RCVS SETTING VETERINARY STANDARDS

RCVS review of the use of telemedicine within veterinary practice

Summary Analysis

March 2018

Contents

1. Introduction

1.1. Background

The Royal College of Veterinary Surgeons (RCVS) held a consultation between 13 February and 24 March 2017 asking for the views of the veterinary and veterinary nursing professions, animal owners, and stakeholders on the use of telemedicine in veterinary clinical practice.

The consultation was designed to help identify potential risks associated with telemedicine, identify areas where it may help address the needs of both clinicians and the public, and to support the potential development of new professional standards and guidance.

1.2. Why consult?

Technology is changing veterinary medicine and having an impact on how veterinary services are delivered. Whilst these advancements offer opportunities to improve the delivery of veterinary care they also present many new challenges for the veterinary profession.

Telemedicine – the use of electronic communication and information technologies to provide clinical healthcare remotely – is one of these emerging areas of practice in the veterinary sector. Telemedicine extends to the provision of veterinary services by video-link, text, instant messaging or telephone, or by any other remote means.

Historically, telemedicine has mostly referred to vet-to-vet situations in which Specialists provide remote consultation, interpretation of images or advice to general practitioners. These types of services are already well established in the veterinary sector. The industry is changing rapidly, however, and new forms of telemedicine are developing every day. There are increasing numbers of businesses seeking to develop telemedicine services such as video consultations and chat apps directly to clients. Added to this, innovative products such as wearable technology for pets are rapidly advancing and have the potential to provide a wealth of physiological data that could support delivery of remote veterinary services.

The use of telemedicine services is also expanding quickly and in human healthcare, for example, the research firm IHS Technology forecasts the number of patients using telemedicine services globally will grow from 350,000 in 2013 to 7 million in 2018.

There are many potential benefits associated with veterinary telemedicine, however, it is important that these types of services are conducted within an appropriate legal and regulatory framework in order to safeguard the health and welfare of animals, and to maintain public confidence in the veterinary profession.

Veterinary bodies in other countries are also currently grappling with developing appropriate frameworks for the regulation of telemedicine services. In the United States, for example, the Veterinary Innovation Council of the North American Veterinary Community (NAVC), with the approval of the Texas State Board, has been conducting a trial of telemedicine appointments at a number of Banfield Pet Hospitals across Texas. Meanwhile the Council of the College of Veterinarians of Ontario has recently become one of the first in North America to approve a new standard governing the

delivery of veterinary telemedicine and to allow a Veterinary-Client Patient Relationship (VCPR) to be formed though telemedicine alone.

In general, human healthcare appears to be ahead of the veterinary profession in terms of developing regulatory regimes that allow for the provision of telemedicine services. In the US, for example, in all but two States the use of veterinary telemedicine is effectively banned, whereas all but two States allow the use of telemedicine for human healthcare. Similarly, in the UK, a number companies providing telemedicine GP services are emerging and the General Medical Council (GMC) now provides guidelines to doctors on issues such as remote prescribing via telephone, video-link or online, and the Care Quality Commission (CQC) has set up an inspection programme for digital primary care services and has conducted pilot inspections of a number of providers.

1.3. Next steps

On 31 August a special meeting of Standards Committee was convened to consider the analysis of the RCVS consultation on the use of telemedicine in clinical practice.

In summary the Committee noted that the consultation exercise had indicated significant confusion and that current Guidance was not well understood and was being misinterpreted. It was agreed therefore the RCVS would need to provide clarification as to what was permissible, even if no further steps were taken.

The Committee considered that the key issue going forward was whether to change the Supporting Guidance to the RCVS Code of Professional Conduct regarding ‘under care ‘so as to allow veterinary surgeons to prescribe POM-V medicines based on telemedicine alone. Given the wide ranging implications of such a decision, the diversity of views and the complexity of the topic, it was proposed that the matter should be referred to Council for discussion in private session.
In order to inform the Council discussion more detailed information regarding potential options for amending RCVS Guidance and measures that could be put in place to mitigate risk were made available to Council.

On 2 November Council considered the consultation responses and the information provided by Standards Committee. There was a similar diversity of opinion in Council, a wide-ranging discussion and an acknowledgement of the complexity of the issue in hand. Council therefore requested Standards Committee give consideration to the wider-issues surrounding telemedicine in clinical veterinary practices before any further steps were taken.

Given the time since the initial consultation exercise a decision was taken to publish the summary analysis.

2. Methodology and response level

Three separate surveys for the veterinary professions, the public, and stakeholders/organisations respectively were designed and published using SurveyMonkey. The questions in these surveys were initially drafted by RCVS staff and were discussed and agreed by the RCVS Standards Committee. Quantifiable questions in the professional and public survey were initially analysed using the tools available in SurveyMonkey and then exported to Excel for further analysis before being included in this report.

A team of RCVS staff was responsible for reading all of the free-text responses, categorising these and assigning codes to allow for their analysis. At the same time, the team undertook a narrative analysis, highlighting those responses that provided useful additional information or perspectives, or gave personal accounts of the risk or benefits of telemedicine. Whilst a selection of these responses has been included in the summary report this does not constitute the complete narrative analysis that was undertaken.

The online survey of veterinary professionals received 1,230 responses, the public consultation received 229 responses and the survey of organisations/stakeholders received eight analysable responses (one response was incomplete and could not be analysed). Given the low sample size of the survey of organisations and that one organisation responded twice, the results have been presented in a different format, and the analysis shows how each organisation responded to the individual questions rather than presenting the responses in an aggregated form.

