

How to achieve contextualised care: insights from the veterinary sector and pet owners.

Amanda Boag, Sally Everitt and Katie Mantell

Amanda Boag:

I think we will get started. It gives me great pleasure to introduce... to, welcome everyone to this webinar. My name is Amanda Bogue, and I am Chair of Trustees of RCVS Knowledge.

And, as I said, really delighted to welcome you to this webinar to launch our research report on contextualized care, and to share a roadmap, to support contextualized care.

As you'll almost certainly be aware, our CVS Knowledge is a charity whose mission is to advance the quality of veterinary care for the benefit of animals, the public, and society.

This year, the team have been working incredibly hard on an initiative to bring people together from across the whole veterinary community, and also, really importantly with pet owners, to build the evidence base around both the barriers and the facilitators to contextualise care.

The output of this work, which was really only an idea just 12 months ago, so again, just huge credit to the team for doing all this work in a such a short space of time. But the output is this research report that's going to be shared on the RCVS Knowledge website after this webinar, together with a shorter, contextualized care roadmap that pulls out the key recommendations from the research and sets out a roadmap of what needs to happen to support all veterinary teams and pet owners to achieve care that's adapted to the individual needs of each animal, its owner, and the wider context.

Firstly, we'll be hearing from Sally Everett, who is our CVS Knowledge's Clinical Lead for Evidence, and has been the clinical lead for this research. Sally will talk us

RCVS Knowledge Registered Office: RCVS Knowledge | First Floor | 10 Queen Street Place | London | EC4R 1BE
Correspondence: RCVS Knowledge | 3 Waterhouse Square | 138 – 142 Holborn | London | EC1N 2SW

T 020 7202 0721 **E** info@rcvsknowledge.org **W** www.rcvsknowledge.org

RCVS Knowledge is a registered Charity No. 230886. Registered as a Company limited by guarantee in England and Wales No. 598443.

through what the research involved, and we'll share headline findings of what are incredibly rich findings from the research, where you'll be able to find, you'll be able to delve into those findings in the report afterwards. We'll then hear from Katie Mantell, our Chief Executive Officer, who will talk you through the recommendations coming out of the report that are represented in the contextualized Care Roadmap.

We'll be sure to leave, hopefully, at least 15 minutes at the end for your questions, so please do add your questions into the Q&A on your screen at any time, and we'll take them at the end.

I should also just let you know that this webinar is being recorded, so we can share it with those who aren't able to attend in person.

So, at that point, I'm going to let you get started, and I'll hand you over to Sally now.

Sally Everitt:

Thank you very much, Amanda. I don't seem to have control at the moment. Oh, here we are. Okay, so why have we been focusing on contextualized care now?

The term contextualised care, that is, veterinary care that acknowledges that there are different ways to approach the diagnosis and treatment of an animal, depending on the circumstances of the individual animal, their caregivers, and the context in which the care is delivered, has gained a lot of attention in the last few years.

The term was suggested as a counter to the term gold standard care, which presumes there's a single best or textbook way to approach the diagnosis and treatment of a disease.

While there are no objectively recognised gold standards in veterinary care, the term is often associated with care that uses intensive and technologically advanced methods.

In the belief that those are the ones that are most likely to lead to the best outcomes.

While some consider that contextualized care is a new name for the way that veterinary care has always been done, i.e. the art of veterinary practice. There are other things that feel that something has been lost in recent years.

And there may be a number of reasons for this, because there have been a lot of changes. So we have a much wider range of diagnostic and treatment options now available. This does enable us to diagnose and treat a wider range of conditions, but it also adds more complexity to the decision making, and contributes to higher costs.

Rising costs of veterinary care have exacerbated lots of issues around affordability and accessibility for pet owners.

Unchanging attitudes, particularly to pets being seen as family members, are leading to altered expectations of veterinary care.

These changes have been most marked in the small animal veterinary practice, and have also come into sharper focus with the CMA market investigation into veterinary services for household pets.

For that reason, the focus of our research has been on pet owners and on contextualized care in small animal practice. However, we do believe that the principles of contextualized care

And adapting care provided to individual circumstances and the context in which care is delivered will be relevant to veterinary teams working in many other contexts.

So what did we do?

The aim of this project... oh, now it's gone. Sorry, we're...

The aim of this project was to investigate how contextualized care is understood, experienced, and applied within small animal veterinary practice in the UK, and to

use those insights to make evidence-informed recommendations that lay out a roadmap of support for contextualized care.

In this presentation, I want to give an overview of the research that we've undertaken, but obviously this is a short presentation, so there will be much more detail in the report.

Oh, sorry. Okay, so...As part of the project, we had two stakeholder events that brought together more than 70 stakeholders from across the veterinary community, including veterinary surgeons and veterinary nurses from independent and corporate practices, receptionists, educators, regulators, and leaders from veterinary associations and charity settings. Alongside recent graduates and pet owners.

The first of these was the National Forum on Contextualized Care which was held in February, and helped us to shape the direction of the research.

