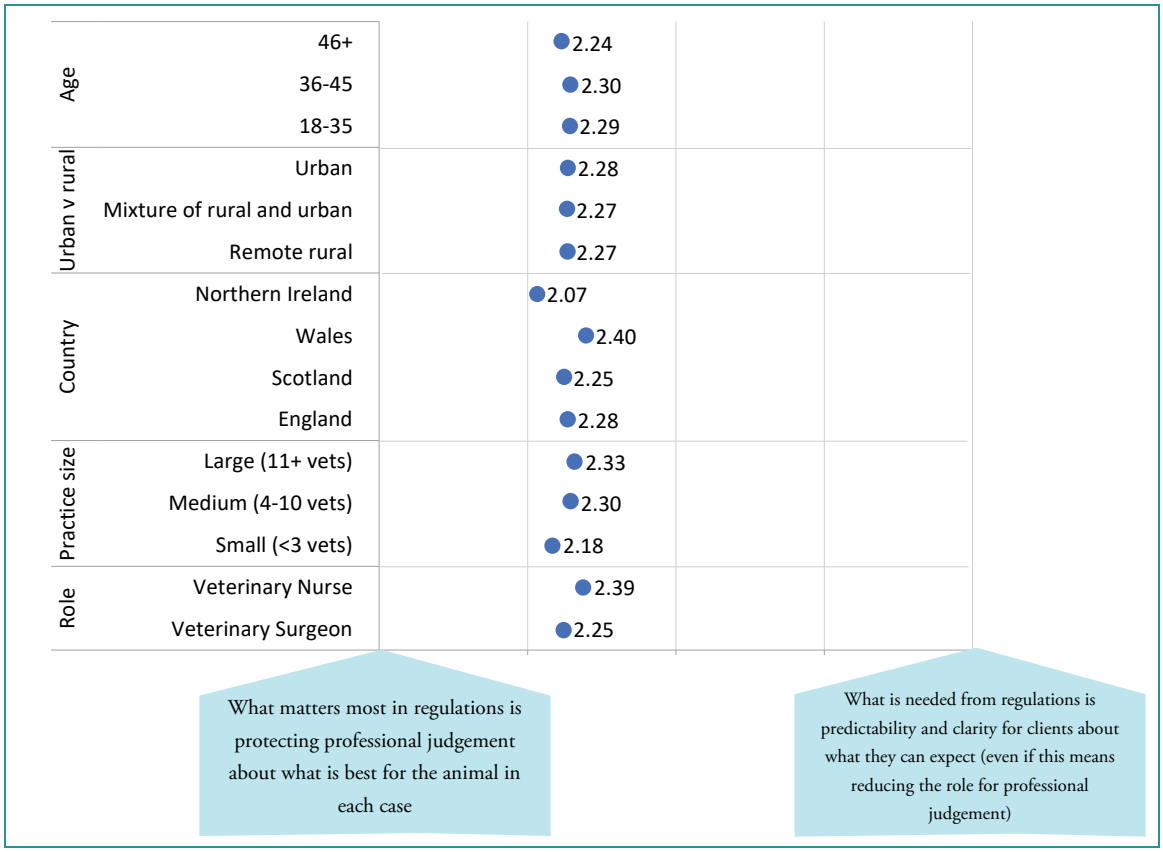
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445

Figure 35: A formal agreement with each client should be required vs Vets should advise and inform clients about agreement – mean scores by age, rurality of setting, country, practice size and role