Separate written responses were also received from British Veterinary Association (BVA), British Small Animal Veterinary Association (BSAVA), Society of Practicing Veterinary Surgeons (SPVS), Dogs Trust, a telemedicine provider and one individual veterinary surgeon; where possible, themes and responses from these written submissions are also included in the Summary Report.

3. Demographics

- In the professional survey, 88% of respondents were veterinary surgeons and 12% veterinary nurses. 55% of respondents worked 'predominately in small animal practice' followed by 11% in 'referral practice', 6% in mixed practices, 6% in teaching or research and 5% in 'predominantly equine practice'. 58% of professional respondents were female.

- In the public survey, 71% of respondents were female. The most common species of animals owned were dogs (69%), cats (50%), other small mammals (12%), horses (9%) and farm animals (9%).

- The following organisations and individuals either completed the online survey for organisations and stakeholders, or submitted separate written responses to the consultation.

Organisation / individual	Abbreviation	Type of response
Society of Greyhound Veterinarians (Council Member)	SGV1	Survey
Society of Greyhound Veterinarians (Press Officer)	SGV2	Survey
Veterinary Practice Management Association	VPMA	Survey
Vetsdirect	VDir	Survey
Cats Protection	CaPr	Survey
British Veterinary Nursing Association	BVNA	Survey
People's Dispensary for Sick Animals	PDSA	Survey
Finn Pathologists	Finn	Survey
British Veterinary Association	BVA	Written
Dogs Trust	DoTr	Written
Society of Practising Veterinary Surgeons	SPVS	Written
British Small Animal Veterinary Association	BSAVA	Written
Telemedicine provider	Tele	Written
Individual veterinary surgeon	Indi	Written

3.1. Previous experience of telemedicine

- Amongst 221 members of the public that answered the question, experience of telemedicine was limited, with only 19% of respondents (n=42) having previously used these services. Similarly only 34% of professional respondents (n=334) of the 992 who responded indicated that they had provided telemedicine services to clients.

- The most common types of service or situation in which veterinary professionals had provided a telemedicine to clients were: follow up advice to existing clients (n=86), providing phone advice (n=49), triage (n=45), general advice / qualified advice for simple conditions (n=45) and reviewing photos or video footage (n=43).

- Convenience (n=14), reassurance (wanted to know if I needed to see a vet) (n=14) and cost (n=8) were the most commonly cited reasons for the public using telemedicine services

- Out of the 41 members of the public that provided comments on their experience of using telemedicine over 75% were 'satisfied' (n=11) or 'very satisfied' (n=20) with the service they had received.

The following provide examples of how the public described their experience of using telemedicine services:

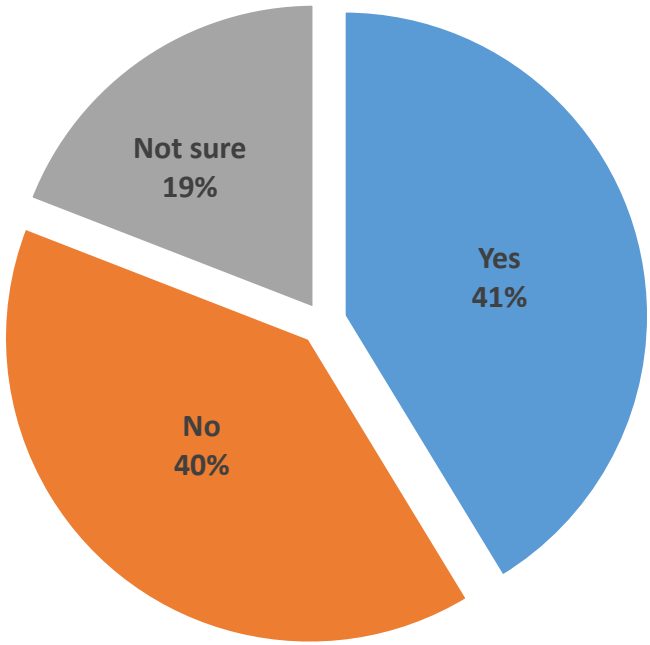
> *'So far, I'm really liking it. Being able to schedule a visit on an app is very handy, as is being able to alert the vet in advance of any issues before she comes to the house. My cat is also much happier now that she doesn't have to ride the bus to the vet's office every few weeks! It was getting too stressful for her and at 15, I didn't want to keep putting her through that.'*
>
> *'It was pointless. On a par with calling NHS 11. The vet said that I should go and see a vet (my dog had conjunctivitis). I had hoped that he would have been able to diagnose and prescribe, rather than say, yes it looks like conjunctivitis, you need to see a vet.'*
>
> *'Very professional and empathetic veterinary nurse who understood completely my anxiety and was very helpful - this service I see as value added and not in any way meant to replace the Vet - it just gave me the peace of mind and took the worry away.'*

4. Amendments to RCVS Guidance

Figure 1 (overleaf) shows how respondents to the professional survey answered the headline question as to whether RCVS 'supporting guidance to the Code of Professional Conduct' should be amended to allow remote examination to take the place of physical examination in certain circumstances.