The second was the National Summit on Contextualized Care, held in July. On which the participants reflected on the initial research findings and helped us provide insight into the actions that are needed for the delivery of contextualized care. To carry out the data collection analysis, we work with Kaleidoscope Health and Care.

A research and evaluation organization with experience in human healthcare. To ensure independence, and because we thought some of the participants might have felt uncomfortable sharing sensitive years with us.

The study was a mixed methods design, collecting both quantitative data from questionnaires and qualitative data from focus groups, interviews, and open-ended survey questions.

We received responses from more than 400 veterinary professionals for the survey, both from vets and veterinary nurses working in practice, and over 700 pet owners, specifically dog and cat owners.

The research explored a number of questions. What contextualized care looks like for relevant stakeholders, specifically veterinary professionals and pet owners, and particularly what it looks like when it's done well.

However, with pet owners, we didn't use the term contextualized care directly, because we didn't think they'd know what it meant.

But rather talked about care that... what was important to them, and care that was personalized to them and their pet.

We also then asked both groups about barriers and facilitators, and what they thought needed to change to support contextualised care.

So, what did we find?

Contextualized care is a way of delivering veterinary care that's adapted to the needs and circumstances of the individual, animal, its owner, and the wider context.

Within the veterinary practice, it's broadly understood by veterinary team members as care that considers the whole picture and the wider context of the animal.

For pet owners, it's care that's adapted to their individual circumstances, having information presented to them in accessible language about a range of options, including costs and potential outcomes.

So what does contextualized care look like?

Pet owners expressed a desire for shared decision-making, for their knowledge of their pets to be respected, and for transparent discussions that empower them to make informed decisions.

While they welcome professional recommendations, particularly in urgent situations, they want to be involved in making decisions about the best course of action for them and their pet.

They're also looking for practical and realistic solutions that recognize their individual circumstances.

For vets, the most important aspects of contextualized care is the freedom to utilize their clinical judgement to adapt care to the individual animal, client, and context.

They understand that it's important that they communicate clearly, explaining options, costs, and potential outcomes in a way that clients can understand.

Veterinary team members emphasise that the delivery of contextualized care depends on trusting and supportive relationships, both within the practice team and with pet owners.

And registered veterinary nurses and receptors play a vital role in building relationships and supporting client understanding and facilitating practical solutions.

We asked people what the top factors that influence their care decisions were. For pet owners, by far the most important factors when making a choice is about diagnosis or treatment for their pets. A quality of life for the animal, Both during and after treatment.

And they favour explicit discussions of the impact on quality of life. They're also keen to understand effectiveness, which for them also includes an understanding of side effects.

Veterinary Professional Survey indicates that the contextual factors most commonly reported are individual animal characteristics, such as comorbidities, age and temperament. Financial constraints, and other owner characteristics, such as their ability to get to the surgery or give... medication.

It isn't surprising that the contextual factors relating to the animal and owner are the most frequently considered, as they will present in nearly all consultations. However,

wider factors relating to the practice, industry, profession, wider society, were also considered important, though not necessarily in every consultation.

For example, factors affecting human environmental health, such as antimicrobial resistance, were considered always or often by 65% of veterinary professionals.

So, we also asked about the potential benefits of contextualized care, particularly contextualized care done well. Pet owners and veterinary professionals strongly agree.

That taking a contextualized care approach would bring strength and trust between pet owners and veterinary teams, and improve the quality of care.

Veterinary teams also identified additional benefits, such as fostering a sense of openness and support within veterinary teams, enabling the practice to operate sustainably, improving job satisfaction, and in both cases, reducing the... potentially reducing the incidence of rehoming.

A positive finding of this study is that 45% of veterinary professionals and pet owners report that they encounter very few barriers in providing or receiving contextualised care. Confirming that this is something that is achievable in practice. However, it also shows that more support is needed to ensure that contextualized care is more widely available.

The barriers most commonly identified by both veterinary professionals and pet owners was lack of continuity of care and affordability problems. However, pet owners also reported barriers that were emotional in nature, feeling very emotional when their pets are unwell, feeling guilty about not being able to afford treatment.

They also have concerns about being able to retain all the information they're given during a consultation, and feel uncomfortable discussing money.

Other barriers mentioned by pet owners relate to practical things, like accessibility to veterinary practice for wheelchair users, transporting pets.

And some members of the veterinary team, they feel that some members of the veterinary team follow standardized protocols, rather than adapting care to their individual needs.

Veterinary teams consider lack of continuity of care as a problem, as where clients see different team members, this hampers relationship building. And can impact on the quality of care. They also see financial constraints and difficulties communicating about the cost of care. And the desire to provide gold standard care as barriers to providing contextualized care.

The research identified significant differences in the barriers encountered between veterinary surgeons and veterinary nurses, reflecting their different roles in practice. But with nurses consistently reporting, they perceive higher barriers occur across most categories, particularly with regard to finances. And fewer nurses reported that they felt there were few barriers to providing contextualised care.

The analysis of the survey results also shows that more recently qualified vets perceive there to be more barriers than those with more experience.