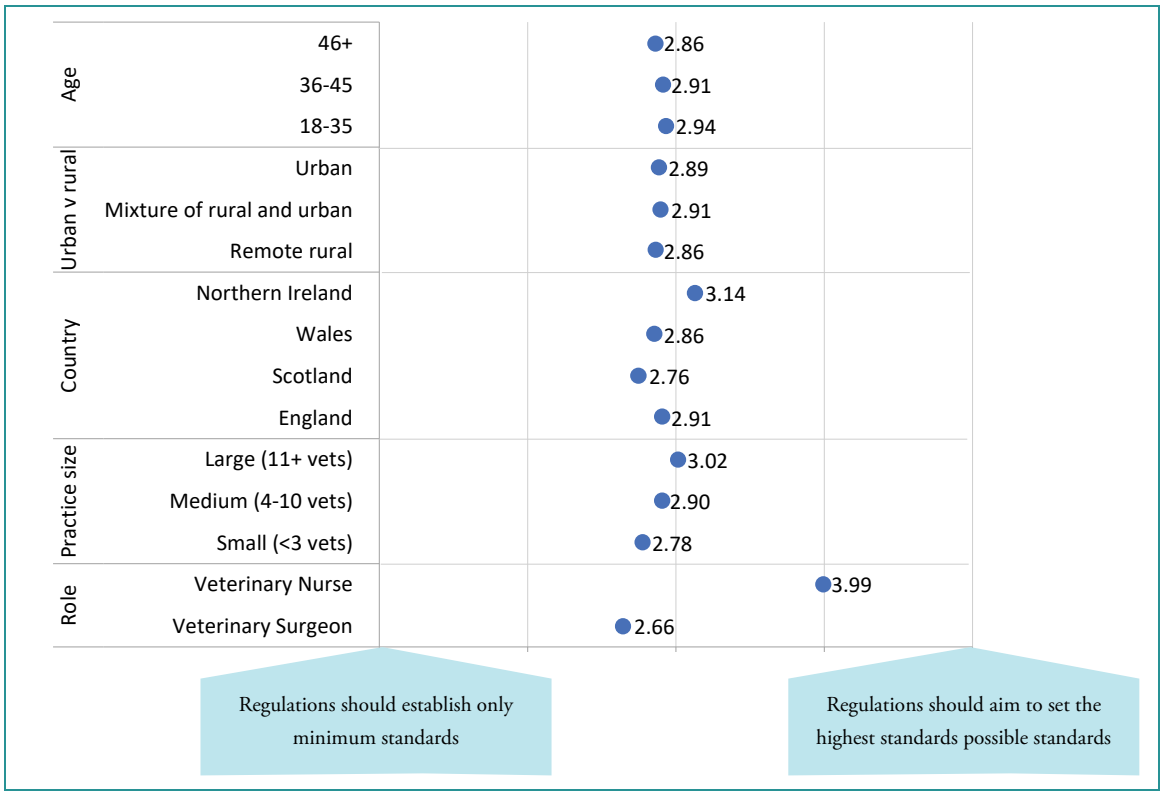
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 36: Protecting professional judgement about what is best in each case vs Predictability and clarity for clients about what they can expect – mean scores by age, rurality of setting, country, practice size and role



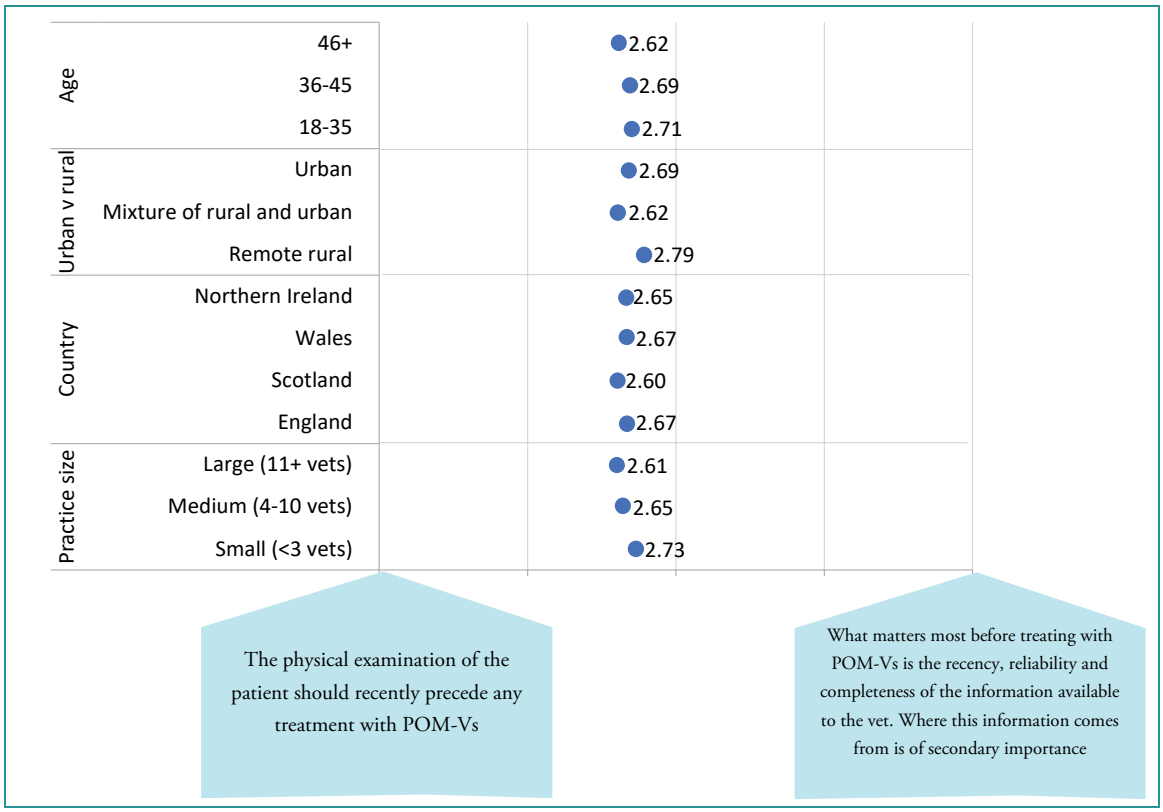
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 37: Regulations should establish only minimum standards vs Regulations should aim to set the highest possible standards – mean scores by age, rurality of setting, country, practice size and role