Figure 1

Question text: Technological advancements now allow for remote visual examination of an animal and provision of an animal's physiological data. In light of this, should the supporting guidance above be amended to allow for remote examination to take the place of physical examination in some circumstances?



The following organisations directly expressed a view on the above question, either through the online survey or written submissions.

Answer:	Organisations:
Yes	BVNA, PDSA, VDir, SGV2, DoTr
No	SGV1, Finn
Not sure	CaPr, VPMA

BSAVA could not reach a consensus as to how to answer this question.

4.1. Identifying risks

The professions and organisations were asked a series of questions in order to establish how they rated the risk associated with telemedicine according to activity type, practice type, clinical sign or syndrome, mode of technology, and familiarity with client, animal or environment. The following tables present in ascending order (from lowest to highest) the mean risk rating that was selected by respondents to the professional survey.

4.2. Risk by activity type

Answer options	Low risk	Medium risk	High risk	Not appropriate at all	Rating average*
Provide general advice	822	241	38	34	1.37
Provide specific veterinary advice (in relation to a particular animal)	87	440	418	190	2.63
Offer treatment recommendations	77	407	392	254	2.73
Diagnose disease or injury	27	248	419	440	3.12

**The 'rating average' is calculated as the mean risk rating when low risk = 1, medium risk = 2, high risk = 3 and not appropriate at all = 4. For each answer option, the modal risk level assigned by respondents is highlighted in the above table in green.*

- 830 respondents used the associated free text box to explain the risk rating they had assigned. The most common reasons given were importance of physical examination (n=492), telemedicine only being appropriate for general advice or when the animal has recently been seen by a vet (n=231) and concerns related to client communications, understanding or compliance (n=92).

- 129 responses noted that risk was dependent upon the particular case, condition or wider context and not simply the activity type.

All of the organisations that directly expressed a view regarding risk by activity type considered that 'general advice' presented either a low or medium risk. There was a spread of opinion regarding the other activities, but only VDir identified them as being low risk.

4.3. Risk by practice type

Answer options	Low risk	Medium risk	High risk	Not appropriate at all	Rating average*
General practice	136	362	311	233	2.62
Out-of-hours care	44	280	410	304	2.94
Referral practice	89	240	307	400	2.98
Emergency / critical care	28	102	340	569	3.40

**The 'Rating Average' is calculated as the mean risk rating when low risk = 1, medium risk = 2, high risk = 3 andnot appropriate = 4. For each answer option the modal risk level assigned by respondents is highlighted in the above table in green.*

There was little consensus amongst organisations regarding the risk of telemedicine 'by practice type' with the PDSA noting 'The risk is not linked to the practice type, it's linked to the extent that the technology is used within the practice'.

4.4. Risk by clinical sign/syndrome

Answer options	Rating average
Flea and worming	1.40
Minor wounds	2.08
Skin conditions	2.15
Dental conditions	2.23
Lameness	2.52
Lumps and bumps	2.56
Weight loss	2.65
Diarrhoea or vomiting	2.70
Excessive drinking or urinating	2.77
Reproductive disorders	2.83
Ear or eye conditions	2.95
Lethargy	3.03
Neurological conditions	3.19
Pain	3.19
Respiratory conditions	3.32
Collapse	3.60

**The 'Rating Average' is calculated as the mean risk rating when low risk = 1, medium risk = 2, high risk = 3 and not appropriate = 4.*

Organisations responding to the above demonstrated little agreement in how they categorised the risks associated with the above signs and syndromes, with the exception of 'flea and worming' where all respondents categorised it as 'low risk'.

4.5. Risk by technology

Answer options	Low risk	Medium risk	High risk	Not appropriate at all	Rating average*
Wearable technology/implants for pets (eg smart collars to monitor heart rate)	283	409	229	104	2.15
Video-link (e.g. Skype)	203	444	270	117	2.29
Other (please specify)	51	46	34	66	2.58
Online live chat	99	298	408	228	2.74

**The 'Rating Average' is calculated as the mean risk rating when low Risk = 1, medium risk = 2, high risk = 3 and not appropriate = 4. For each answer option the modal risk level assigned by respondents is highlighted in the above table in green.*

All organisations that responded directly to the above question, apart from Dogs Trust and BSAVA, considered that video-link was of 'low' or 'medium' risk.

The Dogs Trust assigned a 'high risk' category noting:

> *'Whilst we acknowledge there are scenarios that attract medium or even low risk assessment, we have to list this as high risk in order to cover those that do. A video link would certainly be an aid to triage and may provide reassurance to owners if, for example, they are struggling with handling / administering medication. However, video link cannot allow a full clinical examination; again it should be used as an aid and part of a package rather than an 'instead of'.'*

Whilst BSAVA assigned a risk spectrum of 'low-medium-high' noting it 'totally depends on the condition being assessed, the person assessing and the quality of the video-link/image.