So, I'm going to just talk you through this graph, because it's a little bit complicated. This graph shows the proportion of veterinary surgeons from each age cohort, so the left hand... oh, no, that, unfortunately. Try to do that without moving forwards.

I'm gonna have to...Going to have to do that without, using the...mouse, obviously. The left-hand column is for all veterinary surgeons of all ages, and then the columns after that in each batch represent the cohorts from the 1980s, 90s, 2000s, 2010s, and the orange column is those that most recently graduated, so 2020 to the present day. And as you'll see, that the orange column is quite different from some of the others.

This group are less likely to feel that there are few barriers to providing contextualized care, and more likely to feel that it's difficult to provide contextualized care when the owners see different members of the practice team at each visit.

When there are financial constraints that limit the care they feel they can provide. Finding it more difficult to communicate, again, about finances, and...Feeling more uncomfortable when they're able to... not able to provide what they perceive as gold standard care.

This desire to provide gold standard care is interesting and appears to be driven by a fear of regulatory scrutiny, complaints, and clinical failure. With some respondents expressing the fear that practising contextualised care could lead to disciplinary action.

So, the research findings and conversation at the summit underlined the importance of leadership across the sector, including veterinary associations, employers, universities and regulators, in providing clarity that contextualized care is endorsed and supported. There was also strong support for veterinary education that better reflects the reality of general practice. Including greater emphasis on people and communication skills, especially concerning finances, quality of life, and managing emotions earlier and more extensive exposure to the realities of trade-off.

Veterinary practice, particularly in first opinion settings. And the need to build confidence and competence in clinical decision making.

We asked about things that would support veterinary professionals in delivering contextualized care, and both vets and nurses felt that more emphasis on contextualized care in published literature, rather than an emphasis on gold standard would be key. Veterinary surgeons also identify the need for more data on research outcomes to enable different treatment pathways to be compared.

And all team members were looking for tools such as evidence-based decision aids, accessible client information, pre-consultation materials. Nurses particularly value...see the importance of collaborative, communicative, and flexible team culture, and value to support an open dialogue.

Most pet owners would also like to see reliable information about Diagnosis.

That they can refer to, and... but also value the time and support to process that information. They want clear, Communication and transparency, particularly regarding the costs of treatment. Payment plans or other flexible payment options to help manage the costs of care. And steps to improve accessibility.

Overall, the findings indicate the delivery of contextualised care is supported by collaborative relationships among vet teams and pet owners. This approach can enable information to be shared more easily, and continuity of care to be maintained, even when individual team members are not available.

Just before I hand over to Katie, I would like to thank Battersea, who supported this research through their grants program.

Katie Mantell:

Thank you very much, Sally, and just as a reminder for anyone who joined after Amanda did her introduction, please do add any questions as we're going along into the Q&A box, on the bottom of your screen.

So, I would like to, talk now about what this work suggests, needs to happen by way of recommendations.

And these recommendations draw on the findings of the research, and have also been shaped by discussions at the National Summit on Contextualized Care in July. And it's lovely that we're being joined today by some of those people who were at the summit.

So we're sharing these recommendations that have emerged from this work in the spirit of support for veterinary teams and for pet owners. It's really clear from the research that there's a groundswell of support for contextualised

And while much veterinary care delivered today is done so in a contextualised way, it's clear from the research that it's not consistently being delivered, and that many veterinary professionals and pet owners, have told us that they experience barriers to contextualised care.

So there's no, single solution to this, and many organisations and individuals have a role to play in supporting a contextualised approach to veterinary care.

So, the report, recommends that concerted action is needed to support contextualised care in five broad areas, which are professional leadership.

Veterinary education, practice support, evidence and research, and pet owner empowerment. So, let's look first at professional leadership.

So, the key recommendation here is that a culture of contextualised care should be fostered across the veterinary sector, recognising it as the most appropriate way to deliver veterinary care. What does this mean, in practice? Well, there's a need to, debunk the notion of gold standard in veterinary care.

Language is important, isn't it? It changes the way we think and shapes our understanding of the world, and we suggest that everyone clearly and kindly calls out when the term gold standard is used, as just the use of that term reinforces an unhelpful idea of a single best way to diagnose or treat, an individual animal.

It's also really important to reassure all veterinary professionals that appropriate contextualised care is not going to result in disciplinary action. So, it's just a fact that the supporting guidance to the code specifies that contextualised care should be provided.

But the research suggests that this isn't widely understood, that there's a real gap here between perception, and reality. And so there's a role for the RCVS, supported by veterinary associations and leaders, to completely, and resoundingly debunk this myth.

And then thirdly, there's a role for veterinary associations, publishers, and communicators to share more examples of contextualized care in practice, and publish clear messaging about the importance of contextualized care.

And this could include, stories from the perspective of both vet teams and animal owners.

So, moving on to, veterinary education. The overall recommendation here is that the knowledge and skills needed to practice contextualised care should be more explicitly embedded in education and training for all team members in both academic and workplace learning environments.