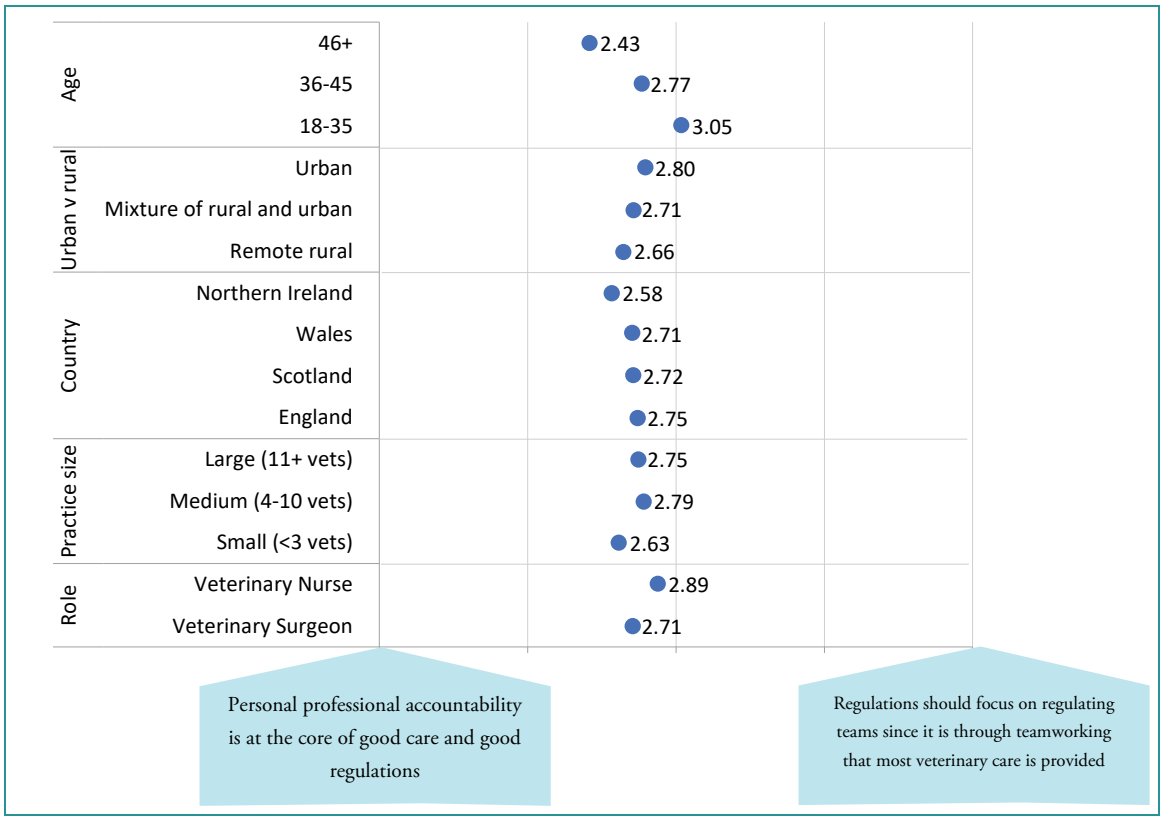
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 38: Physical examination should precede any treatment with POM-Vs vs Recency, reliability and completeness of the information available – mean scores by age, urban vs rural, country and practice size: Surgeons only