4.6. Familiarity with client, animal and environment:

Answer options	Low risk	Medium risk	High risk	Not appropriate at all	Ratingaverage
Client and environment known and animal seen before, for the same problem	433	410	142	48	1.81
Client and environment known and animal seen before, but for a different problem	100	403	335	197	2.61
Client and environment known, but animal unknown	49	277	352	356	2.98
Client known, but animal and environment unknown	33	223	390	387	3.09
Client, animal and environment all unknown	25	79	344	589	3.44

**The 'Rating Average' is calculated as the mean risk rating when Low Risk = 1, Medium Risk = 2, High Risk = 3 and Not appropriate = 4. For each answer option the modal risk level assigned by respondents is highlighted in the above table in green.*

In the associated free-text box 562 respondents elaborated or explained their answer, with the following being the most frequent responses:

- knowledge of the animal is needed (n=108)
- telemedicine should only be used for follow-up (n=104)
- knowledge of the client is needed (n=92)
- variance in owner 'competence' impacts risk (n=74)
- an existing VCPR is needed (n=71)

Although there was a diversity of opinion amongst organisations as to the level of risk associated with the scenarios presented, in aggregate the responses followed a similar pattern. The likely reason for this is summarised by the Dogs Trust:

> *'The more that is known about a client, their expertise, the patient and the condition, the lower the risk. However, the level of familiarity should not lead to complacency…'*

5. General comments: remote consultation, diagnosis and/or treatment

In the professional survey 482 respondents provided general comments on remote consultation, diagnosis and/or treatment, of which 201 were considered to show a predominately positive sentiment towards telemedicine, 207 a predominately negative sentiment and 74 were categorised as being neutral.

- The top three issues highlighted in responses related to: the role telemedicine could play in enhancing existing care models (n=79), being unable to diagnose effectively (n=71) and client competence, understanding and/or compliance (n=56).

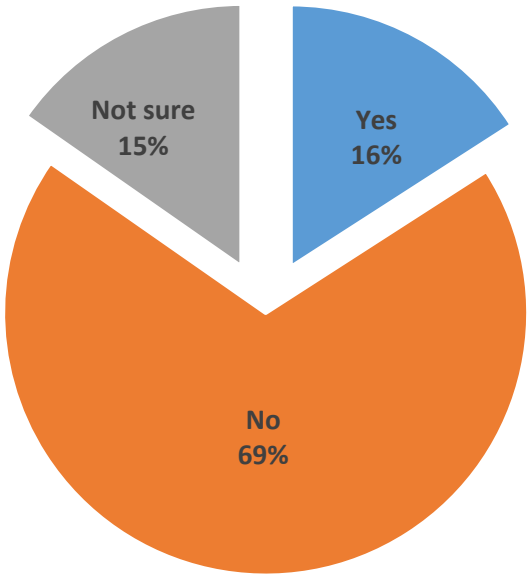
Amongst the organisations that responded to the online consultation or provided written responses, the following issues were highlighted: improved access to veterinary care or animal welfare benefits of telemedicine (BVNA, PDSA, DoTr, VDir); concerns about lack of physical examination or when to refer animals for physical examination (BVNA, CaPr), need to embrace new technologies and develop appropriate regulatory regimes (PDSA, VDir, DoTr), concerns about the expertise of the vet providing telemedicine services (SGV1), and concerns about fraud (DoTr).

6. Remote prescribing

The majority of respondents to the professional survey (69%) did not consider that the definition of 'under care' should be extended to allow veterinary surgeons to prescribe veterinary medicines where there has been no physical examination of the animal (Figure 2).

Figure 2

Question Text: Do you consider that the current definition of 'under care' should be extended to allow veterinary surgeons to prescribe veterinary medicines where there has been no physical examination of the animal?



- In the associated free-text box 595 respondents explained their answer, the most frequent responses were: prescribing is not appropriate without a physical examination (n=241), that it would entail significant risk (n=88), that it would be ok for low risk medicines or conditions (n=77), and that it would be ok where the vet is familiar with the animal/condition or for providing repeat prescriptions (n=75).

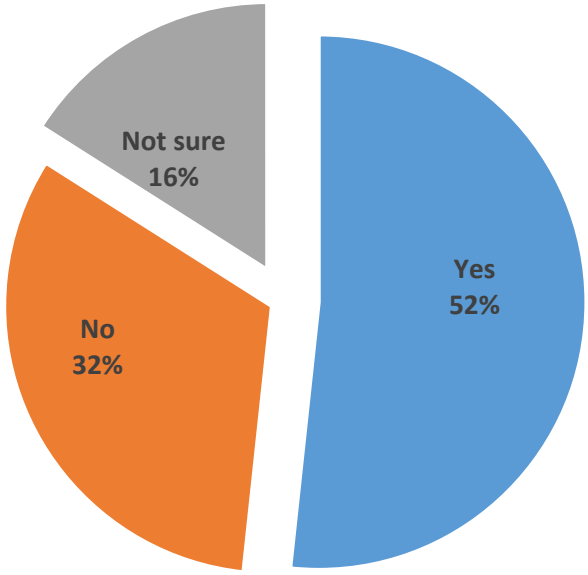
The responses of organisations that directly sought to answer the above question followed a similar pattern.

Answer:	Organisations:
Yes	PDSA, VDir,
No	SGV1, Finn, CaPr, VPMA, BSAVA, Dogs Trust
Not sure	BVNA, SGV2

When asked whether *certain types* of veterinary medicines should be able to be prescribed without a physical examination of the animal, however, the majority of respondents to the professional survey (52%) were in favour (Figure 3).

Figure 3

Question Text: In the human healthcare sector certain types of products may be remotely prescribed by telephone, video-link, or online. Do you consider that there are certain classifications or types of veterinary medicines that should be able to be prescribed without a physical examination of the animal?