So, just to be really clear, we're not suggesting that the skills and methods of contextualised care are not being taught. But the research does point to the fact that there is room for this to be done more consistently and, more explicitly.

So, there are, 3 areas where more focus is needed. The first is to explicitly include a spectrum of evidence-based options in veterinary education, together with teaching on how diagnostic and treatment pathways can be adapted to individual circumstances.

This involves, critically reviewing curricula and CPD content, through this lens. And also requires just watching out for and reviewing the impact of the hidden curriculum, those kind of unwritten, tacit, lessons. So, for example, formal learning content on contextualised care could so easily be undermined.

By students predominantly seeing certain approaches, or hearing judgmental comments, about vets not delivering, gold standard care.

And a further step that could be taken is to ensure that there's explicit reference to contextualized care in Day 1 competencies. But of course, learning doesn't stop on the date of qualification.

And so the recommendations call for an increased and explicit emphasis on contextualised care in the Veterinary Graduate Development Programme and throughout ongoing CPD.

The second area of focus, within veterinary education is around people and communication skills.

Although training in communications skills is now included in the veterinary curriculum, the findings from this study suggest that further training is needed to enable confident communications, particularly around...Aspects such as the financial aspects of veterinary care, including communicating value and navigating emotion...emotionally charged situations.

And finally, there's a need, for increased focus on teaching vets and vet nurse students to apply knowledge in a contextualised way, and to support them to make decisions under conditions of uncertainty.

So, moving on to, practice support. So, the overall recommendation here is that active steps should be taken to ensure that veterinary practices have the systems, support, and team culture in place to enable contextualised care.

So, what this, means in practice...Is, that it's so important, to support a team-based, approach, creating a culture of psychological safety for pet owners and team members to have, open discussions.

To take deliberate steps to develop a culture of learning rather than blame that extends to all team members, including the pet owner within that, team.

And so important to fully utilise the skills of all members of the veterinary team to support the delivery of contextualised care. And this includes, providing support and mentorship on contextualised care to students, recent graduates, and other team members.

And then secondly, there's a need to implement systems that encourage continuity of care. So, as Sally said, a lack of continuity of care was identified as one of the greatest barriers to contextualized care.

And, given, you know, the way that we work, today, this requires steps to be taken to provide continuity of care at a team level. So this could involve, using technology to improve information flow between team members so that key contextual details are captured.

We were also told it would be really helpful for guidance to be developed by professional bodies for veterinary teams on how to record and use contextual information about clients in a way that's compliant with data protection regulations. And this work around, continuity of care could also involve, implementing scheduling systems that enable booking with the same member of the veterinary team where this is possible and appropriate.

And above all, it's, it's incumbent on all those in leadership positions in veterinary practices to review, to step back and review their working practices to ensure that they don't...directly or inadvertently restrict the delivery of contextualised care. So this includes reviewing measurement frameworks and protocols, and looking particularly at the way they're implemented on the ground to make sure that they're not impacting, on contextualised care.

So, moving on... one sec... To evidence and, research. So, the overall, recommendation here is that better data and research on outcomes for treatment pathways should be developed to support veterinary teams and pet owners to make informed decisions about care.

In terms of what this looks like, in practice, the research points to a need to promote wide-scale engagement in generating evidence on the outcomes for different treatment options. So, this will require, bringing together veterinary team members and pet owners together to agree on priorities for research and decide which outcomes and experience measures should be used.

There's a need to support veterinary teams and pet owners to actively contribute to practice-based research, and, to participate in national audits and registries that develop the much-needed evidence base for the outcomes of different treatment pathways.

There's also a need to develop, evidence-based tools to specifically support shared decision-making between the veterinary team and pet owner in the consultation. So this could involve creating tools, so for example, value matrices that explicitly compare the impact of different diagnostic and treatment options, and that consider the different contextualized factors, and the impact on the animal's quality of life, and the burden on the client.

And then lastly, there's a need to prioritize primary research that compares diagnostic and treatment options that are most relevant to the needs of individual animals, their owners, and the wider circumstances.

So this could involve, over time, developing structures that facilitate a wide range of stakeholders, so, thinking animal owners, practitioners, researchers, funding bodies, insurers, bringing all those stakeholders together to collaboratively identify areas of research that are most relevant to clinical practice within the veterinary sector.

And then... Finally, and very importantly, there's, pet owner empowerment. So, the overall, recommendation here is that pet owners should be, empowered with independent, trusted information and resources to support them to make informed, guilt-free decisions about their animal's care.

What this means, in practice is, firstly, to provide greater transparency on the costs and value of veterinary care for pet owners.

So what we, were hearing from pet owners on this front in the research was echoing what the CMA found from speaking to pet owners.

And I suppose what we would particularly emphasise as RCVS knowledge is that it's really important that pet owners are given a way to understand the value of the options, so not just the cost, but the value. And this includes, giving information about the likely, outcome.

So secondly, there's a real need to empower pet owners to feel confident and guilt-free in selecting the options that are right for them and their pet.