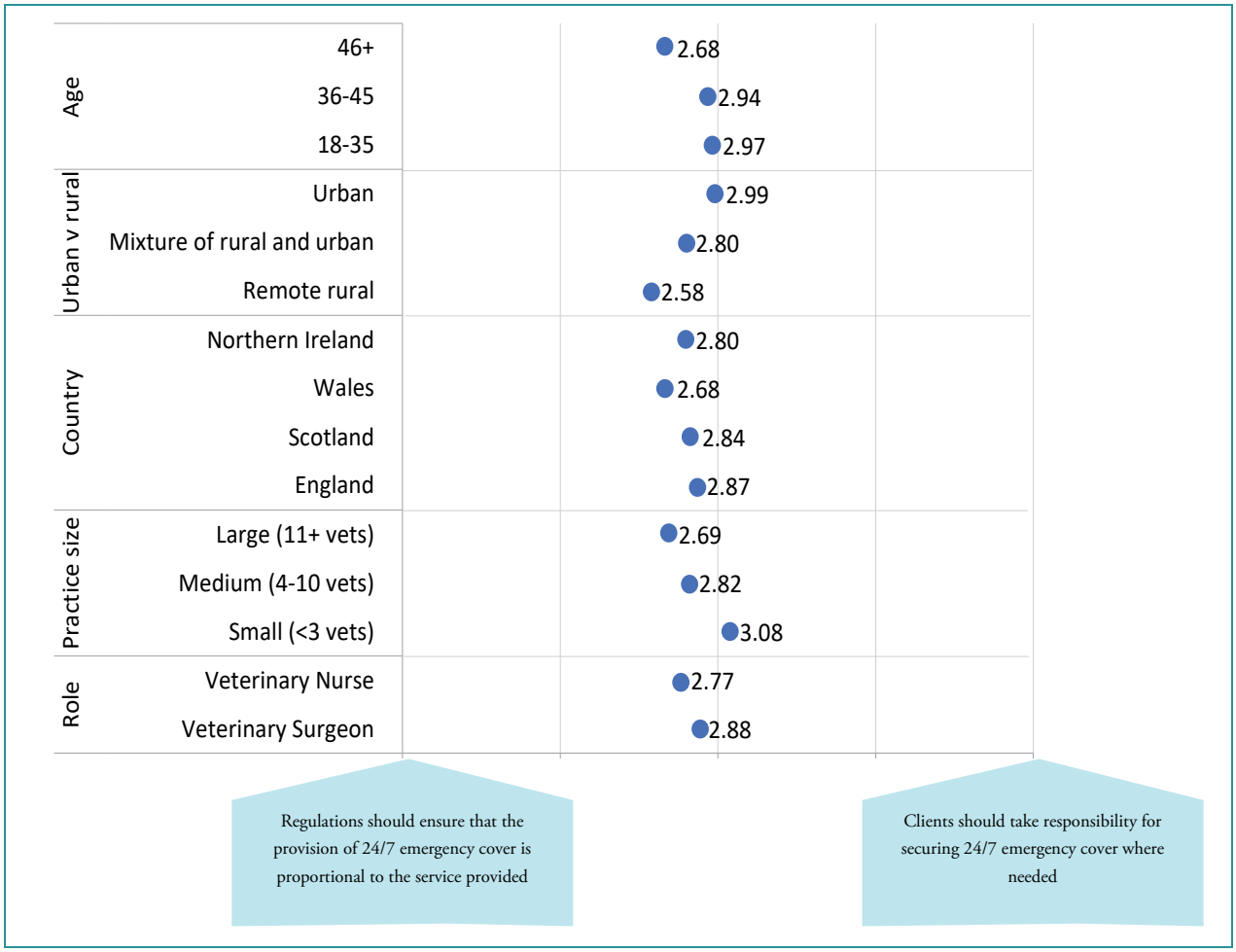
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445