The following provide examples of the responses received using an associated free-text box provided that allowed respondents to explain their responses in relation to the acceptability of limited prescribing:

> *'Limited and would require: 1) Established relationship with client at least 2) Process where follow-up of patient response can be monitored and recorded 3) Meaningful accountability for the professional involved'*

> *'Although potentially some anti-parasiticides, could be prescribed without a physical exam, it opens a door and would lead to pressure for further products in differing categories to be exempted. The VMD [Veterinary Medicines Directorate] decide on prescribing categories for a reason, and these should be respected. If a product is prescription only, by definition it should only be prescribed after the animal has been examined'*

> *'The question is wrong here - it's not that they don't have a physical examination if a telemedicine consultation has been performed rather the data gathered is in a novel fashion…'*

> *'Certain products e.g. POM parasitiscides, phenylpropanolamine come to mind are POMs that could probably be prescribed quite safely without a physical examination but I think it cuts a link that clients have to their practice. Is it not in the older incontinent bitch's best interest to be physically examined once in a while? These products can also be a vital part of a practice's income stream and the more of that we give away the more expensive our services have to become.'*

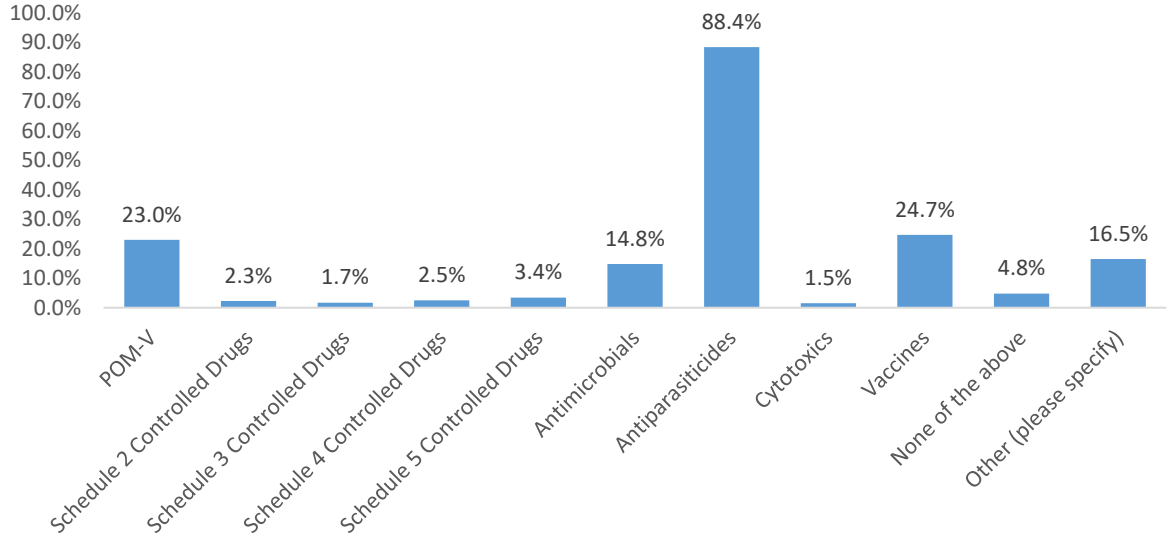
Organisations that directly sought to answer the above question responded in the following fashion:

Answer:	Organisations:
Yes	PDSA, VDir, CaPr, Finn, BSAVA (very limited circumstances), DoTr (for flea and worming only)
No	SGV1
Not sure	BVNA, SGV2, VPMA

When asked to identify types of medicines that should be allowed to be prescribed without physical examination of the animal, antiparasiticides were the only type of medicine to be selected by the majority of professional respondents (Figure 4).

Figure 4

Question Text: Which of the following types / classifications of products do you consider should be able to be prescribed without physical examination of the animal [please tick all that apply]?



Finn, CaPr, PDSA, DoTr and BSAVA all identified antiparasiticides as being suitable for remote prescription without physical examination. PDSA also considered POM-V, Schedule 3, 4 and 5 controlled drugs, antimicrobials and vaccines all were appropriate, whilst BSAVA considered a limited selection of vaccines and nutraceuticals would also be appropriate.

6.1. Remote prescribing: contextual questions

When professional respondents (n=996) responded as to how likely is it that they would consider remote prescribing when they had previously examined the animal, the modal response (the most frequently selected) (n=335) was 'likely', but the mean response when calculated as described in the above table was 'unsure'.

- 552 respondents used the associated free-text box to explain their answer to the above question. The most common themes in the responses were: the importance of familiarity with the condition or animal, or how recently it was examined (n=181); prescribing should only be for previously diagnosed conditions (n=162); and the likelihood/appropriateness depends on the condition or wider context (n=162).

The following table shows how the mode of technology impacts the likelihood that professional respondents would prescribe remotely. The Video-link was the only technology to receive a modal response of 'Likely', but even this technology received a mean response between 'Unlikely and 'Unsure'.