Animal charities, breeders, RCVS, and others could, consider running a campaign to empower pet owners to make confident, guilt-free decisions, covering topics such as animal welfare, quality of life. Euthanasia, and how to cover the costs of, veterinary care.

And I suppose overall, just, empowering pet owners that there are acceptable options if they're the right ones for them and their pets, other than the kind of mythical, gold standard, and that that's, okay.

There was a clear call from pet owners in the research for the need for more evidence-based online resources to support decisions about diagnosis, and treatment options. It would be really helpful to create online, freely accessible resources that clearly present different options for diagnosis or treatment of the most common presenting conditions, and being really explicit about the outcomes that are most relevant to pet owners.

Given, the importance of cost in decision-making and the financial constraints identified by both veterinary team members and pet owners, it's really important that evidence-based resources, compare not just the outcomes of different options, but also, consider the likely cost.

And this would support pet owners to incorporate information on cost effectiveness and value for money into their decisions about the most appropriate care for their pet.

And then finally, there should be a focus on providing support and encouragement for conversations about quality of life and caregiver burden as part of the veterinary consultation.

In the research, pet owners were really clear about the importance to them of their pet's quality of life when they make decisions, and so practices might consider

structured ways, such as quality of life assessment tools, to support conversations about treatment options.

So, I hope that's given you a high, level sense of the recommendations that are coming out of this, work. It's been really important to us throughout this work, in terms of what happens next, that we're doing something that is genuinely helpful to veterinary teams and to pet owners. There's been a robustness to the process that we've followed, but this isn't an academic report, and it's been really important to us that the results are actionable.

To help with this, if you, look at the report, which will be going up very soon on our website, you'll see there's a more detailed breakdown of each of these five, areas that have emerged, where more support is needed, with an indication of suggested actions. Suggestions of the individuals and organisations that could be best placed to help take them forward, approximate timeframes, and a high-level indication of what success might look like for each recommendation.

So please do look in more detail at the recommendations, and ask yourself, where you see your role, fitting, and what recommendations you, your team, and your organization might be able to take forward.

The level of engagement and interest in this topic and this piece of work, has been really striking. It's just been fantastic working with such a range of people, over the last year on this, initiative. And I hope what we've done at RCVS Knowledge has been to play a useful role in bringing together a range of different people and gathering a wide range of insights to feed into this work.

We're really committed to working with you, with people from across the veterinary sector and pet owners, to support the implementation of these recommendations. We think there's a real opportunity to pull together to make a difference and really embed a contextualised approach with benefits for animal welfare and the wellbeing of pet owners and veterinary team members.

We would be delighted to receive your, feedback, and to work, with you and across the sector to support taking forward these recommendations. I think at this point, I will hand back to, Amanda, and we'll take some questions.

Amanda Boag:

Thank you. Thanks, both Sally and Katie. That was a really fantastic summary of a huge amount of work, and I think as you've both mentioned several times, we really hope that you will take the opportunity to dig into those reports and spend some time digesting. There's a lot more detail, actually, in the written report.

We've had a great number of questions coming through, which is fantastic, so thank you, keep them coming. If people could try and please put them in the Q&A rather than the chat, that would be really helpful, so I can try and summarize themes that are coming through across all of them, rather than having to jump between the two.

But there's a large number of questions, coming through. I think one of the first ones, which I think would be really quite easy to answer, I hope, would be, in terms of the younger graduates having less confidence and seeing greater barriers. There was a question around, is there any difference between the university that they attended? Was that one of the factors that was looked at?

Sally Everitt:

It's a quick question to answer, because no, it wasn't one of the factors that we looked at. We didn't ask people what university that they were at. I think the RCVS are doing some work with VetGDP, and I think that has a breakdown by university in it, and I think there's a big, review of that going on at the moment, so there may be some data out of there, but no, we didn't go to the granular level of which university people were at. We thought they might feel we were judging them on that.

Amanda Boag:

Yeah, no, I think that's, that's great. Thank you. I thought that would be a quick, quick one, quick one to knock off. There's also some questions around, in terms of the barriers to contextualized care, whether you found any difference between the

type of practice the veterinary professional worked in, so whether those practices were part of a corporate group, independent charity, etc.

Sally Everitt:

Okay, so again, we didn't specifically ask people about their experiences of corporate practice. However, we did have quite a lot of free text comments, which would suggest there is a perception that there is a problem with contextualized care. More of a problem in corporate practices, but this is a perception. We made no measurement.

When we actually looked at the report that people gave of the barriers, so if you think back to the graph that I showed, which was done by age group, we did a similar one for corporate presses, and that's in the full report, so people can look at that.

There were some differences, but they were small, and when we looked at our sample. We had...of the recent graduates that responded to our sample, a much higher proportion of those worked in corporate practice.

So, there probably are some confounding factors here. So, I suppose my takeaway message is all practices need to be providing support and making certain that they're business practices, Veterinary practices are not impeding contextualised care.

There may be some perceptual issues around corporate practices, which is probably partly due to what's going on with the CMA at the moment, but I don't think there's any reason why contextualized care cannot be delivered in a corporate practice.