Figure 39: Personal professional accountability is at the core of good care and regulations vs Regulations should focus on regulating teams – mean scores by age, urban vs rural, country, practice size and role



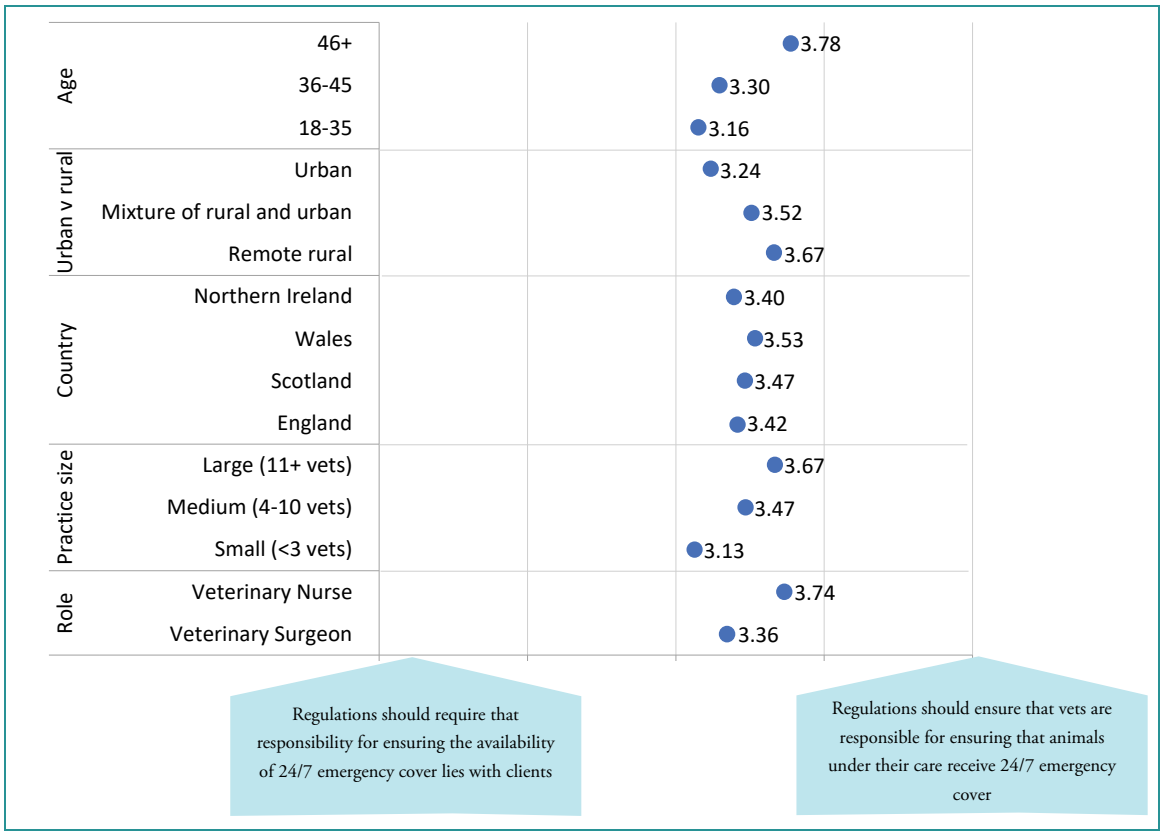
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 40: 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 – mean scores by age, urban vs rural, country, practice size and role