Answer options	Very unlikely	Unlikely	Unsure	Likely	Very likely	Rating average*
Video-link	194	230	233	267	53	2.75
Data gleaned from wearables	214	224	324	166	39	2.58
Telephone	288	260	201	206	24	2.41
Online live chat	342	280	206	122	17	2.16

**The 'Rating Average' is calculated as the mean rating when very unlikely = 1, unlikely = 2, unsure = 3, likely = 4 and very likely = 5. For each answer option the modal response is highlighted in the above table in green*

Organisations were also asked what level of risk they would associate with remote prescribing, depending on the mode of technology used. Those who completed the survey answered as follows:

Answer options	Low risk	Medium risk	High risk	Not appropriate at all
Telephone	PDSA VDir	CaPr	BVNA, VPMA, SGV2	SGV1, Finn
Video-link	VDir	BVNA, CaPr	VPMA, SGV2 Finn	SGV1
Online live chat	PDSA	BVNA, PDSA, VDir	CaPr, SGV2	VPMA, SGV1 Finn
Data gleaned from wearable technology / implants for pets		BVNA, PDSA, VDir VPMA, SGV2	Cats, SGV1, Finn	

6.2. Remote prescribing: regulatory safeguards and general comments

Professional respondents were asked to think about regulatory safeguards that could be applied to reduce the risk of remote prescribing:

- In response to a question regarding safeguards to ensure the legitimacy of requests to prescribe, the most frequent responses were: the animal must already be registered with the practice or have been seen in person by a vet (n=234), access to animal or client ID (n=191), verification or personal data (e.g. Mother's maiden name) (n=94), secure online login system (n=89) and voice or visual recognition (n=65).

- In relation to general regulatory safeguards, the most frequent responses were: the animal must have been recently examined (under care) or be a known patient (n=196); remote prescription is inappropriate (n=115); restricting remote prescribing to minor issues or non-dangerous medicines (n=83); requiring verification of client details or only prescribing to known clients (n=54) and limiting remote prescribing to repeat prescriptions (n=54).

In relation to regulatory safeguards, organisations noted that: a physical examination was required or prescribing should be limited to existing clients (SGV1, SGV2, DoTr, BSAVA), should be limited to certain drug types (CaPr, DoTr), provision should be made for 24-hour cover or physical examination (DoTr, BSAVA), that there is a need for central oversight to ensure clients do not go to multiple providers (DoTr, BSAVA), vets should have access to the animal's medical history (VDir), vets must be able to verify the identity of the client/animal (BSAVA).

The most frequent response comment from the 312 respondents that provided 'further comments' on remote prescribing in the professional survey was that it was 'not appropriate' (n=99). DoTr noted specific concern about remote prescribing and the cascade, due to issues surrounding informed consent.

7. Advantages / disadvantages of telemedicine

The majority professional respondents (65%) considered there were particular advantages associated with telemedicine, compared to 61% of public respondents. The overwhelming majority professional respondents (90%) considered there were particular disadvantages, compared to 56% of public respondents.

The following table contrasts the most frequent advantages identified by professional and public respondents.

Advantages: Professional (n=731)	Advantages: Public (n=130)
Improves access for geographically remote areas / those who cannot bring their animal to a vet (n=180)	Save animal the stress of travel (n=32)
Improves access to specialists or second opinion (n=143)	Lower cost / avoiding call-out charge (n=31)
Less stress for animals, reduced unnecessary vet visits and advantages of seeing animal in the home environment (n=118)	Convenience (n=24)
Useful for triage, providing general advice or in relation to minor conditions and preventative medicine (n=108)	Reassurance / finding out if you need to see a vet (n=21)
More efficient and convenient (for vet or client) (n=108)	Speed of access to vet (n=15)

The following advantages were identified by organisations either in the online survey or written responses: improves access to veterinary services (BVNA, CaPR, SGV2, DoTr, BSAVA); more efficient and convenient (PDSA, VDir); welfare benefits as more animals are seen by vets (VDir, SPVS); useful for triage (DoTr, BSAVA) and being a potential new chargeable service (SPVS).

The most frequently cited disadvantages from the 819 comments from professional respondents were: risk of error due to incomplete information, lack of physical examination or limitations of the technology (n=404) and issues relating to owner competences, knowledge or trust (n=140). The most frequently cited disadvantages from the 137 comments from public respondents were very similar: concerns about the lack of physical examination (n=60), increase risk of clinical error (n=20) and limited owner knowledge (n=19).

The following disadvantages were identified by organisations either in the online survey or written responses: risk of error due to incomplete information, lack of physical examination or limitations of the technology (BVNA, CaPr, PDSA, VDir, SGV1, DoTR, BSAVA, SPVS); risk of fraud: (PDSA, DoTR, BSAVA); commercial issues (PDSA, Finn, BSAVA); risk of miscommunication (VPMA) and difficulty ensuring professional responsibilities or a potential lowering of standards; (SGV2, DoTr, BSAVA, SPVS) .

8. Telemedicine: future intentions

Public respondents were asked if they would consider using telemedicine services in the future:

- 49% responded positively (n=88) whilst 29% were 'not sure' (n=51). Of the 83 comments received in the associated free-text box, the most frequent response for not considering using telemedicine was the need for a physical examination of their animal (n=29) and the most frequently-cited reasons for using considering using telemedicine were speed and convenience (n=11).

Figure 5 shows the percentage of veterinary professional respondents (n=995) that would consider providing telemedicine services in particular circumstances, whilst Figure 6 shows the percentage of public respondents (n=178) that would consider using telemedicine services in these circumstances.

Figure 5

In which of the following circumstances would you consider providing telemedicine services (please tick all that apply) to your clients?