Amanda Boag:

That's great, and there was another question sort of aligned with that around, yeah, is there a plan to help, position and ensure that, contextualized care is positioned as being important for long-term business health?

To help, emphasize, that it isn't important, that it doesn't preclude, as you say, kind of business success, as well as, the success for the patients and the clients and the professionals.

Sally Everitt:

I mean, that was outside the scope of this research, but I totally understand that it's an important thing to look at. I think there's always a balance of feeling that if you're not offering the most expensive, that people are spending less money, versus perhaps people feeling that they're getting good value for money and being more willing to go to the vets and spend money on what they think is appropriate care.

We didn't actually do any measurement of what was being delivered, we were only asking people's perceptions. But there is some work from the charities, particularly showing that people are resisting going to veterinary practices because they perceive them as expensive, and if they can overcome that you may actually find that you're attracting more people, albeit that there may not be quite so many people, or there may not be more people spending large amounts of money on the most expensive treatment.

Amanda Boag:

Yeah. Okay, thank you. There's a few questions around, kind of. I guess, referrals and what might... might have been, traditionally referred to as kind of gold standard of care. The first being about the importance of the open, collaborative team approach, and was there anything came through about pet owners wanting to see a need for increased collaboration between the different clinical settings, so not just referrals, but also, telehealth and so on as well. Did any of that... did anything come through there?

Sally Everitt:

That wasn't specifically the focus of what we were doing. We were really trying... this was...I think we've both all said, when we started this, there was very little published on contextualized care. We didn't really have a lot to go on, and so this was quite a broad, but not particularly deep.

It was done quite quickly, and the honest answer is that from where we are now, and what we know now, there are a lot more questions that we could ask and a lot more things we could delve into, but that's always the way with research.

Amanda Boag:

We didn't specifically.

Sally Everitt:

Look at that. But it is important.

Amanda Boag:

Yeah, and I guess alongside that, is there a need to... there's a few questions around, is there a need to, try and come up with some new language? If we're trying to remove, the culture and some of the fear associated with gold standard, is there a need to come up with some new language, as we retire the phrase gold standard care, to describe the, the kind of care that is delivered in very high intensity settings.

Sally Everitt:

Absolutely, and I definitely don't want the point that we're saying that gold... the term gold standard is inappropriate to be taken to mean that we think that the care given in referral practice, even high-intensive care, is not appropriate in some particular circumstances. It absolutely is, and that choice should be there.

But we do need different terminology. I don't know what they're using, because, I mean, it is... it tends to be, sort of, referral or consultant, or those sorts of things are used within the health service, and perhaps we ought to look at how they talk about it, because I don't think they refer to it as gold standard care in any way, and I think that conflation that this is the best thing to do in every case, may be damaging, but that doesn't mean it isn't the right thing to do in some cases.

Amanda Boag:

Yeah, okay, and again, that kind of profession-wide language change needs to involve multiple, multiple stakeholders. Isn't it?

Fantastic. There's a question here around some of the...you know, as we take this work forward, recognising that there's a dearth of funding for evidence creation, and, you know, some of the recommendations are around creating more evidence and being able to communicate that, to owners effectively to help contextualise choices.

Any... some people asking around, are there any ideas of how and where novel funding sources could be achieved? That might be a million dollar... I think probably is a million dollar question. Two million dollar question, if you can get it.

Sally Everitt: By you.

Amanda Boag:

I'm sure we would bring up.

Sally Everitt:

Telling everyone here. I'm afraid I don't at the moment, but hopefully, as this is talked about more, and people perhaps.

Amanda Boag:

Yeah.

Sally Everitt:

See there's value in it, and...see where we might be able to go next, or there may be some funding available. I think with my evidence hat on for RCVS knowledge, I think there's other things that we can do that may not be hugely expensive, which, of course, creating a new evidence base is very time-consuming and very expensive, but I think there's also things that we can do to use the knowledge base that we've got in slightly different ways, and synthesize the evidence in ways, and present it in ways that enable both veterinary teams and pet owners to compare options a little bit more than we tend to do at the moment. So, yeah, if anyone has wonderful sources of funding, please do let us know, we'd be very interested.

Amanda Boag:

Who isn't.

Katie Mantell:

I'd just echo that. I think, funding follows, isn't it, where, what is being prioritised in conversations, and where the interest is, and where some of the, focus is. So I do

hope that some of these conversations can help take us to that point, and we can work through, how we make that happen.

Amanda Boag:

Great. There's a question, and I guess that's part of that wider discussion in the sector at the moment, and you touched on the fact the CMA investigation report and recommendations are edging their way towards conclusion. But, there's a question around how could this, how could the roadmap that we're presenting here today support practices and owners to meet the challenges, set by the CMA when they deliver their final outcomes early next year? Will they? Will they help?

Sally Everitt:

Will they help? I mean, some of our findings very much mirrored. I mean, the desire for owners to have transparency around costs and options and have those open conversations is absolutely there.