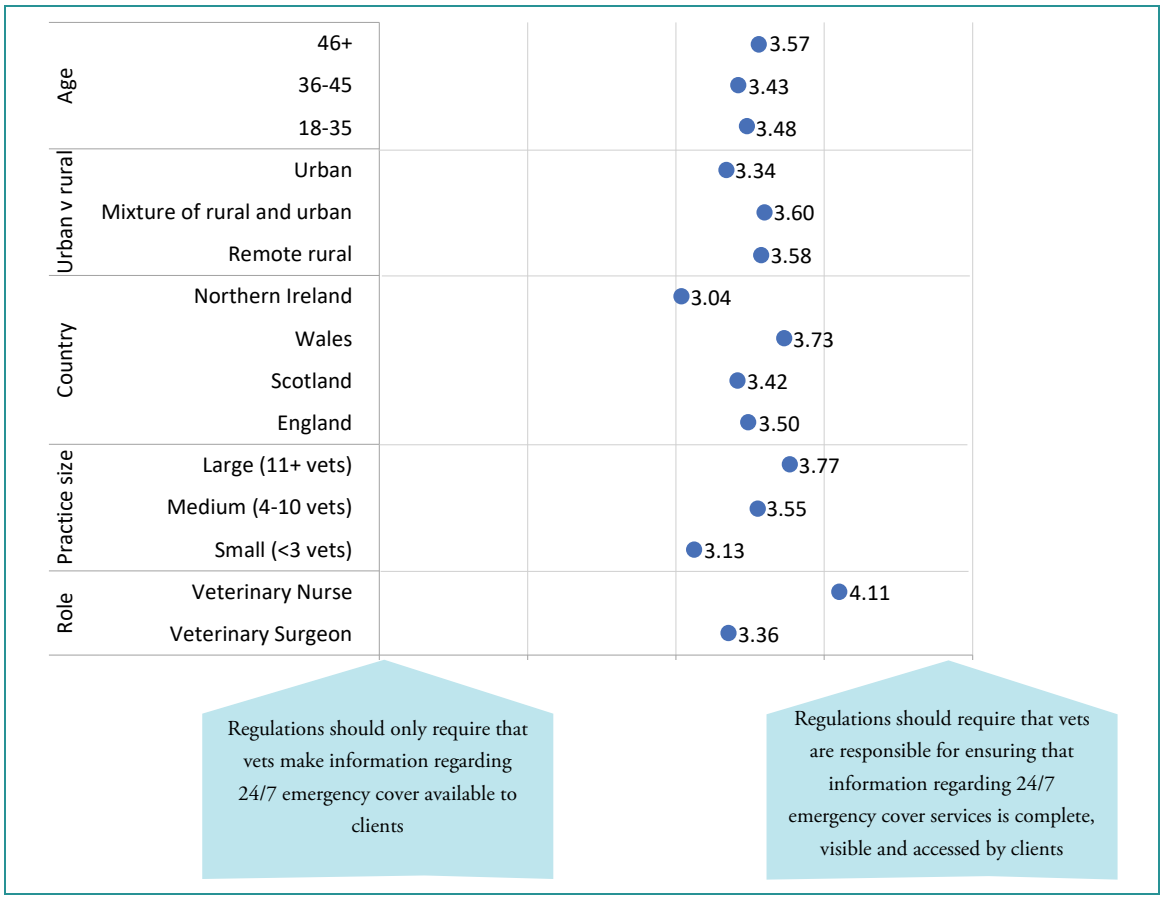
Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Setting: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 41: Availability of 24/7 emergency cover lies with clients vs 24/7 emergency cover lies with vets – mean scores by age, urban vs rural, country, practice size and role



Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Figure 42: Information regarding 24/7 emergency cover being available to clients vs Information regarding 24/7 emergency cover being complete, visible and accessed by client – mean scores by age, urban vs rural, country, practice size and role



Base: Age: 18-35 1,883, 36-45 1,646, 46+ 1,990; Urban v rural: Remote rural 454, Mixture of rural and urban 2,911, Urban 2,167; Country: England 4,581, Scotland 563, Wales 269, Northern Ireland 119; Practice size: Small (<3 vets) 1,460, Medium-sized (4-10 vets) 2,580, Large (11+ vets) 1,445; Role: Nurse 999, surgeon 4,534

Annex D. Factor analysis theme descriptions

Outlined below are the nine themes used for the factor analysis, and the statements from the 'applying principles' section of the survey that were included in each theme. Statements in red are negatively correlated, meaning that those agreeing with other statements in this theme would most likely disagree with the statement in question.