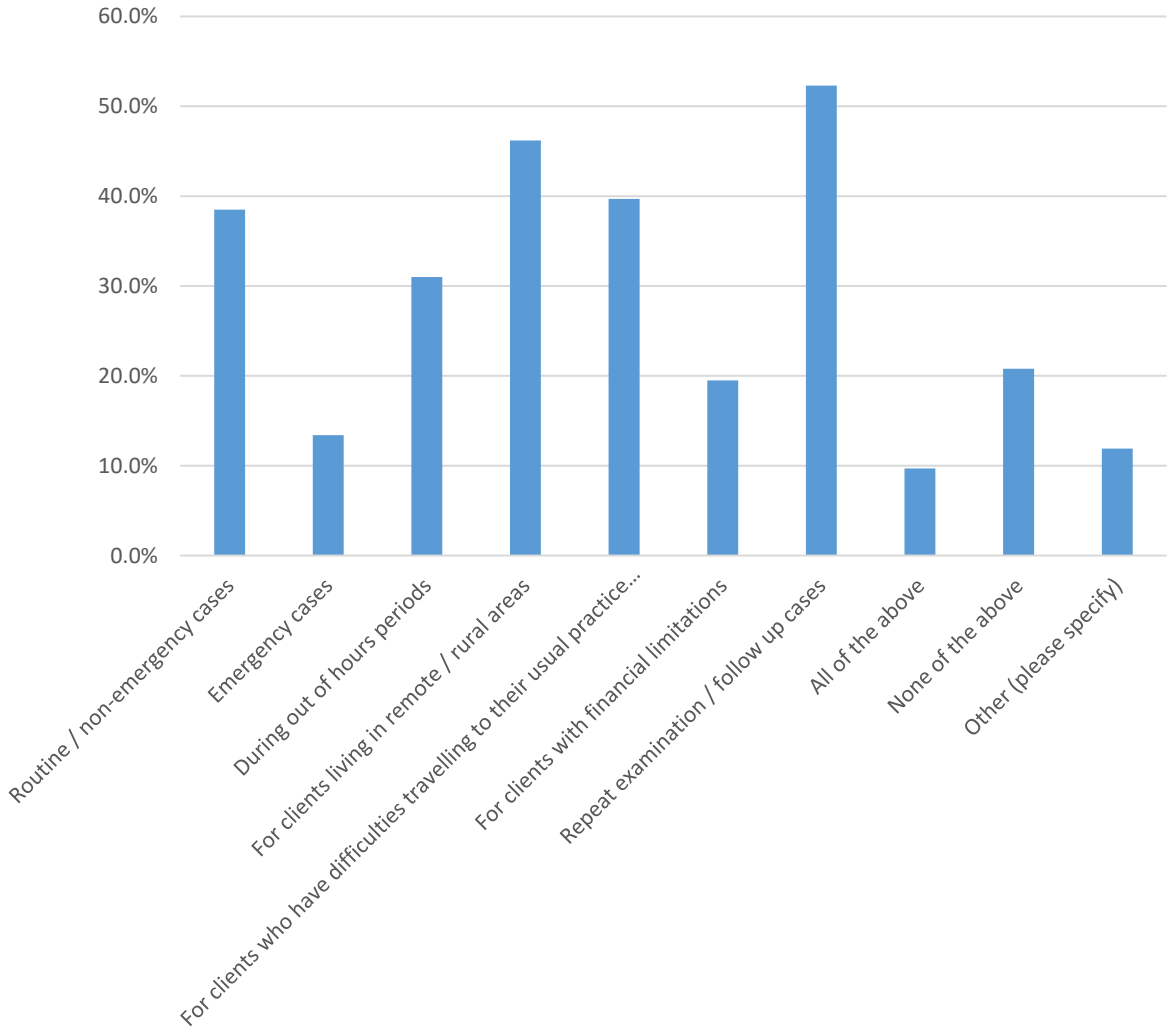
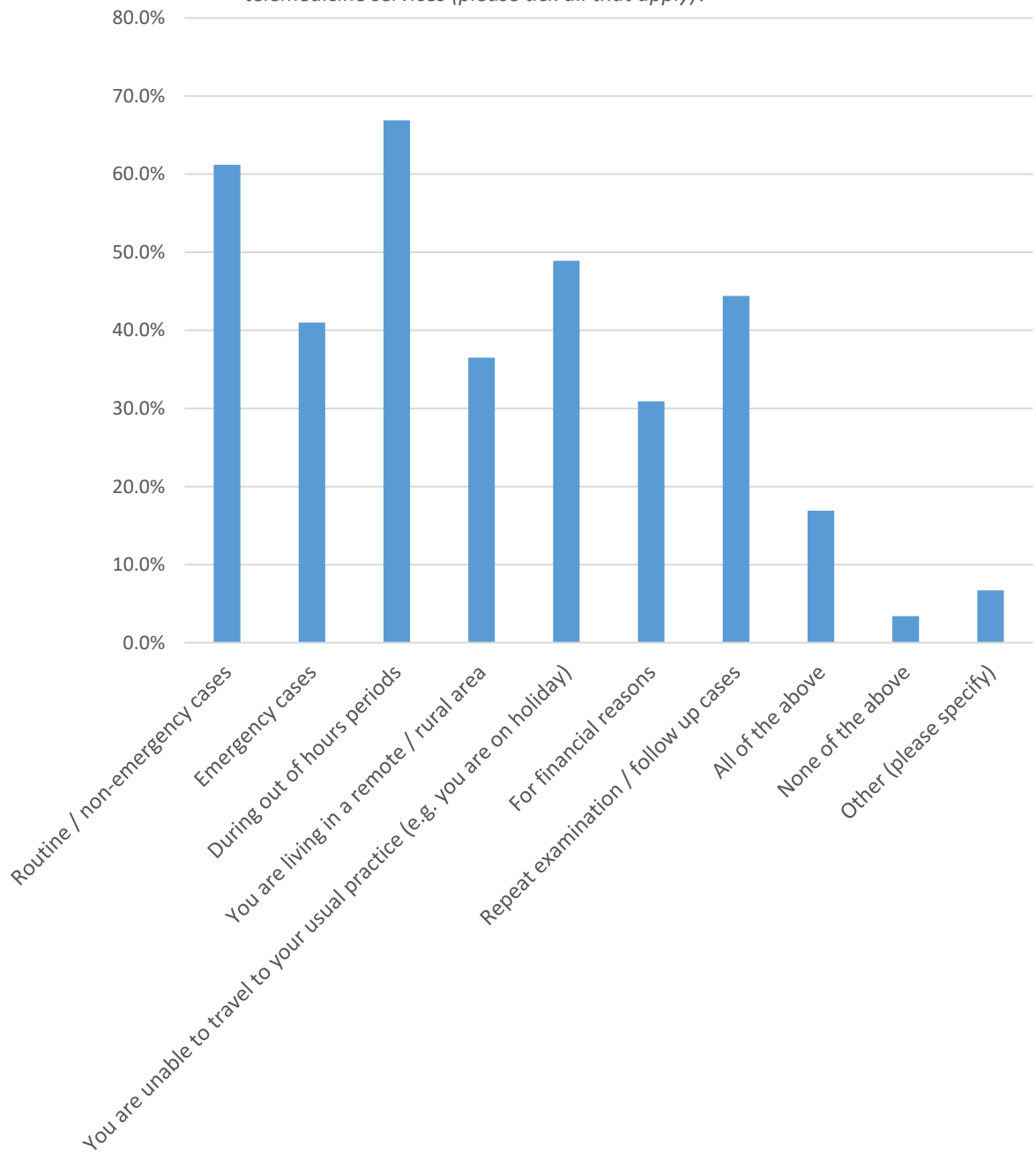