I think one of the big things that comes out here, and I would suggest, is that we need to stop just talking about costs, and really talk about the values of different options. So, you know, what are the benefits of this particular thing for the owner and the animal? What might be the risks of these particular things?

If we can shift from just cost to value, I think there is a way, perhaps, to move it forward a bit here.

Amanda Boag:

Yeah, I think that's, that's very, very, very, very wise, wise words there. A few questions around the public and engagement with the public. So, there's an acknowledgement that, you know, RCVSK is very well positioned within the veterinary sector to drive and lead this initiative within the professions.

But is there a need, or how... how... how might, you see the organization partnering with organisations to reach the public?

Sally Everitt:

I suppose the first thing to do is to acknowledge that Battersea funded some of this project, so there are organisations who really have a much more forward public-facing view, who think this is important. And again, hopefully there will be more of those options. But no, we have to accept that, as RCVS knowledge, even if we start to do things that are public-facing, that is probably going to be filtered through veterinary practices. And again, working with other groups who have that public-facing view is something we'd very much be interested in doing, and it's probably going to start with the charities, but doesn't have to be restricted.

Katie Mantell:

To those.

Amanda Boag:

So, do you see a public-facing resource? There's a few questions around what might a good public-facing resource... that might be too much for that.

Sally Everitt:

I'm going to let Katie take that one.

Katie Mantell:

Yeah, so, there were quite a few discussions, at the summit, and it, emerged through the...

Amanda Boag:

Things as well, about...

Katie Mantell:

How, useful it would be for how much pet owners would value some online, trusted information around the diagnosis and treatment options, so if you think as a human, you might go to the NHS and know that that's a trusted source of information, and while there is lots of information out there, on pet health, it's kind of from different sources, and it's much more difficult to know, what's trustworthy and what's not. And I do think there's something really exciting that could be done by looking at the most common presenting, conditions, in, small animal consultations. And working

through some, information and decision-making resources to support, pet owners and vets to work together in the veterinary consultation, and also for pet owners to.

Katie Mantell:

To look at both before and after, consultations. So I do think there's some scope to do something really interesting in that space that we're keen to explore going forward.

Amanda Boag:

That sounds... that sounds really, really good. I'm sorry, I'm scrolling through all the questions here, trying to work out which ones we haven't, got. There's another question around funding, around where would you see prioritize...how would you see, the research required and the evidence base, be prioritized? Because funding will always be limited, so recognising that funding can be a challenge, where would you see the, forum being to prioritise? That research... that research for further resource development.

Sally Everitt:

I suppose the thing with funding is that people who fund research generally have views about which... what things they think are most important, so there may be... that's probably a discussion to have with people who are funding but I think if I was going to choose one thing, I think it is making certain that when we undertake research, it focuses on those things that are most important, not just to the veterinary teams, but also to animal owners and the outcomes for their... that are important to them and their pets.

Sally Everitt:

We're a bit naughty, probably, in veterinary terms, and we tend to think about, you know, survival and how long animals live is often put as the sort of top thing, because that's the easiest thing to measure. And a lot of these other things are a lot more difficult, but actually, we need to start thinking, you know, what are the outcomes that are really important to owners, so that we're focusing on that.

Amanda Boag:

Okay, no, that's... that's really helpful. A lot of...a few comments coming through about nurses, particularly, and, how... The research and your opinions on the value of nurses in contextualized care?

Again, I think you may have touched on, we did some of the research when he was there, but maybe could you expand on.

Sally Everitt:

Yes, absolutely.

Amanda Boag:

The involvement of nurses, please.

Sally Everitt:

Contextualized care is complicated. It's not just a simple, easy fix to everything. It involves thinking about lots of things, doing lots of things, carrying lots of information.

Sally Everitt:

And making certain we communicate these really clearly to the pet owners. So, it's almost impossible for one vet to do it in a consultation all by themselves and get through all of this, so we absolutely need to bring in the whole practice team and veterinary nurses particularly, but I don't want to leave receptionists out of this as well, because we think they have a really important role, are really important in the sharing information with pet owners, perhaps having a bit more time sometimes to go through these things with them.

And sometimes in just the really practical solutions about how you give medications or all of these sorts of things, so we absolutely see this as... this is not something that veterinary surgeons can do by themselves. It requires the whole team to do it, and we think that nurses have a really, really important role in this.

Amanda Boag:

Yeah, yeah, no, completely. Just sort of through the really, kind of, study with any research there, what do you think are the biggest limitations of...

Sally Everitt:

It's within COVID.

Amanda Boag:

Report are the biggest limitations?

Sally Everitt:

Limitations. Okay, yeah, we have got a whole section on limitations in the full report, but essentially, This was fairly quickly done, but it was survey data. We were asking people what their perceptions were, and perceptions can be affected by all sorts of things. We're really conscious that with the whole of the CMA investigation going on at the same time, that would be affecting what was going on in the media, and therefore affecting people.

We are aware that things like social desirability bias, people saying what they think is either the right answer or what researchers want to hear, these are big things. In terms of the representativeness of our samples. We did take quite a lot of effort, particularly with the veterinary surgeons. We were really fairly representative on quite a lot of things in terms of age group, in terms of type of practice they were working in.