D.1. Theme 1: Regulation around the source of examination data

Statements which fall under the theme 'source of examination data' discuss whether a physical examination is necessary, or whether a diagnosis can be made or treatment can be prescribed through virtual or non-tangible mediums, such as videos, pictures or information provided by clients who are knowledgeable or otherwise reliable. A high score on this factor indicates agreement that veterinary professionals should be able to use remotely provided information for diagnosis and treatment.

- *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 that the vet has* ***never physically examined*** *(i.e. there is no existing patient–client–vet relationship).*
- *If information were provided from a* ***client I had never been in contact with before, I would be comfortable recommending treatment*** */ prescribing POM-Vs.*
- *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*** *(negative relationship).*
- *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.***
- *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.***
- *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.*

- *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) (negative relationship).*

D.2. Theme 2: Regulation around remote prescriptions for animals who have been physically examined

Statements which fall under the theme 'remote prescriptions for animals who have been physically examined' discuss whether a veterinary surgeon should be able to prescribe digitally if the animal has been seen before physically by themselves or another vet. A high score on this factor indicates agreement with remote prescriptions for animals that have been physically examined.

- *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 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 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 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.*

D.3. Theme 3: Tailored 'under care' regulations

Statements which fall under the theme 'tailored 'under care' regulations' discuss whether the regulations surrounding an animal being 'under care' should be tailored and adapted depending on what and where the animal is. A high score on this factor indicates agreement that the regulations should be tailored.

- *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 common to* ***different species****. For example, regulations for vets working with cattle should be different from regulations for vets working with domestic cats.*
- *Regulations and guidance regarding 'under care' and 24/7 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.*

- *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 common to different* ***geographic locations****. For example, regulations for vets working in remote locations should take this into account.*

D.4. Theme 4: Structure and stringency around regulations

The statements which fall under the theme 'structure and stringency around regulations' discuss the 'strictness' and 'prescriptiveness' of regulations. A high score on this factor would indicate a vet wanted rigidity and clear definition in the regulations, whereas a low score would indicate a vet would prefer room for judgement.

- *Regulations should be* ***more prescriptive,*** *so there is no variation in how they are interpreted across the profession.*
- *There should be an* ***upper limit defined*** *in regulations on the time between seeing any animal and prescribing POM-Vs.*
- *Regulations should* ***allow space for professional judgement*** *when interpreting and applying them (negatively correlated).*
- *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.***

D.5. Theme 5: Individualisation

The statements which fall under the theme 'individualisation' discuss the need for regulations to take into consideration the individual characteristics of the animal. A high score on this factor indicates agreement that individual characteristics of the animal need to be taken into consideration in the regulations.

- *Regulations should take into account the* ***pre-existing physical condition*** *of the animal (e.g. if it already has a chronic condition).*
- *Regulations should take into account the* ***age*** *of the animal.*
- *Regulations should take into account how* ***different prescribed medications*** *carry more or less risk for the well-being of the animal.*

D.6. Theme 6: Formality of 'under care' agreement

The statements which fall under the theme 'formality of 'under care' agreement' discuss the need for regulations to ensure a written or formal agreement is drawn up to decide responsibilities of all parties. Agreement on this factor would indicate a vet agreed with a formal 'under care' agreement.

- *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.*
- *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.*

D.7. Theme 7: Veterinary provision

The statements which fall under the theme 'veterinary provision' discuss the provision of regulations around 24/7 care for the relief of pain and suffering. Agreement on this factor would indicate a vet agreed that the provision for 24/7 care for pain and suffering should be required irrespective of the business model.

- *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 services/ treatments given.*
- *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 emergency cover for animals in some parts of the country).*
- ***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 (negative association).*

D.8. Theme 8: Animal responsibility

The statements which fall under the theme 'animal responsibility' discuss the vet's responsibility for the animal under care. Agreement on this factor would indicate a vet agreed that the responsibility for advice, POM-V and knowledge lies with the vet who takes the animal under their care.

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

D.9. Theme 9: Regulatory standards

The statements which fall under the theme 'regulatory standards' discuss the standards for which the regulations should take into consideration. This refers to minimum standards, standards to avert adverse impacts, quality and accountability. Agreement on this factor would indicate a vet agreed that the regulatory

standards should take into consideration the need for minimum standards, for establishing accountability and for standards of care.

- *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 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 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.***
- *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 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.*