Figure 6

In which of the following circumstances would you consider using veterinary telemedicine services (please tick all that apply)?



9. Telemedicine: limitations

The overwhelming majority of professional respondents 92% (n=896) and all organisations that responded directly to this issue considered that veterinary professionals should be required to provide clients with information so they can understand the limitations of the service provided.

10. Written submissions

As noted, four veterinary organisations, a telemedicine provider and an individual veterinary surgeon provided written responses to the consultation instead or in addition to completing the online surveys.

Where possible, such as when their responses directly addressed the questions in the survey, their views have also been incorporated in the above summary report. The following section also summarises the headline messages from the four veterinary organisations and the telemedicine provider's written responses. These summaries do not reflect the detailed and nuanced responses developed by these organisations, which are being considered by Standards Committee and Council.

10.1. BVA

BVA is broadly supportive of consulting on the issues, but reserves the right to await the outcome of the consultations before developing its position further. 'RCVS has indicated an intention to meet with organisations and individuals to discuss the key issues in depth once the Standards Committee has reviewed the findings from the survey. We [BVA] fully support this approach and believe it is essential that we have the opportunity to contribute at each stage of the decision-making process on this important issue. We [BVA] would also urge full and open further consultation if any changes to the Code or supporting guidance are proposed.'

10.2. Dogs Trust

Dogs Trust note the 'lowest common denominator must always be borne in mind. That is, the professional who sees this as an easy way to make financial gain, and also the client who uses the technology as a means to access prescription-only medicines. Furthermore, any changes must give clear guidance which supports those offering such services detailing what is, and is not, acceptable. Instead telemedicine might be seen as a way of enhancing, rather than replacing direct veterinary services and where remote services are provided it must be a requirement that there is provision made for the provision of direct veterinary services should the condition of the animal deteriorate.'

10.3. SPVS

'The overarching view of SPVS members is that caution must be exercised and that it is important that both veterinary professionals and the public recognise potential limitations and that expectations are managed as to what can be offered through various modes of telemedicine.
'The introduction of telemedicine must bring certain restrictive limitations which must be taken into account to safeguard both the veterinary professional, the public and the animal. These could always be relaxed once the profession gains experience.'

10.4. BSAVA

'In order to maximise the benefits and minimise the risks associated with increased reliance on technology the RCVS should ensure that regulation is in place to protect animal welfare, public confidence and professional reputation.

'In view of the concerns that have arisen in relation to remote consultations and prescribing in the medical profession (as evidenced by the CQC report), the BSAVA strongly recommend that, with the exception of those providing general advice and triage, remote telemedicine services direct to the client should only take place within an established Veterinary Client Patient Relationship…

'The BSAVA…strongly recommend that consideration should be given to the regulatory requirements to ensure that these devices are properly validated and that appropriate safeguards are in place in relation to animal welfare and client confidentiality.'

10.5. Telemedicine provider

‘Telemedicine is going to be used more frequently in the future. It is not a question of restricting it as the public will use Dr Google instead and this is something that should be avoided at all costs. Instead guidelines should be set to ensure pet health remains paramount and only qualified people can provide a service.’