But for the pet owners, this was much more difficult, and we know that our respondents were older female, predominantly older and female. Now. This is difficult, and it's obviously not representative of the full population. It may be more representative of the people who take their pets to the veterinary practices, but we...there could be some representative problems there. And with any survey, particularly one that's done online there is a selection bias. These are people who are interested in the subject. So those would be our main ones, but we have discussed them in a bit more detail in the report.

Amanda Boag:

Yeah, as you said, research always generates more research, as well as... Absolutely, yes.

Sally Everitt:

The list is long.

Amanda Boag:

A good question here around, how can we mitigate against the risk that an increasing focus on contextualised care could lead to an expectation on veterinary professionals to make assumptions about the context.

Sally Everitt:

In particular.

Amanda Boag:

Yes. Which may not always be correct.

Sally Everitt:

Almost certainly won't be. When we looked at... we did do a little bit of subgroup analysis on the pet owners, but essentially, there was very little in there that was statistically significant. Pet owners vary enormously in what they want, and this can vary by the circumstances they were in. We did do a little bit between emergency and non-emergency situations, and whether people wanted recommendations or options.

And... but the general take-home message, I would say, from all of the pet owner data is pet owners are individuals, and they differ, and I would very strongly try to recommend against people making assumptions. Now. That gives us a problem in that we need to think about how we record some information about the pet owners so that it's available to the whole team in a way that is GDP compliant. And within our recommendations, there is a request that we need to start looking at how to help teams ask for permission from owners to record certain information, how to record it in a GDPR-compliant way, and share this information in the team, so that the team do understand what this individual owner wants, but yeah, assumptions are not going to be useful in this case.

Amanda Boag:

Yeah, yeah, no, I think... I think that... that comes through a lot, and again, the client's really wanting, or the... the fairness survey's really wanting, on balance, to see a range of options presented to you.

Really helpful. I'm conscious that we're getting towards the end of the session, and there's still more questions coming in, which is just absolutely fantastic to see, and I'm sure this is a conversation that will be going, on and on for some time, but I guess to wrap up, the...And this will help with some of the answers to the questions as well. What do you think's the next most important step to support implementation of these recommendations?

Sally Everitt:

I think the very first thing. Terminology is important, and it's a fairly new term, and people are talking about it, and while, you know, we know that this is now in guidance to code, and all of those sorts of things.

There is still quite a lot of fear out in the profession that practicing in this way will leave them open to complaints or disciplinary action. And I would say, if the first thing that we can do, because it doesn't require a lot more money to be put in, is just for everybody to start talking about this and how we do this as... as normal practice.

And if that becomes normalized, I think we will make a big step forward. There will then be a lot more research to do, but... but, yeah. But I think if we just start by normalizing this as the approach, there's a really interesting concept in medical practice, the difference between warranted and unwarranted variation. And there's been... there was a lot of time at one point of trying not to have too much variation in practice, but they've come to the conclusion there are occasions where variation is absolutely warranted, because you can't give the cat pills, so you do something else. And these are things that we need to start being explicit about and talking about amongst our teams, at meetings, everywhere, and then I think we will really make a step forward.

Katie Mantell:

I would, if I could comment on that, and it's kind of subverting the question, but, I would say, I don't think there is one most important thing. I think when it's, like, a complex issue like that, I think it's actually... so if you look at the recommendations, there's kind of something for everyone there, and I actually think that's really important, that it's not, you know, one thing that trumps everything else. There's actually something that everyone that works in the sector and every pet owner can do to, help this, so I would kind of throw that one thing, question, back at you, because I think genuinely it's a kind of systemic and complex issue, and it requires action from lots of different, people and groups to really make a difference.

Amanda Boag:

Thank you, thank you. So, conscious that we're coming to the end of our time together now, so I just wanted again to say thank you so much to Sally and Katie for the excellent presentation, and to the whole team for all the hard work over the last 12 months to get the report and the roadmap, here. And thank you to all of you for joining us today. I know life is incredibly busy, and so really appreciate you taking the time to join us live, and for those of you listening afterwards, really appreciate that.

I hope it's inspired you to read the full report, and to look at the roadmap in detail, and again, coming back to that last point, to really think how you, your team, your organisation could support the translation of the recommendations into action. Web links to access both of those documents, both the full research report and the roadmap, are now on the screen, along with an email to get in touch with any comments, feedback and questions. And I'm conscious we didn't manage to get through all the questions, so please do, get in touch with us if there's specifics you'd like us to follow up on.

Having said that, as Katie's already said, we as RCVS Knowledge, are absolutely committed to working widely across the sector. As I said, there probably isn't one single action that is going to make a change. It is a systemic change, and again, some of the questions and comments did comment on that as well. So, we're committed to working widely across the sector and with pet owners to support contextualised Care

and the implementation of these recommendations, and we're really looking forward to working with all of you to take this forward. Thank you again for joining us.

